

DELINEATING SELF: HOW INDIVIDUALS RENEGOTIATE BOUNDARIES
AFTER EXPERIENCING INTIMATE PARTNER VIOLENCE

by

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ABSTRACT

ASTRA BEATE CZERNY. Delineating self: How individuals renegotiate boundaries after experiencing intimate partner violence. (Under the direction of DR. PAMELA S. LASSITER)

Intimate partner violence (IPV) is a complex set of behaviors that begins with verbal or emotional abuse and often escalates to physical violence, stalking, or sexual assault. In order to escape the violence, many individuals resort to anonymity and seek services or housing in shelters that have historically operated under an umbrella of confidentiality. However, the expectation of anonymity perpetuates the sense that perpetrators are powerful and that victims do not have the ability to hold them accountable for their behavior. It is possible that boundary renegotiation can aid individuals in maintaining safety while simultaneously allowing them to access the supportive relationships needed for healing. As such, this qualitative study examined how individuals renegotiate their physical, emotional, and spiritual boundaries after experiencing IPV. The Moving from Victim to Survivor of Cultural Violence (MVSCV, Salazar & Casto, 2008) model of identity development provided a theoretical framework for this study. MVSCV is based on Sue and Sue's (1999) Racial and Cultural Identity Development model (R/CID). This study contributes to the understanding of the healing journey and process of identity renegotiation that victims of IPV experience. Results of this study (a) provide information to counselors and counselor educators that inform the services they provide to victims of IPV, (b) provide information on healing from IPV that is embedded in socially and culturally sensitive language, and (c) contribute to the dearth of literature that addresses boundary renegotiation and re-discovery of self after experiencing IPV.

The results of this study also reinforce the current emphasis in counselor education and training on providing interventions that are based on theories that are culturally sensitive.

DEDICATION

This research is dedicated to my parents, Winn and Ingeborg Czerny, who have provided, and continue to provide, unwavering support and encouragement on a daily basis. When I felt overwhelmed and began to doubt my ability to complete this project, my parents cheered me on. Over long dinners and an occasional glass of wine, their unfailing support gave me hope and provided a light at the end of the tunnel. In addition, this research is dedicated to my children, Emily and Michael Dibble, who never once considered it frivolous or unwise to pursue a new chapter in my life regardless of my age. I consider myself extremely lucky and blessed to have the kind of family who responded positively when I decided to take this journey.

Finally, this research is dedicated to the many survivors of domestic violence who work tirelessly to bring awareness and understanding to others. It is a humbling experience to be in the presence of someone who has suffered so greatly and whose response to that suffering is to give back to the community in such a selfless way. I have been moved by your stories and your courage.

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CHAPTER ONE: INTRODUCTION

“What would happen if one woman told the truth about her life? The world would split open.”

– Muriel Rukeyser

Overview

Intimate partner violence (IPV) is a common and widespread social problem that remains largely hidden from public view (Landenburger, 1998; Richardson & Feder, 1996; Walker, 1984). The reasons that victims may be reluctant to disclose the cause of their injuries are many and range from feelings of shame or guilt, to traditional views on the role of women in relationship, to an underlying belief that police and the justice system will fail to provide adequate protection (Tjaden & Thoennes, 2000; World Health Organization, 2002). The deleterious effects of IPV can include emotional, psychological, and physical harm (Centers for Disease Control, 2012b).

Once abuse begins, it will inevitably escalate in frequency and severity (Walker, 1984). The long-term negative effects of IPV include both physical and emotional health consequences, including direct results from the physical violence (e.g., cuts, bruises, broken bones, and back or pelvic pain) and indirect results that may impact the general mental health and emotional well being of victims (Centers for Disease Control, 2012b). Psychological consequences can include depression, anti-social behavior, low self-esteem, inability to trust others, emotional detachment, and post-traumatic stress disorder (PTSD) like symptoms such as flashbacks and hyper-vigilance. Victims often struggle to

escape and stay away from their abusive partners (Landenburger, 1998) and the process of leaving often involves repeated cycles of escape and return. Leaving the relationship can be dangerous. A woman's risk of homicide is significantly increased as she attempts to extricate herself from the relationship (Campbell et al., 2003; McFarlane, Campbell, & Watson, 2002).

The courage needed to escape an abusive relationship is often compromised by the very abuse itself, further complicating the healing process. In addition, the long-term negative effects and coping skills used by victims of IPV are pervasive and deleterious (Lindhorst & Beadnell, 2011). These effects can include depression, disengagement, dissociated affect, and forfeiture of agency (Roberts, Lawrence, Williams, & Raphael, 1998; Stein, 2012; Taft, Resick, Panuzio, Vogt, & Mechanic, 2007a; Taft, Resick, Panuzio, Vogt, & Mechanic, 2007b). Leaving an abusive relationship is further complicated by the fact that recovery is often impeded by feelings of attachment and love (Landenburger, 1989; Walker, 1984). Other factors that can keep women in abusive relationships may include environmental factors, family or social role expectations, the psychological consequences and effects of leaving, as well as attachment issues caused by childhood abuse or trauma (Grigsby & Hartman, 1997). For many victims, it is only after they have managed to leave and stay away that they can begin to contemplate their own well being and healing.

To ensure safety, many victims who do choose to leave resort to going underground by living in anonymity or using services provided by confidential shelters. The decision to stay or leave is an extremely personal one. As Davies (2008) points out, some women are better served by staying in their respective relationships. For some

women, particularly for those living in poverty, leaving may not be a viable option. The risks that must be weighed by all women include the financial consequences of leaving, consequences related to racism, disability status, sexual orientation, and legal status. However, Davies also correctly points out that for women who choose to stay, there are no current standardized treatment models that can provide an impetus for healing and safety. The shelter model of services delivery and the expectation that a woman should leave her abuser continue to be the standard approach to working with women who have experienced IPV.

The domestic violence movement and the emergence of safe houses and shelters are relatively new in the United States. Awareness of the problems caused by men who batter began only as recently as the late 1970s. Because the movement is still young, researchers have often focused primarily on leaving the relationship and the immediate crisis of safety that ensues. Research on the longer healing journey that individuals experience after escaping IPV is scant. Interventions are often short term and delivered in a shelter setting (Allen & Wozniak, 2011; Brosi & Rolling, 2010; Burke, Gielen, McDonnell, O'Campo & Maman, 2001; Johnson & Zlotnick, 2009; Madsen, Blitz, McCorkle, & Panzer, 2003). Unfortunately, however, the healing journey for victims of IPV is not a short one (Lindhorst & Beadnell, 2011). Victims are challenged to redefine their identities as survivors—and eventually thrivers—from IPV, along with the task of renegotiating relationships in their lives that are seen as helpful while creating distance and safety from those relationships seen as hurtful.

When seen through a feminist lens, the development and functioning of women is connected to the individual experience of relatedness to others and the simultaneous

negotiation of “clear and appropriate boundaries” (Kaschak, 1988, p. 110). As such, women are socialized to define themselves through their relationships with significant other individuals. They must maintain flexible boundaries in order to remain safe as well as in connectedness to others. Flexible boundaries are defined as the “expansion and contraction of a person’s personal space boundaries along a continuum and therefore, to the degree to which are they are opened or closed” (Geanellos, 2003, p. 188). This flexibility between open and closed boundaries provides a form of safety and connection for individuals, allowing them to respond appropriately to internal and external environmental changes (Scott, 1988).

However, for women who have experienced IPV, maintaining boundary flexibility can be extremely difficult. Depending on the type and severity of the abuse, coping skills can include disengagement, dissociation, and loss of will (Taft, et al., 2007b). Burlae (2004) states that women experience violence as forms of either invasion (in its extreme form, rape) or captivity (barriers such as sexism, racism, or poverty) and that both forms result in fragmentation of the self and profound loss of emotional energy. Burlae further suggests that creating mindfulness around physical, personal, and cognitive space will provide an avenue to greater awareness of smaller, less violent behaviors before they escalate, thereby increasing a woman’s ability to keep herself safe. And yet Burlae, and other researchers as well, do not address the boundary flexibility needed in order for individuals to remain safe and connected simultaneously. This represents a significant gap in the existing literature on IPV and healing.

Statement of the Problem

The negative and deleterious effects of IPV are long lasting and pervasive. The Centers for Disease Control (2012b) estimates that annual costs in 2003 exceeded \$8.3 billion and account for the loss of 8 million days of paid work annually. It is estimated that 4.8 million annual intimate partner rapes and physical assaults occur in the United States alone (Tjaden & Thoennes, 2000). Of these, an estimated two million will result in injury. Adding to these devastating statistics is the fact that IPV related crimes are largely under-reported (Tjaden & Thoennes, 2000; World Health Organization, 2002). The average length of victimization for women experiencing rape was 3.8 years, and the average for women experiencing physical assault was 4.5 years. The length and severity of the abuse has been shown to impact the victim in increasingly negative ways (Ansara & Hindin, 2011).

Clearly, IPV is a national problem that results in long-lasting, serious, and devastating sequelae that directly impact a victim's ability to engage in healthy coping skills. A woman's ability to self-protect and her ability to access supportive relationships that aid recovery are essential for healing from IPV. However, the historical response by domestic violence advocates has been for women to escape to confidential shelters where anonymity has been inextricably linked to safety (Haaken & Yragui, 2003). The paradox that many women who are isolated from their community and supportive relationships by their abusers are then also forced to go into hiding in order to escape their abusive relationships is poignant. Haaken and Yragui (2003) argue that whisking women away to confidential locations may send the unintended message that men who abuse are

“boundless in their powers” (p. 66), and that women are incapable of learning and utilizing the skills necessary to hold men accountable for their actions.

It is possible that boundary renegotiation may be one of the essential skills that can aid individuals in simultaneously staying safe and avoiding isolation by accessing healthy relationships. Therefore, the aim of this study is to investigate the healing journey that survivors of IPV face by examining the way in which individuals renegotiate their spiritual, emotional, and physical boundaries after abuse. It is conceivable that the results from this study will provide information that could potentially be protective for victims of IPV by elucidating skills that enhance both safety and connection.

Conceptual Framework

Two conceptual frameworks informed this study: feminism and the Moving from Victim to Survivor of Cultural Violence (MVSCV) model of identity development (Salazar & Casto, 2008). These two frameworks, feminism and MVSCV, are discussed in detail in the literature review section of this dissertation. A brief description of each is given here as an overview.

While many different “feminisms” exist, the majority of them share several distinctive features (Worell & Remer, 2002). Feminists in general view gender as being socially constructed; they are concerned with societal power structures that disadvantage minority groups; they seek to value the experience and knowledge of all people; and they are not content with individual change but rather seek and advocate for social change as a means to end oppression against women and other minority groups.

Feminists argue that women’s ways of knowing are valid and that people are not “interchangeable as knowers” (Harding, 1990, p. 51). Gilligan (1982) and Harding have

both contributed significantly to the recognition of women's voices as consisting of legitimate knowledge, in spite of the fact that women's voices differ from the dominant male discourse. Feminists are interested in research that acknowledges the world of emotion and highlights women's ways of caring (Crotty, 1998). The way in which women experience the world is valid, not only as a framework for this study, but also for the discussion of MVSCV that follows.

Cultural identity models, which historically have been used to understand the development of marginalized groups, can also be helpful in understanding the identity development of women who have experienced IPV (Barrett, 1990; Salazar & Abrams, 2005; Salazar & Casto, 2008; Thompson, 1992). For example, Salazar and Abrams conceptualized the application of Sue and Sue's (1999) Racial/Cultural Identity Development model (R/CID) to marginalized groups through a single case study. Similarly, Thompson conceptualized eating disorders as a response to cultural oppression and trauma by women who were from either racial or sexual minority populations or poor.

The fact that marginalized groups may internalize the oppression they experience was first discussed by Erikson (1968). Allport (1954) further expanded on Erikson's concept of internalized oppression by suggesting that power differentials that exist between groups of similar individuals serve the purpose of allowing one group to exert power over another group. Sexism, racism, and violence against women are examples of such oppression. As such, the healing journey and development of a healthy self-identity for victims of IPV is often further complicated by a weakened ego or self-identity construct which can be conceptualized as the result of internalized oppression.

Building on the concept of internalized oppression and identity development, Salazar and Casto (2008) developed the MVSCV model of identity development. MVSCV, which is based on Sue and Sue's (1999) Racial and Cultural Identity Development (R/CID), conceptualizes the process that women who are healing from IPV go through as they renegotiate their identity. The stages (*conformity, dissonance, resistance and immersion, introspection, and integrative awareness*) reflect the transition from victim to survivor and represent an individual's efforts to come to terms with their own experience as well as with the dominant cultural narrative about abuse and violence against women. The stages are recursive and non-linear. A woman moving through the model would experience an emerging identity that is not singularly defined by abuse. Rather, she would experience the blossoming of an identity that encompasses the single strand of her experience of abuse within the context of an expanding selfhood that embraces the whole of her being and the breadth of all her experiences. As a part of this expanding selfhood, she will begin to trust her inner emotional experience. Her voice will be strengthened as she seeks new ways to connect with self and others. The way in which this new identity begins to expand is conceptualized as one that involves boundary renegotiation. As such, MVSCV provides an appropriate theoretical basis and framework along with feminism for this study.

Purpose and Significance of the Study

The purpose of this study is to examine the way in which survivors of IPV renegotiate their emotional, spiritual, and physical boundaries as a part of their healing journey from IPV. Of particular interest here is an individual's ability to exercise boundary flexibility, which is defined as the ability to move between open and closed

boundaries based on the perception of perceived environmental cues (Scott, 1988). In other words, how do individuals maintain safety by setting strong boundaries when necessary and, conversely, engage in connectedness with others as needed as a part of the healing journey? Further, how does boundary renegotiation and flexibility contribute to the survivor's sense of self and identity after having experienced abuse?

The current literature that is focused on healing from IPV largely addresses the immediate crisis of leaving and the short-term resolution of negative, isolated symptoms such as depression and anxiety (Allen & Wozniak, 2011; Brosi & Rolling, 2010; Burke, et al., 2001; Johnson & Zlotnick, 2009; Madsen, Blitz, McCorkle, & Panzer, 2003). However, these studies did not address boundary or identity renegotiation as a process or an outcome of the healing journey. In addition, many of the studies in the existing literature were conducted on samples that were largely Caucasian (Brosi & Rolling, 2010; Smith, 2003; Wuest & Merritt-Gray, 2001), thereby inadvertently failing to address the fact that IPV affects women, and occasionally men, of diverse racial and cultural backgrounds, and that healing, and boundaries specifically, may be subject to culturally specific interpretation.

Given the serious nature of the injuries and subsequent recovery process from IPV, it is the hope of this author that the results of this study will contribute to the literature by providing information on boundary renegotiation for individuals who have experienced IPV. As such, the target of the current study is to address gaps in the existing literature in the following three ways: (a) by providing information to counselors that will inform the services they provide to victims of IPV, specifically as it relates to boundary renegotiation and healing, (b) by providing information on boundary

renegotiation from IPV that is embedded in socially and culturally sensitive language, and (c) by contributing to the dearth of literature that addresses boundary renegotiation and delineation of self after experiencing IPV. The results of this study will also reinforce the current emphasis in counselor education and training on providing interventions that are based on theories that are culturally sensitive.

Research Questions

IPV is a serious social concern with long-lasting and deleterious effects on individual victims and society in general (Centers for Disease Control, 2012a). The purpose of this study is to examine boundary renegotiation as a part of the healing journey that survivors of IPV experience. Specifically, the goal of this study is to answer the following research questions: How do individuals re-negotiate physical, emotional, and spiritual boundaries after experiencing IPV? More specifically, this aim of this study is to understand how the renegotiation of boundaries contributes to healing from IPV within the context of an individual's identity development as he or she moves from victim to survivor? The questions asked were broad enough to capture the salient points or themes of the healing journey. These themes were checked against the framework of feminist theory and the MVSCV model to compare and contrast the actual experience of the participants. The results of this research provide a rich and detailed account of the survivor's journey. It is my hope as the researcher of this project that the results will help to inform counselors who are working with survivors of IPV by providing information on how survivors heal and renegotiate boundaries to recover their lost and stolen identities.

Research Design

Because of the nature of the subject matter, this study is couched in a feminist epistemology (Anderson, 2012; Lather, 1992). The proposed method was grounded theory (Charmaz, 2006; Corbin & Strauss, 2007; Glaser & Strauss, 1967). It is argued that grounded theory is an appropriate methodology for feminist research (Allen, 2011; Keddy, Sims, & Stern, 1996; Plummer & Young, 2009; Wuest, 1995). Wuest identified the following ways in which feminist theory and grounded theory are congruent with each other. First, both contend that an individual's subjective social experience is a legitimate source of knowledge. Second, both value the contextual and relational nature of knowledge. Third, both preclude dichotomies, such as the personal versus the political, and view such dichotomies as artificial. Fourth, both acknowledge that researcher bias influences the research question and analysis, and that the researcher is a part of the social system being studied. Finally, both feminist theory and grounded theory are process oriented, allowing for the evolving development of theory based on interaction with the data and participants rather than on universal truths.

Salazar and Casto's MVSCV (2008) conceptual model has not been empirically tested or studied. The authors suggest that research is needed, specifically qualitative inquiry, to support the model. Grounded theory provides a particularly good fit for MVSCV because the model itself is a proposed theory of identity development for survivors of cultural violence and is ideally suited for victims of IPV. The authors also suggest that intervention at the later stages of the model might require the use of healthier coping skills. They refer to Bogar and Hulse-Killacky's (2006) findings about resiliency as a possible late stage intervention. It is conceivable, however, that the results of the

study could potentially provide additional information for interventions that are appropriate for the MVSCV model.

In keeping with grounded theory protocol (Charmaz, 2006), the beginning target sample size was to consist of a minimum of 8 to 12 individuals. It was planned that the sample size would be adjusted as necessary so as to ensure saturation of data. Theoretical sampling was to be used to refine the emerging themes. Every attempt to secure a culturally diverse sample was made by recruiting participants from a county agency that works with diverse victims of IPV. It was anticipated that individual interviews would last between one to one-and-a-half hours. The interview questions (found in Appendix B) were broad enough so as to ensure deep reflection by participants on boundary renegotiation, as well as on information relating to healing and identity. Each interview was audio recorded and transcribed verbatim by the researcher. Transcripts were coded and analyzed according accepted grounded theory protocol (Charmaz, 2006) by both the researcher and an independent coder trained in qualitative analysis.

Specifically, the analysis of the data adhered to Charmaz's (2006) model, which emphasizes a more flexible, constructivist approach as opposed to the more systematic approach suggested by Glaser and Strauss (1967). Charmaz also acknowledges the influence of the researcher and the researcher's theoretical lens on the data analysis and advocates for a respectful stance when engaging with participants. The latter point, specifically, aligns well with feminist thought. Additional and detailed information regarding the proposed method of this study will be provided in Chapter Three of this study. Because both feminist and grounded theories view the researcher as an integral part of the evolving analysis whose biases impact the questions and the results of a study,

a Researcher Subjectivity Statement is included in Chapter Three. Personal reactions and biases of the researcher were processed through the use of a reflexive journal, thereby contributing to the validity and quality of the proposed study. Consensus of codes and themes were established between both coders and through constant comparative analysis. In addition, recursive methodology, member checking, and triangulation of data enhanced the credibility of the study.

Assumptions

Several assumptions were made as a foundation for the proposed research. First, it was assumed that those individuals who have experienced IPV have the ability to heal from the negative and deleterious consequences that can occur. It was also assumed that the healing journey occurs within the context of relationship and that these relationships are subject to renewed scrutiny in an attempt to guarantee safety and connection after the violence has ended. Further, it was assumed that there are common elements in the healing journey that are specifically related to boundaries and that these contribute to a higher sense of wellness, identity, and safety. Additionally, it was assumed that survivors of IPV would be able to intuit and communicate their understanding of how their boundaries had evolved as a component of the healing journey.

Finally, the four main types of abuse (physical violence, sexual violence, threats of physical or sexual violence, and psychological or emotional violence) can vary greatly in intensity and frequency. For the purposes of this study, inclusion criteria were defined as physical or sexual violence only. This was based on the assumption that healing from intimidation or threats of violence and psychological abuse are qualitatively different than healing from physical or sexual violence. An additional assumption was that, given

the confines of intimate partnership, physical abuse often involves some form of sexual abuse and visa versa. Krebs, Breiding, Browne, and Warner (2011) estimate that 30% of women who experience physical abuse also experience sexual abuse. However, Graham-Burmann, Sularz, and Howell (2011) state that the percentage of women who have experienced both forms of abuse could be higher for women currently living in domestic violence shelters. The results of their study on 104 survivors of IPV highlight the way in which multiple forms of abuse can complicate the healing journey.

Limitations

The results and conclusions of this study are limited by the qualitative research method, and as such will not be generalizable to populations other than those individuals who participated in the study. In addition, the sampling method drew from individuals who had engaged in services from a well-known domestic violence agency in a metropolitan area in the Southern United States. It is acknowledged that the sample may be unique in their understanding, beliefs, and perceptions regarding healing from IPV as a result of this contact. In addition, the sample consisted of heterosexual individuals and as such did not reflect the experience of Lesbian, Gay, or non-cisgendered individuals. Finally, every attempt was made to ensure that the sample was as racially diverse as possible.

Delimitations

The current study is delimited by the fact that participants were selected on the criteria that they are out of their respective abusive relationships for six months or more. The assumption here was that individuals in the early stages of healing from IPV might be more focused on the immediate crisis than on boundary renegotiation. In addition,

participants needed to speak English or have access to a translator who was willing to provide translation services for the length of the study. Finally, given the qualitative research design of the study, the researcher sought rich description of the experience of boundary renegotiation after IPV in lieu of generalizable results.

Key Terms and Definitions

Domestic violence (DV) and *intimate partner violence (IPV)* are often used interchangeably. The Centers for Disease Control (2012a) defines IPV as a “serious, preventable public health problem” that includes “physical, sexual, or psychological harm by a current or former partner or spouse.” There are four main types of IPV: physical violence, sexual violence, threats of violence, and psychological or emotional violence. The severity and frequency can vary from a single incident that may not necessarily affect the victim to chronic or severe battering.

Healing for the purposes of this study is defined as living violence free and having achieved resolution of the immediate isolated symptoms of negative emotions such as depression or anxiety that often occur after extricating one’s self from IPV. Additional criteria included having achieved some form of self-sufficiency such as a job or other steady form of income, having hope and optimism about one’s future, and having achieved some form of recovered self-esteem or self-worth. Because healing occurs on a continuum and can involve many subjective factors, this definition was left intentionally broad so as to encompass culturally specific understandings of the term.

The term *boundary* is defined in many different ways, ranging from geographical to delimitations around ideas or concepts. Landis (1970) defines the term *ego-boundary* as follows: “It is the ‘openness’ versus the ‘closedness’ of the ego/non-ego

demarcation.... This dimension may be expressed as the *permeability* or *impermeability* of the boundaries between the ego and the inner and outer worlds” (p. 1). Scott (1988) further defines a boundary as follows:

A boundary separates a system from its external environment, defines the system’s borders or limits, delineates the space and qualities belonging to the system, varies on a permeability continuum from closed to open, and is dynamic or flexible in an attempt to adapt to the environment. (p. 24)

According to Scott (1988) *boundary flexibility* refers to an individual’s ability to move along the continuum between permeability and impermeability, or open and closed, boundaries. In other words, the individual with chronically permeable, or open, boundaries will experience a loss of integrity such that they will allow anyone access to their inner self, and the person with chronically impermeable, or closed, boundaries will experience isolation from the world. It is the ability to move between the two ends of the continuum that define flexibility.

The terms *victim*, *survivor*, and *thriver* are used to refer to individuals who have experienced IPV. Specifically, victim refers to the individual who is still in the experience of abuse. The term survivor is used to refer to the individual who has escaped his or her abusive relationship. Finally, the term thriver denotes that individual who has overcome the negative effects of IPV and has moved toward healthy boundary setting behaviors or has achieved a strong sense of self in relation to others.

Organization

Chapter One of this study includes a brief introduction to the topic, a statement of the problem, and an overview of the conceptual framework. The purpose and significance of this study have been established by referencing key literature pertaining to

the topic. Feminist theory and MVSCV (Salazar & Casto, 2008) have been briefly described and provide the conceptual framework for the study. The research question has been stated along with a brief introduction to the methodology. In addition, limitations, assumptions, and delimitations, as well as key terms and definitions, have been discussed.

Chapter Two contains an in-depth review of the literature. It is divided into six sections. The first section includes an overview of the topic, the prevalence and general consequences of IPV, and a description of the physical, emotional, and spiritual negative effects of IPV. The second section includes a discussion of the early models of treatment, the domestic violence movement as a whole, and the shelter movement in particular, as well as a discussion of traditional mental health treatments for IPV. The third section provides the theoretical framework. Feminist theory and MVSCV (Salazar & Casto, 2008) are presented as well suited frameworks for the proposed study. The fourth section includes a discussion on empowerment as a component of feminist theory. The fifth section is a thorough discussion on the existing literature that relates to healing from IPV. The final section includes a discussion on boundaries and cultural considerations that might influence the conceptualization of boundaries for individuals from diverse backgrounds. Red flags and warning signs are included in the final section as indicators of boundary violations.

Chapter Three contains the methodology section for this study. It begins with a discussion of the feminist epistemology that provides a foundation for the study and includes a discussion of the core components that comprise a feminist epistemology. It also includes a statement on researcher subjectivity. The research question is clearly stated and the research methodology is presented and defended. Chapter Three also

includes a discussion of the research procedures as well as the data collection, validity, credibility, and quality of the study.

Chapter Four contains the results section of the study. The Chapter begins with an introduction and an overview of each of the participants. A description of the metaphors used by participants to describe their understanding of boundaries follows. An overview of the emergent theory is then presented, followed by an in-depth description of each phase and the corresponding subcategories. Following the overview, the emergent theory is presented in full. The chapter concludes with a discussion of negative cases, awareness gained by participants in the interview, and a conclusion.

Conclusion

The negative and deleterious effects of IPV are long lasting and pervasive. While shelters and domestic violence agencies do their best to help mediate the immediate crisis that occurs when a victim makes the decision to leave his or her abusive partner for good, little is known about how individuals navigate the healing journey that they face. In particular, the way in which individuals renegotiate their intra- and inter-personal boundaries as a part of the healing process has not been researched. This goal of this study was to address that gap in the literature by providing a detailed and rich description of the process of boundary renegotiation as it relates to healing and identity for survivors from IPV.

CHAPTER TWO: REVIEW OF THE LITERATURE

“Authenticity and subordination are completely incompatible.”

Jean Baker Miller, 1975, p. 98

Overview

The following literature review is divided into six sections. The first section will provide an overview of intimate partner violence (IPV), including the prevalence and consequences, and how these impact the physical, emotional, and spiritual wellbeing of victims. The second section will address the foundations of traditional treatment models. It will also provide a brief overview of the domestic violence and shelter movements. Because the domestic violence movement is relatively young, having only gained momentum in the 1970s, there has been a tendency to adhere to the early, groundbreaking models of treatment. Those early models gained notice for two reasons. First, they conceptualized domestic violence as a frequent social crime and not as an infrequent or sporadic private matter between husband and wife only. Second, they theorized about the patterns of abuse and abuser behavior. They did little, however, to conceptualize how women heal or recover from IPV, and they did not address skills and protective behaviors that might help women move forward after abuse in healthy ways. Also, in spite of this early work and the momentum that was gained, there has been a recent splintering within the movement over the prioritization of adherence to foundational goals versus direct services treatment (Lehrner & Allen, 2009). This splintering, which in many ways can be seen as a byproduct of the movement’s success, has hindered the development of a

standardized approach to treatment. As such, the second section will present the need to move toward common themes of treatment as well as prevention of IPV.

The third section will provide a feminist theoretical framework for this study as well as a multiculturally sensitive identity development model for women who have survived IPV. According to Corey (2000), feminist therapy and multicultural therapy have the most in common and are based on similar principles. These principles include the recognition of oppressive environmental forces, an understanding of how power in relationships can be used to further social inequality between races and cultures, and an emphasis on social justice and advocacy for social change in addition to individual empowerment. A feminist lens that is buttressed by a multicultural identity development model will provide an appropriate framework for a study that seeks to examine how individuals heal from abuse in intimate partnership.

The fourth section will focus on empowerment as a key component of feminist theory and as a concept that demands cultural competency and sensitivity. The fifth section will be an overview of the extant literature that addresses women and healing, specifically as these relate to IPV. The sixth and final section will address boundaries as a part of the healing process from IPV as well as cultural considerations that need to be made when working with individuals from diverse backgrounds. The sixth section will also address red flags and warning signs and will provide supporting evidence that boundaries are connected to safety. Although there is a robust body of extant literature regarding women, IPV, and healing, there is little that addresses the connection to boundary renegotiation as a part of the healing journey.

Overview of Intimate Partner Violence

Prevalence and Consequences of IPV

IPV is a pervasive social crime that affects women more than men (Centers for Disease Control, 2012a). IPV can be defined as any attempt to exert actual or threatened power or control by one partner in an intimate relationship over another (Centers for Disease Control, 2012a; Tjaden & Thoennes, 2000). There has been some debate on whether or not the definition should include actual acts of violence versus intent to harm and what constitutes an intimate partnership. As it stands today the definition includes intent to harm, persons dating, cohabitating (all or some of the time), and current as well as former partners or spouses (Tjaden & Thoennes, 2000). It also includes same-sex partnerships. IPV is a complex set of behaviors that begins with verbal or emotional abuse and often escalates to physical violence, stalking or sexual assault (Centers for Disease Control, 2012a). Verbal abuse is often seen as the precursor for physical violence and is the one variable most likely to predict future assault by a victim's partner (Tjaden & Thoennes, 2000).

The Centers for Disease Control (CDC), which conducted the National Intimate Partner and Sexual Violence Survey (NISVS) for the first time in 2010, found that women are disproportionately affected by IPV, sexual violence, and stalking. For example, the study found that 1 in 5 (18%) women experience rape in their lifetimes, whereas the statistic for men is 1 in 71 (1%), and that 1 in 6 (16%) women experience stalking in their lifetime, versus 1 in 19 men (5%). Of the women interviewed who had experienced rape, stalking, or IPV, 81% reported experiencing significant short- or long-term negative health impacts, including post-traumatic stress disorder, frequent

headaches, chronic pain, difficulty sleeping, activity limitations, poor physical health, and poor mental health, such as depression or suicidal behavior. While these statistics are staggering to contemplate, the fact is that many victims do not report their injuries for a variety of reasons, including but not limited to financial limitations, religious beliefs, feelings of shame, lack of support due to isolation, low self-esteem, and low self-efficacy. The National Violence Against Women Survey (NVAWS) conducted in 2000 estimates that victims of IPV only report one-quarter of all physical assaults, one-fifth of all rapes, and one-half of all stalkings (Tjaden & Thoennes, 2000). As such, it can be assumed that the statistics presented here under-represent the true magnitude and impact of IPV in the United States.

Barriers to Leaving

While the attention paid to IPV continues to increase, it is still in many ways a silent crime. Victims are often unwilling or unable to step forward due to reasons beyond their control. Societal norms regarding the role of women in intimate partnership often interfere with a victim's attempt to escape the relationship (Grigsby & Hartman, 1997). The use of abuse, power, and control against women continues to be normalized in Western society through popular music, film, and books. For example, Bonomi, Altenburger, and Walton (2013) examined the first book in a popular best-seller trilogy, *Fifty Shades of Grey*, which depicts a relationship between the characters Christian Grey and Anastasia Steele. The researchers found that emotional abuse or sexual violence, including stalking, intimidation, isolation, the use of alcohol to compromise consent, disempowerment, and entrapment, is present in some form in nearly every interaction between the two main characters. The researchers note that while *Fifty Shades of Grey*

has been banned from public libraries in several U. S. states, the ban seems to be based more on the semi-pornographic content of the novel than on the normalization of the pervasive patterns of abuse that occur in the main characters' relationship. The continued popularity of the book (as well as the anticipation about who will play Christian Grey in the upcoming movie) among women of all ages in the U. S. underscores the way in which violence and sexuality are intertwined and normalized in our society.

The psychosocial effects of IPV, which in and of themselves can impede escaping the relationship, include depression, anxiety, post-traumatic stress symptoms, isolation, spiritual and emotional dysfunction, and loss of self (Centers for Disease Control, 2012b; Landenburger, 1998; Roberts, Williams, Lawrence, & Raphael, 1998; Tjaden & Thoennes, 2000). Further complicating the matter for many women is the presence of children, which can exacerbate the already significant negative effects of IPV by keeping women in abusive relationships longer due to fears regarding harm by the abuser or loss of children through legal and custody restraints (Meyer, 2010, 2011). While the impact of isolated types of childhood violence (e.g., isolated incidents of physical or sexual abuse) on children has been studied, little is known about the impact of multiple forms of violence across the lifespan in children and adults (Williams, 2003). We know very little about how generational violence in families impedes one's ability to self-protect as an adult or remove one's self from an abusive relationship. In addition, general formal support services, such as police, criminal justice systems, and Child Protective Services (CPS) are often poorly trained regarding the dynamics of IPV (Meyer, 2011), leaving a woman open to victim-blaming and stereotyping attitudes that hinder, at best, her ability to leave and eventually heal from the relationship.

Physical Consequences

The most obvious physical consequences of IPV are the actual wounds that are directly related to the abuse, such as bruises, cuts, scrapes, broken bones, and choking marks (Black, 2011). At the extreme end of physical violence is death. The National Coalition Against Domestic Violence (NCADV) estimates that 16,800 victims die annually as a result of IPV (2007). However, outside of the direct consequences of physical abuse, IPV can result in a number of other negative physical health consequences, including but not limited to mild to severe traumatic brain injury, nervous system disturbances, cardiovascular problems, gastrointestinal issues, musculoskeletal damage, adverse pregnancy outcomes, and reproductive issues.

A 2008 multi-country study conducted by the World Health Organization (WHO), in which 24,097 women from 10 countries were interviewed, highlighted the physical health consequences that women suffer as a result of IPV. These sequelae include disruptions in a woman's ability to function and perform daily activities, increased memory loss, dizziness, vaginal discharge, and pain (Ellsberg, Jansen, Watts, & Garcia-Moreno, 2008). Many of the women in the study reported needing medical attention for their injuries. All of the women included in the study reported psychological ill effects, which included increased emotional distress, thoughts of suicide, or attempted suicide.

Emotional Consequences

While IPV has devastating consequences on a victim's physical health, the negative impact on psychological and emotional health is in some ways worse (Iverson et al., 2013). Ansara and Hindin (2011) collected data from Statistics Canada's 2004 General Social Survey on Victimization, a geographically stratified cross-sectional

telephone survey of 23,766 men and women age 15 and over across 10 provinces. Data was collected from 676 women and 455 men. The researchers found that negative psychosocial effects are present even in less severe forms of abuse and that pervasive and more complicated effects occur with increasingly chronic and serious forms of abuse. They also found that women exhibited more pronounced negative psychosocial effects than men in cases where the level of abuse was similar, indicating that women in general are more negatively impacted by IPV. Women more often reported feelings of victimization, shame, and guilt. They also experienced intense feelings of fear about their own safety, the safety of their children, and the need to be more cautious than men.

According to the NCADV (2007), IPV results in 18.5 million mental health care visits per year. The negative mental health sequelae that most commonly occur from IPV include feelings of fear, changes in affect or mental health, decreased sense of self worth, and problems related to interpersonal functioning (Ansara & Hindin, 2011; Purewal & Ganesh, 2000). Depression, especially, seems prevalent in women who have experienced IPV and may be a result of the loss of self or identity that often accompanies living with violence (Ansara & Hindin, 2011; Campbell, Kub, & Rose, 1996; Landenburger, 1989; Mills, 1985).

Mills (1985) points out that this loss of self occurs in two ways, through the loss of identity and through the loss of the observing self. The loss of identity results in feelings of being fractured or not whole, as if parts of self have been stolen or violated in a way that renders a woman's sense of self as being incomplete. The loss of the observing self is similar to a feeling of numbness or confusion that results from unsuccessful attempts to manage the abuse. It is often confounded by isolation. The loss

of the observing self is manifested by a victim's inability to be responsive to the things that are occurring around her. For example, Mills reported that the women in her study often felt zombie-like or mechanical and that they failed to recognize the fullness of what was happening to them. The loss of the observing self is especially dangerous for women as they may begin to underestimate warning signs or red flags indicating impending abuse. Landenburger (1993) relates this loss of self to the entrapment that many victims feel that often results in women living in two conflicting realities, namely the good aspects of the relationship and the abusive aspects of the relationship. The loss of the observing self is a critical issue for women experiencing IPV as it creates a form of cognitive numbness that acts to keep the women stuck rather than cognitive clarity which could help women escape or safety plan more efficiently. In addition, many women who experience IPV do so in isolation (i.e., in a closed system), which further complicates the loss of the observing self. Without support from an outside source to validate a victim's experience, women are often left to wrestle with their own perceptions and their abuser's accusations (Mills, 1985).

Posttraumatic Stress Disorder

The emotional consequences of IPV can be mild or severe depending on a number of factors, such as an individual's past history of trauma, resilience, and coping skills. In its most severe form, emotional distress can result in a constellation of symptoms commonly known as posttraumatic stress disorder (PTSD). PTSD occurs when an individual experiences multiple traumatic events, although it has been known to occur from a single event as well (Wheeler, 2007). The memory of the event becomes so overwhelming that it is not fully processed and subsequently becomes stored "as it was at

the time of the disturbing event in a state specific form and does not get linked to other networks in an adaptive way” (Wheeler, 2007, p. 134). PTSD has become increasingly more recognized in the United States, with some estimates as high as a prevalence of 25% in the overall population (Foa, Keane, & Friedman, 2000). Criteria to meet the DSM-V (American Psychiatric Association, 2013) diagnosis include symptoms of intrusion, avoidance, negative thought and affect patterns, and arousal and reactivity disturbances. PTSD is a complex syndrome that can be exacerbated by the length or severity of the trauma experienced. It is also the one of the most common diagnosis for survivors of IPV (Dutton, 2009).

Of great interest here is the complicating nature of antecedent trauma on a woman’s ability to use effective coping strategies. An individual’s risk for developing PTSD symptoms becomes greater if there is childhood trauma or abuse (Saunders, 2003; Wheeler, 2007; Williams, 2003). Similar to the loss of the observing self described by Mills (1985), several additional studies have shown that antecedent trauma has a negative effect on the ability to cope with subsequent traumas (Stein, 2012; Taft, Resick, Panuzio, Vogt, & Mechanic, 2007a; Taft, Resick, Panuzio, Vogt, & Mechanic, 2007b). In other words, women who have experienced multiple traumas in their past (or women who have experienced repeated patterns of abuse) will struggle more with self protection and coping than women with fewer incidents of trauma. This underscores the need for treatment interventions that provide protective factors for survivors of IPV and which teach skills that can be used to self-protect even during times of increased personal distress.

Spiritual Consequences

Spiritual distress as a result of IPV has been less examined than physical and emotional distress. Spiritual beliefs, faith in a higher power, or support from a community of faith can be a protective factor from IPV (Wang, Horne, Levitt, & Klesges, 2009). However, at least one study found that some women suffered a weakened faith while they were still in the abusive relationship because they believed their higher power had failed to protect them from the abuse (Anderson, Renner, & Danis, 2012).

Similarly, Copel (2008) conducted a phenomenological study using a convenience sample ($N=16$) of women recruited from support groups at a community mental health clinic. All of the women had experienced IPV and spiritual distress and had sought assistance from faith-based organizations. Four themes were identified: spiritual suffering, feelings of devaluation when seeking help from church leaders or members, a serious sense of loss and alienation, and powerlessness to handle the abuse. Seeking support from church leaders or members resulted in negative experiences that complicated the healing journey for participants. It should be noted, however, that the convenience sample used in this study influenced the results and that all of the clergy approached by the participants were male. It is unknown whether female clergy members would have responded in a similar or different way.

In an effort to ameliorate the negative impact of spiritual distress, Kreidler (1995) long ago advocated for spiritual healing for women survivors of IPV. She defined *spiritual* as a humanizer and vitalizer in the healing journey, as a force that raises, lifts, and provides insight to meaning and purpose. In contrast, spiritual distress was defined as the inability to find meaning in violent or painful experiences. Kreidler uses the term

“dis-spirited” (p. 30) to describe that person whose broken spirit fails to find joy, creativity, or vitality in life after a significant trauma. According to Kreidler, taking the time to add an exploration of the spiritual self after an experience of abuse is to uncover the potential growth and positive outcome that can occur after a traumatic experience. By giving individuals an opportunity to examine their spiritual selves, they can gain a sense of what they can and cannot control in their lives. They can begin to contemplate how and where they can make a difference in their own lives. This is, as Calhoun and Tedeschi (1998) have shown, the thriving that results from surviving.

Finally, Senter and Caldwell (2002) conducted a phenomenological study that examined the experience of spirituality as a part of the ability to maintain change after leaving an abusive relationship. The researchers concluded that through the process of healing and rediscovery of self, participants were able to redefine their spiritual selves and their relationships with their higher power. The women examined the negative beliefs they held about themselves and their situations and were able to uncover new perspectives that helped them support change. The clinical implication of this study is that spiritual awakening and healing can support the maintenance of changes that are necessary to move from being controlled to controlling one’s own life.

However, the traditional approach to treatment for victims of IPV has not historically included a focus on the spiritual or on how the spiritual impacts other aspects of healing, such as identity. The next section will address how the treatment for battered women has been generally approached. This section will lay a foundation for subsequent sections in this chapter that will discuss how boundaries may provide protection for a victim’s physical, emotional, and spiritual self.

Traditional Treatment

Early Models of Treatment

The domestic violence movement in the United States is relatively young. The first domestic violence shelters began to open in the late 1970s; however the movement as a force did not gain momentum until the early 1980s. The first generation of advocates working against domestic violence raised awareness and created political and social agendas, as well as models of service provision, that are now commonplace in many shelters and agencies (Arnold & Ake, 2013).

One such model was developed in 1984 by the staff at the Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota (Pence & Paymar, 1993; Shepard & Pence, 1999). The power and control wheel was used as a part of the curricula that eventually became known as the Duluth Model. The power and control wheel is a tool that helps women understand the various forms of abuse that can occur. It illustrates quite effectively that abuse is not necessarily limited to acts of physical or emotional violence. The wheel is separated into eight sections that describe acts of intimidation, emotional abuse, isolation, blaming and minimizing behaviors, the use of children against a victim, economic abuse, the misuse of male privilege, and coercion and threatening behaviors.

Today, the Duluth Model continues to be the foundation for most batterer intervention programs and domestic violence advocacy agencies. The Duluth Model advocates for victims by focusing on their voices and lived experiences, and by using these in the development of policies and procedures that are intended to protect women

from the harms of IPV. It also provides intervention support for batterers and perpetrators. Part of what makes the Duluth Model so successful is that it relies heavily on a coordinated community response (CCR) approach that targets violence by batterers from the multiple perspectives of law enforcement, criminal and civil courts, and human services providers (Shepard & Pence, 1999). Victim safety and perpetrator accountability are the cornerstone of the Duluth Model's philosophy.

Recently, the Duluth Model has come under scrutiny from some researchers who claim that it incorrectly focuses on patriarchy as the sole cause of IPV and for misrepresenting the fact that women perpetrate abuse against men equally as often as men perpetrate abuse against women (Babcock, Green, & Robie, 2002; Dutton & Corvo, 2006). Another criticism is that the model makes therapeutic claims but is not therapeutic in design. For example, the model addresses the outward behaviors of battering in men by relating these to male patriarchy but does not connect these behaviors to underlying issues of attachment or other experiences that may have been created in childhood. Gondolf's (2007) response to the criticisms against the model has done little to quiet the debate. In spite of these criticisms, however, the Duluth Model continues to be one of the most widely used treatment programs nationally that address batterer intervention and victim advocacy (Barner & Carney, 2011).

Another approach to IPV is offered by Walker (1979), which conceptualizes the predictable pattern of abuse in violent relationships. According to Walker, victims generally experience periods of calm, followed by increased agitation and tension building, a battering incident or phase, and finally a period of reconciliation. Walker's work has also come under some criticism, namely that her theory was based largely on

anecdotal evidence and not on empirical research. However, subsequent research has confirmed that Walker's cycle of violence does in fact accurately describe cyclical violence in intimate partnership (Dutton & Golant, 1995).

Domestic Violence as a Movement

The groundbreaking advocacy work of the early domestic violence movement has recently come under some scrutiny and resulting tension. Some researchers have even questioned whether the movement still exists (Lehrner & Allen, 2009). While the domestic violence movement has seen tremendous success (e.g., the funding of the Violence Against Women Act in 1994 and the establishment of state and federal laws that criminalize domestic violence), it has been criticized for moving away from the foundational goals of social and political change by shifting to an increased emphasis on direct service provision. Additionally, the focus of the interventions referenced in the above section have left some women who experience multiple forms of oppression, specifically women of color, lesbian and transgendered women, and women with disabilities, on the fringe of the movement. The early movement included a call to sisterhood for all women and assumed that all women had similar experiences of womanhood and female oppression.

As such, the movement in general has been criticized as a White women's movement. The voices of minority women were often not included in dialogues regarding IPV. Cultural differences that might result in varying responses to IPV were also not included in the movement (see Davies, 2008, for an example of how to support women who choose to stay in their abusive relationships). In response, there has been a recent effort by some advocates toward a more inclusive stance and away from shelter-

based services as the only point of service delivery (Arnold & Ake, 2013; Haaken & Yragui, 2003). These new, second generation of advocates are addressing intersectional forms of oppression by returning services to community-based programs that embrace socially marginalized victims of IPV (i.e., women from diverse and intersecting racial, cultural, sexual identities). They are challenging the need for women to go underground, which places an unfair burden of continued isolation on victims in order to maintain their safety. In many ways, these shifts in focus specifically address domestic violence shelters as points of service and the ways in which these shelters are run. As such, an understanding of the shelter movement is necessary in order to fully understand the domestic violence movement and its development over the past 30 years.

The Shelter Movement

The shelter movement began with activist Erin Pizzey (Haaken & Yragui, 2003), who started the world's first safe haven for women in a suburb of London in 1971. Pizzey continues to work in the movement today; however, her beliefs about domestic violence have caused her some criticism. For example, Pizzey believes that relationship violence is reciprocal and that many women are drawn to violent relationships due to high levels of hormones and neurochemicals due to childhood abuse (Pizzey, 2011).

The feminist shelter movement, as opposed to Pizzey's British movement, began shortly after Pizzey opened her first refuge. The feminist shelter movement differentiated itself from Pizzey's model in that feminist based shelters were usually in confidential locations and men were strictly forbidden access, in stark contrast to what Pizzey advocated for. In the United States, the shelter movement generally embraced the feminist model and has survived several iterations and transitions, from starting in private

homes and apartments to large facilities supported by state and federal funding (Arnold & Ake, 2013; Barner & Carney, 2011). Today, shelters face some difficult challenges, which include maintaining funding (for example, in 2009 Governor Schwarzenegger of California eliminated all state funding for domestic violence shelters for the 2009-2010 budget), meeting capacity demands, and dealing with issues regarding race and gender (Barner & Carney, 2011). In spite of this, however, domestic violence shelters continue to be the point of service delivery for many communities.

The focus of shelter service is primarily safety and resource acquisition. Historically, the emphasis has been on leaving and ending the abusive relationship with a “one size fits all” mentality (Arnold & Ake, 2013). Over time, however, there has been an increased willingness to individualize services to the specific needs of each survivor. For example, Davies, Lyon, and Monti-Catania (1998) caused a shift in the existing service provider focus from shelter advocates making decisions for women survivors of IPV based on a prescribed set of rules and expectations to one that focused on the needs and self-defined goals of each individual woman. This broader view of treatment services is in keeping with a feminist, multi-cultural view of IPV that makes space for a wide array of responses regarding safety. Davies (2008) also advocated for an understanding of women who choose to stay in abusive relationships and fought to move beyond shelter services as the only point of intervention. Later sections of this chapter will discuss how boundary conceptualization is inextricably tied to a woman’s social and cultural background. Receiving treatment or services in a setting where there is one accepted response to IPV (i.e., go undercover, leave the abuser, become self-sufficient) may not be helpful for all women.

Finally, traditional shelter programs have come under some criticism for inadvertently replicating the power and control tactics that many perpetrators of IPV use. Implementing harsh rules regarding parenting, social behaviors, sleeping times, putting limits on length of stay, or insisting on the need for secrecy regarding a woman's location can result in feelings of isolation and continued victimhood (Arnold & Ake, 2013). As such, some shelters and service providers have begun to experiment with alternative forms of service provision that attempt to better address issues regarding the diversity of women's experiences and accessibility. A discussion of how boundaries can be helpful in healing from IPV would not be possible without an environment of respect for diverse responses to IPV.

Mental Health Interventions

Initially, services provided to victims of IPV were focused on ending the abuse, creating a safety plan, and accessing financial or other support resources that were intended to help victims move forward. These efforts were seen as a path to empowerment. Increasingly, however, advocates are finding that mental health services are needed as well (Arnold & Ake, 2013). Recently, there has been a shift toward providing trauma informed services that are grounded in feminist theory by focusing on empowerment and diversity (Arnold & Ake, 2013; Brown, 2004). For example, the following interventions have been shown to align well with a feminist agenda and to be effective treatment for survivors of IPV who suffer posttraumatic stress disorder (PTSD) symptoms (Arnold & Ake, 2013). Prolonged Exposure (PE; Foa, Hembree, & Rothbaum, 2007) is a technique in which individuals learn over time to remember their traumatic event rather than avoiding it. Cognitive Processing Therapy (CPT; a form

Cognitive Behavioral Therapy specifically developed for survivors of rape) similarly targets exposure to the event over time but also addresses faulty beliefs that may have developed as a result of the traumatic experience (Resick & Schnicke, 1992). Eye Movement Desensitization Reprocessing (EMDR; Brown, 2002) also targets the traumatic event but does so through eye movements that have been shown to help individuals process an experience and decrease the negative emotions connected to that experience. Although there is potential for any of these models to become a standardized treatment for women survivors of IPV, none of them have been.

One model that in particular has potential is the theory-based Intervention for Health Enhancement After Leaving (*i*HEAL) for women survivors of IPV developed by Ford-Gilboe, Merrit-Gray, Varcoe, and Wuest (2011). The grounded theory, Strengthening Capacity to Limit Intrusion (SCLI), provides the framework for the intervention, which essentially addresses the intrusions that limit a woman's ability to move forward. Such intrusions are common after leaving an abusive relationship. They include, for example, uninitiated and undesirable communication, harassment, or abuse from the abuser, cumulative mental health sequelae, insufficient economic means, isolation, and undesirable life changes. The intervention also helps women gain control over their lives by focusing on four processes: (a) providing, (b) regenerating family, (c) rebuilding security, and (d) renewing self. A nurse practitioner and a domestic violence advocate work in collaboration to implement the intervention. What makes this intervention of interest to the current proposed study is that throughout the process of healing emphasis is placed on boundaries and limiting unhelpful intrusions while maximizing helpful ones. Two studies that are currently underway are expected to reveal

the feasibility and usefulness of *iHEAL* as a healthcare intervention for IPV. Preliminary results indicate that using intrusion language (i.e., framing a woman's experience within the context of intrusion) resonates with women who have experienced IPV. Additionally, the researchers have found that using intrusion language as a framework for crises, such as housing or custody issues, helps women recognize options better and build capacity.

The treatment interventions referenced above describe the process of violence and the challenges women face when attempting to leave an abusive relationship. However, they do little to address the psychological, physical, emotional, and spiritual journey of healing that must occur. They also fail to address what women can do to recognize the warning signs of abuse in order to avoid entering into a controlling or violent relationship in the future.

In contrast, the proposed study advocates for a preventive approach that conceptualizes boundary flexibility as an important component of the larger healing journey that occurs after women leave an abusive relationship. The examination of boundary renegotiation in women who have experienced IPV may be an important step toward developing a model of healing that could help women delineate their experience and redefine their sense of self in addition to enhancing a protective skill that would be useful in future relationships. Such research is in keeping with feminist thought. As such, a discussion of the framework that guides the proposed study follows.

Theoretical Framework

Feminist Theory

According to Creswell (2011), a feminist framework seeks to conduct research that is transformative by identifying and challenging injustices that exist in society.

Brown (2004) states that feminist theory is uniquely positioned as a treatment for trauma and that feminists, in fact, contributed to the naming of such syndromes as posttraumatic stress disorder, rape trauma syndrome, and battered women's syndrome. Feminist therapy is not simply satisfied to engender healing in individual clients but rather seeks to enact change that will ultimately cause social transformation because of the shifts in awareness and cognition that occur in the therapeutic relationship (Brown, 2002).

Four core principles guide feminist therapy (Worrell & Remer, 2002). First, feminist therapy occurs within a mindset of feminist political thinking (i.e., "the personal is political"). That is to say that feminist therapy occurs within the larger social context of patriarchy and oppression and as such seeks to acknowledge that all individuals, whether they be male or female and regardless of race or sexual identity, are negatively impacted by such forms of oppression. Second, feminist therapy is built exclusively on a multicultural foundation in which knowledge of diverse cultures and sexual orientations is requisite. Third, feminist therapy depathologizes human behavior and acknowledges that survival under oppressive circumstances requires creative and reasonable coping skills. Finally, feminist therapy seeks to create a feminist consciousness for clients and therapists and, above all, does so within the context of an egalitarian therapeutic relationship.

Based on the aforementioned principles, the aim of this study is to examine the ways in which women who have experienced IPV renegotiate personal and interpersonal boundaries as a part of the healing journey. This goal represents a relatively unstudied component of a victim's healing journey from IPV and a significant gap in the literature. As such, this study will illuminate the ways in which women learn to keep themselves

safe by staying aware of warning signs that might indicate controlling or abusive behaviors in intimate partnership and by responding to those cues appropriately with boundary flexibility. It is conceivable that the results of this study will help women to increase their awareness of their own personal and interpersonal boundaries, thereby minimizing the likelihood that they will re-enter into abusive relationships in the future. From a feminist perspective, the purpose of this study will be to examine a survivor's ability to redefine herself as a unique individual in her world and to delineate that individual from others in a way that protects and heals. Far from advocating for individualism as an end goal, the results of this study will allow women to define for themselves how boundary renegotiation can enhance their care of self as well as their care of others within their own cultural context.

The intersection of gender, power, and culture are central to the understanding of IPV, specifically when seen through a feminist lens. As such, the application of a culturally sensitive framework that acknowledges the way in which power and gender are abused in violent relationships is appropriate. First, however, a brief examination of the existing theoretical models that address healing and change will help lay the foundation for the additional framework that guides this study.

Posttraumatic Growth

Posttraumatic growth (PTG; Calhoun & Tedeschi, 1998) is defined as the positive growth and change that can occur in individuals who have experienced a highly traumatic or stressful event. This positive growth can take various forms in different individuals, and it can occur regardless of the level of resilience or hardiness an individual exhibits. In general, PTG occurs in one or more of the following areas: change in self-perception,

change in relationships with others, change in life direction or philosophy, change in spiritual faith, or increased life direction and appreciation (Tedeschi & Calhoun, 2004). Tedeschi and Calhoun contend that PTG is both a process and a final destination. However, PTG fails to acknowledge the various stages of change and growth that might occur along the way but rather focuses on cognitive restructuring of an individual's assumptive world as the result a traumatic event or crisis. In addition, the PTG model does not address the recursive nature of the healing journey, in which individuals might experience small amounts of growth or change only to regress to earlier states of identity or awareness, based on exposure to triggering events or internal conflicts. From a feminist perspective, PTG does not address the fact that IPV is embedded in the power and inequality of cultural and social structures and that healing or growth may be hindered by the very forces that cause the violence. Finally, the level or manifestation of growth itself is the result of a complex interplay between cultural factors and the various aspects of PTG (Calhoun, Cann, & Tedeschi, 2011). For example, societal norms regarding trauma, such as the belief that *all things happen for a reason* or *random acts of violence are possible*, greatly influence the type and degree of PTG that one might experience. As such, PTG outcomes can vary greatly between individuals from various cultural and racial backgrounds.

Stages of Change

The transtheoretical model of behavior change, or stages of change model, (TTM; Prochaska & DiClemente, 1983) has been used to describe the stages of readiness that individuals encounter when dealing with change. The model comprises five levels of readiness (pre-contemplation, contemplation, preparation, action, and maintenance),

which range from not being ready to change (pre-contemplation) to maintenance of the successfully changed behavior. TTM has also been used to describe the process that many women experience of moving from unawareness to becoming increasingly more aware about IPV and culminating in the decision to leave an abusive relationship. While TTM allows for the recursive process that can occur as one moves toward making a monumental change in one's life, such as leaving an abusive relationship, it does not address the internal changes in identity or growth that can occur from such a step. For example, TTM says little about how a woman's perception of her experience of abuse changes as she moves from victim to survivor. Nor does TTM address the changes in awareness of self-in-relation that must occur in order for a survivor of IPV to remain living violence-free. In addition, the TTM model does not address the fact that IPV is a culturally embedded construct fueled by power and maintained through oppression and inequality. From a feminist perspective, TTM fails to acknowledge how the dominant cultural themes of power and oppression can impede not only a woman's decision to leave her abusive relationship but her ability to heal long-term in a society that continues to oppress minority populations while keeping the power holders firmly in place. As such, TTM provides an adequate framework for the actual decision of leaving but provides little structure for the internal psychological changes that must occur in delineating self from others, specifically when related to the reclaiming of one's identity as a part of the healing process.

Feminist Identity Development Models

It is possible that not all women experience feminism in the same way. Boisnier (2003), for example, examined two models of feminist identity development with the

hope of delineating the unique experience of African-American and Caucasian women. It was hypothesized that more Caucasian women would agree strongly with the Downing and Roush (1985) feminist identity development model and that more African-American women would strongly agree with the Helms (as cited in Ossana, Helms, & Leonard, 1992) womanist identity development model. Womanist thought, briefly defined, seeks to shed light on the uniqueness of African American women's experience and to delineate the differences between those experiences and the experiences of other women of color. It emphasizes the importance of the bond between African American women and African American men (Collins, 1990) and thus significantly sets itself apart from traditional feminist thought. The two models of identity development differ in that the feminist model places emphasis on political orientation and commitment to social change while the womanist model emphasizes developmental flexibility that does not necessarily require political action. The term *womanism* was originally coined by Alice Walker (1983) but has been written and further developed by other writers. In essence, womanist thought embraces. In addition, the womanist model is more tolerant of an individual's choice of role in society whereas the feminist model seeks to change a person's perception of social role specifically related to men. The womanist model posits that a feminist identity is but one possible path for women and that other paths are viable options as well. A second hypothesis was that both groups of women would experience more self-esteem as they related to the higher stages of development in both models, respectively.

The results of the study partially confirmed the first hypotheses (African-American and Caucasian women differed in the extent, however, both groups were in the

expected range) and the second hypothesis (race did partially account for the nature of the relationship between stage of identity development and self-esteem and was found to be a moderator as well). As such, using either model as a theoretical frame for the current study could potentially alienate certain members of the sample based on race. A much better model would be one that is appropriate for use with individuals from a wide array of cultures and backgrounds, as well as for victims of IPV.

Moving From Victim to Survivor of Cultural Violence

In contrast to the models of transformation, change, and identity development referenced above, Salazar and Casto (2008) conceptualized a model of Moving From Victim to Survivor of Cultural Violence (MVSCV) by using Sue and Sue's (1999) Racial/Cultural Identity Development (R/CID) model. They posit that the oppression, subjugation, and violence that women experience serve the purpose of maintaining the status quo for the group in power. The Salazar and Casto model uses the five stages of the R/CID model (*conformity, dissonance, resistance and immersion, introspection, and integrative awareness*) to describe the process of overcoming internalized oppression and cultural violence. While the researchers are clear that identity development and transformation is a unique process for each individual, their application of the R/CID model for female victims of cultural violence provides a framework of understanding for counselors that can be easily applied in the case of healing from IPV.

The stages and subsequent intra- and inter-personal changes that are addressed in the MVSCV model begin with conformity. In this stage the victim feels guilt and self-blame for the abuse and may also struggle with isolation, fear, depression, and vulnerability. The victim may also engage in denial or numbing as a mechanism for

survival. The second stage, dissonance, occurs when the victim begins to experience confusion regarding the abuse. For example, in this stage she may ask herself, “How can he do this to me if he loves me?” She may begin to name the abuse but may also engage in self-blame simultaneously. In the third stage, resistance and immersion, the victim may become angry at her abuser or at the oppressive system. She may continue to feel guilt even though she now blames her abuser, and yet she may also still believe that in some small way she was deserving of the abuse. She may begin to focus on recovery as the main focus of her life or selfhood. She may begin to reach out for support by others who have experienced abuse. In the fourth stage, introspection, the victim begins to move from survivor to thriver. She will begin to recover lost pieces of herself, and she may begin to let go of survival strategies that hinder growth. She will adopt healthier ways of being, which may include a renewed relationship with her body and sexuality. Most importantly, she will begin to reassess herself in relation to others and will begin to challenge dichotomous thinking that has kept her from engaging in healthy intimacy. In the final stage, integrative awareness, the woman experiences an expanded selfhood in which her experience of abuse and survival is but one part. She will begin to experience a secure sense of self-in-relation and will begin to take action in proactive ways versus reactive ways.

It is in the fourth stage of introspection that women begin to renegotiate their relationships with others and self. During this phase women begin to engage in healthier coping strategies such as positive self-talk and boundary setting. Even her relationship with the experience of abuse begins to shift in that she may begin to give less power to the experience of abuse and invest more energy into her recovery (Salazar & Casto,

2008). The process of boundary renegotiation allows her to see that there are relationships of love and support to which she must remain open, as well as unhealthy or toxic relationships to which she must remain closed. The fact that boundary renegotiation occurs at a higher stage in the model, where women are wrestling with their shifting identities, supports the argument that boundary renegotiation and identity renegotiation are complementary processes.

Models of racial identity development are based on two broad assumptions: first, that identity development moves across sequential stages and second, that changes are influenced by an individual's reaction to the pressures and influences of his or her social environment (Cross, 1978; Helms, 1995). A criticism of such models has been that they are static in nature and do not take into consideration the multiple realities and strands that influence and comprise identity development. However, MVSCV specifically addresses the process of identity renegotiation in victims of IPV over time while simultaneously allowing for the cyclical nature of such a renegotiation process. It has been argued that the R/CID model, on which the MVSCV is based, is an appropriate model for understanding the identity development of marginalized populations (Salazar & Abrams, 2005). Because the R/CID model has been adapted for use with other marginalized groups (e.g., Barrett, 1990), it is appropriate for use to describe the development of both racial and cultural identity as well as the process of self-revaluation, identity renegotiation, and healing after the devastating experience of IPV. As such, the MVSCV model provides an appropriate framework for the present study and supports the argument to examine boundary renegotiation as it pertains to healing and identity development in the aftermath of IPV.

Empowerment

Building on the foundation of feminist theory and identity development is the concept of empowerment. Empowerment is a central tenet of the feminist movement (Brown, 2004; Worrell & Remer, 2002). The term empowerment can take on different meanings for different people (Foster-Fishman, Salem, Chibnall, Legler, & Yapchai, 1998). While most agencies that work with victims of IPV purport to engender empowerment in their clients (Kasturirangan, 2008), the method and process as well as the definition of that empowerment can vary greatly from agency to agency. For many women who have experienced abuse, empowerment is the process of regaining some sense of control over their lives and moving toward self-determination. In terms of trauma, empowerment from a feminist perspective is accomplished when that which disempowered is identified and effective strategies for responding are cultivated.

For example, IPV aims to destroy the very core of an individual. Victims of IPV may find it difficult to make decisions because of the extensive impact of their abuser's controlling behavior (Brosi & Rolling, 2010). Allowing a woman to make decisions for herself, to rediscover her self-reliance, is the very definition of empowerment (van Wormer, 2009). To underscore this point, Smith (2003) conducted a study of 15 women who either had experienced or were currently recovering from IPV. Smith found that healing began with a woman's choice to leave and to continue on the healing journey. Smith also noted that some of the women in her study had been adversely affected by over-zealous social workers who, in their efforts to help their clients, inadvertently disempowered them by failing to "recognize the importance of empowering women toward decision making" (p. 570).

Smith (2003) identified six stages of recovery that emerged from the healing or growth phase of recovery. These are: (a) letting go of the past, (b) finding voice, (c) becoming self-reliant, (d) rediscovering oneself, (e) forgiveness of self/others, and (f) finding a purpose. The stages are not linear. Healing and recovery according to Smith is a long and arduous journey. The results of her study show that connecting with other trustworthy people is an essential part of the healing process. Through social engagement the women were able to rediscover who they are and take pride in their recovery and new sense of self. This growth could not have happened without some increased awareness by the women of their boundaries. By leaving the abuser behind and engaging in new, healthy relationships, the women found healing. They then felt empowered to make decisions that felt right for them. Smith's study focuses on empowerment through the freedom to choose, social support, and self-discovery.

Similarly, Perez, Johnson, and Wright (2012) conducted a study of 227 battered women's shelter residents. They found that, while accessing resources positively influenced posttraumatic stress disorder (PTSD) severity, increasing feelings of empowerment actually had a protective quality against PTSD symptoms that were beyond those experienced by resource acquisition. The authors suggest that further research should be conducted into the ways empowerment can be promoted and offered along with traditional shelter services. This is a salient point and relevant for research regarding healing from IPV. However, the researchers also found that women who experience higher or more serious forms of violence were less likely to benefit from the attenuating effect of empowerment. It is possible that for women involved in extremely violent relationships, empowerment has an opposite or negative effect. For example, if a

woman asserts herself in relationship with an extremely abusive partner, it is possible that the partner will increase his or her efforts to thwart her power. As such, extreme caution should be used when advocating for empowerment with victims of extremely violent relationships.

Women and Healing

Much of the existing literature on the healing process from IPV has focused on the narrative of a woman's experience (e.g., Brosi & Rolling, 2010; Paul, 2004; Skinner, 2009; Taylor, 2000; Wuest & Merrit-Gray, 2001). The thoughts and feelings related to her experience, as well as her ability or inability to protect herself from harm, have all been examined and documented (Madsen, Blitz, McCorkle, & Panzer, 2003; Smith, 2003; Taylor, 2000). In accordance with feminist thinking, there has been a reluctance to acknowledge that the victim is complicit in any part of her experience of abuse (Walker, 1984). And yet, antecedent trauma has been shown to undermine a woman's ability to recognize and act on immediate danger, effectively reducing a woman's ability to self-protect (Stein, 2012; Taft et al., 2007a; Taft et al., 2007b). Coping skills such as dissociation, engagement, and disengagement can also have profound effects on a woman's ability to accurately judge the level of danger that may exist in a relationship (Stein, 2012) and can impede her ability to leave and, eventually, heal. As such, the healing journey from IPV can be lengthy, complicated, and arduous.

Lengthy Healing Process

Supporting the argument for the long recovery process for victims of IPV, Lindhorst and Beadnell (2011) studied the effects of abuse by following up with adolescent mothers over a 17-year period. Participants in this quantitative, longitudinal

study were categorized into three levels of exposure to IPV, namely, low (primarily emotional or verbal with no or very low physical abuse), moderate (higher level of threat with increased physical abuse), and battered (which includes physical assault and in which the perpetrator used a knife or gun to threaten the victim). It is significant that the women from the battered group had the most elevated interpersonal and psychosocial problems at baseline. While the severity of these problems did decrease somewhat over time, significant differences between the groups did not disappear until 12 years after the start of the study.

The results of this research underscore the need for interventions that address the pervasive and long-lasting negative effects of IPV. However, the study's results are not necessarily generalizable to populations other than adolescent mothers, and even in this case the researchers suggest replicating the study with similar populations in other geographical areas. In addition, this study did not take into account the devastating effects of childhood trauma, known to be a contributor to the risk of adolescent pregnancy. While the study explored the pattern of abuse (as opposed to the frequency) and surveyed the length of time needed for healing (defined as a reduction in symptoms), it did not investigate the nature of the healing process nor the stages or turning points in women's lives that might contribute to healing. Nevertheless, this study provides valuable information regarding the length of time necessary to fully recover from IPV.

Narrative Approaches

Most recently, several studies on healing from IPV have focused on helping women to re-story their narratives of abuse and violence by shifting their cognitive processes so that they were no longer defined solely by the abuse they have experienced

(Allen & Wozniak, 2011; Brosi & Rolling, 2010; Wozniak & Allen, 2012). These studies sought to aid women in creating a vision of themselves that included the full narrative of their lives, integrating their experience of abuse into the larger context of their lived experience. As such, these studies tended to define healing not just as the ability to stay abuse-free but rather as the intentional shifting from survivor to thriver, wherein thriver was defined as the ability to become “self-caring, functional, healthy members of society” (Wozniak & Allen, 2012, p. 83). Through the use of interventions that employed healing rituals, music, poetry, art, and drama, women were aided in their journey of empowerment and self-reclamation.

Through the implementation of a 10-week group, Wozniak and Allen (2012) were able to identify crucial transitions related to the healing process. These researchers claimed that post-traumatic growth was promoted through “empowering performances and liberating rituals” (p. 82) that were a part of their group process. They employed a grounded theory approach and identified nine transitional stages that women move through as they heal. These can be described briefly as: (a) transitioning through envisioning, (b) moving from disaster-based thinking to hope-based thinking, (c) embracing the changed nature of their social world, (d) using their voice in new ways, (e) creating self in the context of the group, (f) vicariously challenging the abuser’s power, (g) shifting from stories of victimization to stories of strength and survival, (h) creating a power mantra that made no room or space for the abuser, and (i) creating new life trajectories that bracketed out the experience of abuse and in which the participants could see themselves as the heroes of the own stories. The researchers conceptualize their

group as bridging the gap between woundedness and healing and argue that ritual provides the impetus to move women forward.

However, while Wozniak and Allen (2012) mention that changes to the participant's social world were an important part of the healing journey, they emphasized changes that allowed them to move from isolation to connection with other members of the study. No mention is made of how relationships outside of the study were impacted, and boundary renegotiation was not addressed. Also, Wozniak and Allen's stages are more focused on narrative than on identity specifically. In addition, their study was based on previous work by anthropologists who studied cross-cultural transitions and rituals and was not informed by a feminist lens that delineates IPV as a form of cultural violence. As such, their study does not acknowledge how dominant cultural themes might impede the healing journey nor does it include steps that women might take to confront those themes as a part of the healing process.

Similarly, Brosi and Rolling (2010) also conducted a qualitative study that examined the narratives of women who had experienced IPV, including their decision-making processes and other factors that influence their life stories. They employed narrative therapy with eight women who had recently left abusive relationships. Their study found that support for a new narrative was essential to the healing process. Once participants in the study had confronted existing dominant cultural narratives, they were able to find ways to re-story their experiences that included positive shifts in how the women perceived themselves, their future, their values and their relationships.

However, the study was conducted on a largely Caucasian sample. In addition, all of the participants were current residents of a shelter and as such were only recently out

of their abusive relationships. Whereas the challenging of existing dominant cultural narratives that support or condone violence against women is a valuable research agenda from a feminist perspective, this study's use of a largely Caucasian sample who were only recently out of their experiences of abuse points to the need for the current proposed research study and supports the need to include participants from other oppressed groups.

Reclaiming Self

Moving beyond narrative approaches, a number of studies have focused on a woman's ability to use her voice as a tool in her healing journey and in her efforts to reclaim her identity after experiencing IPV (Paul, 2004; Smith, 2003; Wuest & Merritt-Gray, 2001). Paul's case study of a woman's journey out of abuse included not only the telling and retelling of her story, but also "speaking the unspeakable" (p. 815), however, without the use of a group setting. Recovery for this client meant getting comfortable with her experience by telling it often. As seen in the previous studies, the process of healing here is once again broken down into stages or cognitive shifts. Paul's client, Ellen, progressed from focusing on her abuser to focusing on herself. She began to nurture and care for herself in a way that was markedly different from her past. Her relationship to self essentially shifted. She began to use her voice and reclaimed her power by renewing her spirituality, redefining her sense of self and not being "willing to give up parts of herself or to limit herself to please a man" (p. 813). In other words, by using her voice she redefined her relationship with herself and made that a central tenet of her recovery.

The results of Paul's case study are encouraging. Some of the cognitive shifts Ellen experiences are reminiscent of Salazar and Casto's (2008) stages. For example, as

a part of her healing journey Ellen decides to become an activist in the domestic violence movement. She organized a task force in her geographical area, which eventually became a shelter and services provider, indicating a commitment to activism that is characterized by Salazar and Casto's integrative awareness stage. Ellen's willingness to take action contributed to her healing, but it also reflects the feminist emphasis on political action. More importantly, Ellen's story is full of rich language that describes how Ellen began to reassess her boundaries to redefine her identity. For example, Ellen "let go of other relationships that she felt were detrimental to her growth" (p. 812), and developed strong friendships with both men and women who supported and validated her. Ellen moved from a place of extreme accommodation to please her abuser to a place of strengthened boundaries and self-concept. The results of this study are limited by the research method design. This study provides information that supports the use of MVSCV as a framework for long-term recovery from IPV, although more research, such as the current study, is needed to validate its use.

Whereas Smith (2003) made some significant points regarding empowerment and healing, she also identified three distinct yet connected phases of recovery that are salient to the healing process in general: the abusive past, the struggle to physically and emotionally exit the abusive relationship, and the healing and growth phase in which a woman is able to move beyond the experience of abuse toward self-compassion. Each of the three phases is further broken down into subcategories that describe the psychological, spiritual, and emotional work necessary to move forward. It is interesting to note that not all of the participants in this study had actually achieved recovery.

Several of the women interviewed told the story of non-recovery, i.e., of being stuck in

the second phase Smith identified in spite of the fact that both women had been out of the relationship for 17 and 26 years each respectively. For these women recovery remained elusive and the past remained very much in the present. In spite of this, the theme of rediscovery of self as a part of the healing journey reinforces the results of several other studies (Davis & Taylor, 2006; Wozniak & Allen, 2012; Wuest and Merritt-Gray, 2001).

Wuest and Merritt-Gray (2001) used grounded theory from a feminist perspective to define reclaiming self as “a process of reinstating self in the larger social context” (p. 80). That process has four stages: counteracting abuse, breaking free, not going back and moving on. Reclaiming self occurs in the final stage, moving on, and is also comprised of four further stages: figuring it out, putting it in its rightful place, launching new relationships and taking on a new image. Although this study provides valuable information regarding the process of reclaiming self after IPV, the results are limited by the use of a homogenous sample of Caucasian women from the same geographical location (rural Canada).

Healing from IPV for Women of Color

In contrast, Taylor’s (2000) study used voice as a mechanism for change by focusing on storytelling in a group setting specifically for African-American survivors of IPV. Because these women found it difficult to feel welcomed or comfortable in the available group settings, which were largely comprised of Whites, Taylor created a group specifically for women of color, a particular strength of her study. The interpersonal connections that evolved were essential to the healing process and the telling of their stories was made easier due to the racially unified group. Taylor’s study ($N = 21$) included women who were in recovery from abuse from 6 months to 21 years. She

concludes that racially unified groups are beneficial for marginalized or minority populations. However, no other contributor to the group's success was mentioned which represents a significant weakness of this study. For example, the study did not use a comparison group of mixed-race women, and it is not known whether such a group might have experienced the same kind of healing as the study group did. Differences within group members (such as socio-economic status, education, etc.) must be dealt with in the same way as between group differences. Nevertheless, this study provides significant data regarding race and recovery from IPV.

A similar study by the same researcher (Taylor, 2004) revealed six themes of healing common to African American survivors of IPV. These themes are: (a) sharing information, (b) redefining one's self as separate from the abuse, (c) nurturing and renewing the spiritual, emotional, and physical self, (d) forgiveness, (e) looking to the future with hope, and (f) social activism. While there is some overlap with themes from the Wuest and Merritt-Gray (2001) study, there are also some significant differences. For example, participants in Wuest and Merritt-Gray's study (2001) felt that the constant retelling of their stories heightened their pain and sorrow, whereas participants in Taylor's study (2004) felt liberated by shattering the silence that had enshrouded their lives prior to breaking free from abuse.

Taylor's (2004) study has some significant weaknesses as well, most notably the absence of a theoretical framework that links her study to the extant literature base. As such, her study provides general information about healing from IPV but fails to provide specific information that might lead to more focused interventions for therapists working

with survivors. Nevertheless, findings from Taylor's study can be used to help inform the establishment of a theoretical understanding of healing from IPV.

Healing Dialectics

In contrast to the above, Draucker et al. (2009) conducted a metasynthesis in which 51 qualitative studies were reviewed and examined for themes of healing from sexual violence. Four domains of healing and the subsequent paradoxes that women face were identified. Managing memories, relating to important others, seeking safety, and reevaluating the self were defined by dialectics that included the need to hold on to parts of the past, self, important others or worldview while at the same time needing to let go of certain memories, parts of self, relationships with others or reconstruct one's worldview. The dialectics reflected in this synthesis of the literature are relevant to the topic of healing from IPV and reflect the paradoxical and complicated nature of the healing process. Wozniak and Allen (2012) also state that the repeated telling of stories of violence and abuse serve only to hinder the healing journey, in that survivors who are focused largely on the abuse continue to experience symptomology that is directly related to the battering.

Healing and Psychological IPV

Finally, two studies specifically illustrate the difficulty women face in healing from psychological IPV alone (Beeble, Bybee, Sullivan, & Adams, 2009; Blasco-Ros, Sanchez-Lorente, & Martinez, 2010), indicating that psychological IPV presents unique challenges for mental health counselors. It is possible that psychological IPV is more difficult to detect and define, thereby making it harder for women to get help. These two studies underscore the need for an increased understanding of the short and long-term

healing journey from IPV, as well as whether or not boundary negotiation can mitigate the negative effects of verbal and psychological abuse alone.

Healing and Posttraumatic Growth

While PTG (Calhoun & Tedeschi, 1998) does not necessarily provide an adequate theoretical framework for the current study, it is appropriate for review as a form of healing for women who have experienced IPV. PTG has been described as the positive growth that can occur after extremely challenging or difficult life events. PTG is drawn on the spiritual, historical, and philosophical belief that suffering, in spite of its negative consequences, can also be a transformative power that can effect positive personal change. In general, there are five domains of growth that are examined and measured in order to assess for PTG: (a) increase in life appreciation and change in priorities, (b) closer relationships with others, (c) an increased sense of personal strength, (d) awareness of new opportunities or directions in life, and (e) spiritual development or growth. It has been suggested that some personality traits, such as extroversion and openness to experience, may increase the likelihood of increases in PTG (Tedeschi & Calhoun, 2004). In addition, an individual's social support system seems to enhance the outcome of PTG.

Cobb, Tedeschi, Calhoun, and Cann (2006) found that PTG occurred in women who had experienced IPV, regardless of whether they had left their abusive partners or not. The fact that some participants were still involved with their abusers resulted in lower levels of positive growth, and the greatest likelihood of growth occurred in those women who had left their abusive relationships. The researchers also found that more severe levels of abuse were correlated with higher levels of PTG.

In a study that focused on the healing and posttraumatic growth of African-American survivors of IPV, Dickerson (2011) found that all of the women she interviewed ($N=5$) experienced growth in four of the five PTG domains: a renewed spirituality, a redefined sense of self that focused on each woman's strength and value, new hope and opportunities for the future, and increased life appreciation and gratitude. The final domain, closer relationships with others, was also present but less obvious. It is significant that the one domain that evidenced less obvious change is the domain that directly relates to boundaries. However, the participants indicated that their relationships with God, or their higher power, were enhanced through their healing journey. This finding might be indicative of the beginning of boundary renegotiation in these women, especially given that each of the participants redefined her relationship with God as one that moved away from external church teachings to an internalized, personal relationship with God that hinged more on personal spirituality than it did on church dogma or teachings. In order to better understand how this can be viewed as a boundary renegotiation, the following section will provide an in depth discussion of boundaries in general.

Boundaries

This following section will review the existing literature that pertains to intra- and inter-personal boundaries. The extant literature base is relatively small, and only a small portion of that has been written within the scope of IPV. Because the concept of boundaries is one that is highly impacted by culture, a discussion regarding boundary negotiation and cultural diversity will follow. Finally, an examination of the literature

that addresses warning signs and red flags and how these relate to boundaries and safety will conclude this section.

Research Studies

According to Scott (1988), boundaries are defined as “a dynamic line of demarcation separating an individual’s internal (body, mind, spirit) and external environments, and varying in permeability and flexibility” (pp. 24). Permeability refers to whether or not a boundary is closed, in which there is little interaction between an individual’s internal and external environment, or open, in which the interaction between an individual’s internal and external world would be free and uninhibited. The purpose of a boundary is to protect an individual from an unsafe or chaotic environment or to allow connection with those who might provide care and support (Scott, 1993).

However, this cannot happen if an individual is unable to move back and forth on the continuum and has either permanently rigid open or closed boundaries. Flexibility, then, refers to an individual’s ability to move between permeable and impermeable boundaries in response to changes in a person’s environment.

If a woman generally has a closed boundary system, then she would most likely appear reserved, distant and quiet, and as such would not engage with others freely nor disclose intimate parts of herself easily. This stance could be likened to a person who is cautious about engaging with others and whose personal and interpersonal boundaries are held rigidly in place. A generally open boundary system would result in a woman who is outgoing, talkative, and in general willing to share with others, even those she does not know well. Again, this stance would result in a person who is unaware of where she

begins and ends and who is unable to set boundaries that might, in certain circumstances, keep her safe (Scott, 1988, 1993).

A woman who seeks to achieve individuation from her environment must be able to move from open to closed boundaries as needed based on environmental cues (Landis, 1970; Scott, 1993). The process of individuation occurs in childhood and is the result of the child's attempt to balance independence and relatedness (Allen, Hauser, Eickholt, Bell, & O'Connor, 1994). It is the move away from dependence on others to dependence on self when needed.

Identity, on the other hand, specifically as it relates to the healing journey of women who have experienced IPV, can in many ways be described as a reclaiming of self (Davis & Taylor, 2006). Identity includes personal characteristics as well as social roles (Markus & Wurf, 1987). This definition implies that identity is influenced by social interactions with others as well as by intrapsychic cognitions. The process of reclaiming self involves both cognitive and emotional shifts in awareness as well as validation of one's sense of self from others. It cannot occur in a state of isolation or dissociation, which is common for some women experiencing IPV (Stein, 2012). Stein contends that dissociation prolongs the violence by rendering victims incapable of staying present with what is happening. In order to reclaim self, a woman must first be able to acknowledge her experience of abuse. She must be able to recognize which social supports are healthy and which are unhealthy and respond accordingly. Only then can she begin the process of separating herself from her unhealthy environment. For example, a woman might decide after leaving an abusive relationship that some of her friendships are reminiscent of her abuser and thus realizes that she is willing to end those relationships. She might

also seek to learn new behaviors that are more in line with her new concept of self. As such, the process of individuation and identity reclamation are uniquely linked to boundary flexibility and renegotiation for women recovering from IPV.

Kaschak (1998) states that a woman's identity is formed in relation to others, e.g., "in the connectedness" (p. 116). It is not formed in the self, and as such must necessarily maintain permeable boundaries as "an essential ingredient of femininity" (p. 116).

Kaschak takes it one step further by stating, "A core issue in the psychology of women and in women's sense of self-esteem is the pervasive sense of invisibility and its attendant purchase of safety and diminution of a sense of self" (p. 117). In other words, women risk their safety when they dare to *be* in the world of men. Kaschak argues that women can develop a positive sense of self that evolves from their relatedness as well as from their individuation, from caring for others as well as caring for self. This premise implies that boundary flexibility is essential for women as they develop their identities in relation to others as well as to self.

This theme is reflected in Draucker's (1992) study of 11 adult female survivors of childhood incest. Draucker found that these women likened their healing journey to "constructing a personal residence" (p. 5) in which doors, bridges, fences, and walls became metaphors for boundary permeability, impermeability, and flexibility. Implementing boundaries and boundary flexibility helped the women feel more in control of their relationships and thus promoted healing through a sense of safety.

Similarly, Farrell (1996) studied the healing journey of seven women who were recovering from relationships with abusive men. Four themes were identified: flexibility, awakening, relationship and empowerment. An important sub-theme for the flexibility

stage was the renegotiation of boundaries, in this case from closed or impermeable to open. Prior to the healing journey, these women described their boundaries as being closed and rigid, which ultimately left them isolated and without support. As the healing journey continued, boundaries became more flexible, enabling the women to react appropriately to signs of danger while simultaneously accepting support and guidance as needed. The fact that boundary flexibility enabled these women to navigate interpersonal relationships more effectively provides evidence for the protective quality of boundary negotiation.

Similarly, in a study that examined how perceived control, coping, and self-esteem impact dysphoria and hopelessness in victims of IPV, researchers found that perceived control over future abuse resulted in less dysphoria and hopelessness and increased self-esteem for participants in this study (Clements, Sabourin, & Spiby, 2004). The implication here is that interventions with women who have experienced IPV might also address perceived control to increase self-esteem and decrease dysphoria and hopelessness. Implementing a curriculum that includes boundary awareness and psycho-education regarding boundary flexibility would possibly increase a woman's sense of perceived control by helping her respond more efficiently to issues regarding safety.

For some women, however, the need to be in relationship can supersede or even undermine the protective quality of boundary flexibility (Burlae, 2004). This finding may be specifically true of women who have experienced a history of IPV or multiple attempts to extricate themselves from abusive relationships. According to Burlae (2004), exposure to multiple experiences of invasion and captivity of personal space can result in a "sense of relating with incomplete fragments of personality" (p. 85). Such a precarious

stance often leaves women unprepared for the negotiation and reactive flexibility of personal boundaries necessary to remain safe in an abusive relationship. Burlae argues that violence against women has historically been defined under the criteria of extreme violence. She points to the Duluth, Minnesota model's (Minnesota Development Program, 1999) power and control wheel and Walker's (1979) battering cycle of domestic violence as both dealing with the consequences of extreme violence, implying that they ignore the warning signs and events that could possibly inform victims of impending escalation of abusive behaviors. By paying attention to the often-subtle escalation of invasive behaviors that can precede acts of extreme violence, women can strengthen their awareness of their own boundaries and thereby avoid the subsequent fragmentation of self that can occur when boundaries are violated. How women encounter these invasive behaviors, however, is largely dependent on a woman's culture. As such, a discussion of cultural diversity and how that relates to boundaries follows.

Boundaries and Cultural Diversity

An individual's understanding of inter- and intra-personal boundaries is largely influenced by one's cultural background. Cultural and societal norms dictate how we relate to and interact with each other. The understanding of separateness and connection to others and self is often informed by an individual's culture, for example whether one hails from a collectivist or individualist society. As such, a discussion of boundaries must include an understanding of how individuals from various cultural backgrounds might conceptualize their personal space differently from each other.

Hofstede (1980), a Dutch social psychologist, researcher, and former IBM employee, identified five value dimensions of cultural difference that govern how

individuals interact with each other. The first of these dimensions is collectivist-individualist. Collectivist cultures value interdependence and group needs over individual needs. Individuals from collectivist societies would have self-identities that are closely linked to group membership. The second dimension is feminine-masculine and refers to the degree to which a society emphasizes gender differences. Masculine societies adhere more rigidly to gendered roles whereas feminine societies de-emphasize gender difference and tend toward integration of traditional roles. The third dimension is uncertainty avoidance, which refers to a society's dependence on rules and rituals. A culture with high uncertainty avoidance would be a highly structured society in which change and ambiguity are less likely to occur. The fourth dimension is power distance, which refers to the degree to which a society accepts or is tolerant of inequality. Societies with low power distance are generally less tolerant of inequality than societies with high power distance. The last dimension, long-term orientation, refers to the search for virtue. It has to do with how future oriented a society is, versus having a short-term, quick fix approach that might not have an eye to a country's future needs. Hofstede's work has been largely applied to businesses working with diverse cultural populations. However, Ashforth, Kreiner, and Fugate (2000) have applied Hofstede's work to the understanding of cross-cultural differences regarding role boundary rigidity and flexibility. They state that individual, personal differences toward either role boundary segregation or integration are moderated by Hofstede's value dimensions and by the culture of origin. That is to say that the influence of culture moderates one's ability to negotiate permeable or impermeable boundaries. According to Nippert-Eng (1996), the

way in which we learn of and conceive boundaries is a direct result of our own process of cultural socialization.

An interesting study that highlights the importance of boundary flexibility and permeability as a sociocultural construct that varies across cultures focused on interviews with American ($n=11$) and Israeli ($n=17$) hi-tech workers employed by a multinational company in Silicon Valley, California (Shamir & Melnik, 2002). The study focused not on physical boundaries, but on mental and social boundaries as distinct dimensions of culture. The Americans in the study were largely described as bounded, while the Israelis were considered to be essentially boundary-less. The difference between the two cultural groups resulted in issues related to trust and cooperation between the groups. This study sheds light on the importance of boundaries across diverse cultures and how boundaries can, in many ways, determine how individuals function within a society, or – more importantly – how individuals from different cultures might perceive personal and interpersonal boundaries differently.

Women from collectivist societies might need to resort to creative techniques for maintaining boundaries and safety when confronted by IPV. Zakar, Zakar, and Kraemer (2012) conducted an interesting study highlighting the way in which women in Pakistan resorted to using coping strategies that were culturally appropriate to deal with IPV. The majority of these coping strategies were emotion-focused (i.e., avoidance or use of religion) versus problem-focused (i.e., strategies that actively address the problem and seek a solution). The researchers noted that emotion-focused strategies are often considered to be “sweeping things under the carpet,” and yet the women in this study ($N=21$) felt that their choices were limited largely due to cultural expectations. Also, the

subordinate status of women in Pakistan meant that many of the women were uncomfortable with skills that they perceived as being confrontational or overt (e.g., solution-focused strategies). Only two of the women sought help from formal institutions, and many felt that doing so would be either unhelpful or counterproductive. The coping skill most used by the participants was the use of religion, which primarily created space between the women and their abusive husbands (for example, it would not be acceptable for a man to physically harm his wife if she is engaged in religious prayer or at a religious site) but also had the added benefit of providing spiritual relief. These women used creative means to minimize the abuse they experienced and to create space between themselves and their abusers in ways that were culturally acceptable and appropriate.

Similarly, Yoshioka (2000) conducted a study that examined cross-cultural perceptions of assertiveness using African-American, Caucasian, and Hispanic women from low-income areas ($N=115$). Assertiveness was assessed as passive, assertive, or aggressive across six vignettes (one of which involved the shoving of a female by a male actor) by nine judges comprised of equal numbers of African-American, Caucasian, and Hispanic women. There was more agreement on appropriateness of behavior for same-sex situations than there was for mixed-sex situations. The author of this study suggests that this result may be that there is more agreement on how women view their role in society cross-culturally as it relates to women than how they may view their role and position in society cross-culturally as it relates to men. This points to the subtle cultural differences that might impact the way in which women respond to IPV and, more importantly, how they might view the appropriateness of safety-seeking behaviors.

Inevitably linked to safety, red flags and warning signs are the cues that indicate when boundaries are crossed. As such, a discussion of the warning signs of IPV and how these relate to boundary flexibility is necessary.

Red Flags and Warning Signs of IPV

Whereas most domestic violence agencies generally have literature regarding early warning signs of abuse for their clients, there is little evidence-based literature to buttress such claims. However, one exploratory, qualitative study identified that early warning signs for IPV include evidence of intergenerational spousal abuse in a partner's family, whirlwind romances that get a woman quickly involved in the relationship, a partner's extreme charm and exaggerated gestures toward the woman or her family, jealousy, and early efforts that lead toward isolation (Short, et al., 2000). These signs do not necessarily appear in isolation but rather as a constellation of signs that escalate over time. The resulting feelings of control, guilt, and shame are indicative of abusive behaviors and should serve as warning emotions for women. Women in this study ($N=168$) noted that their ability to recognize warning signs was compromised if there was a history of violence in their own families of origin. The link between experiencing any form of family violence as a child and the increased risk of negative mental health consequences and increased vulnerability for revictimization as an adult has been indicated elsewhere as well (Roberts, Lawrence, Williams, & Raphael, 1998). The researchers suggest that targeting adults and children who have experienced childhood family violence would help prevention efforts aimed at reducing IPV. The researchers also suggest that helping women to recognize warning signs and teaching them how to respond appropriately might likewise lead to prevention of IPV. Responding

appropriately, according to these researchers, means that women would “accept only high standards for behavior within intimate relationships” (pp. 280) and thus would maintain interpersonal boundaries to ensure safety.

Similarly, Geanellos (2003) linked a poor sense of self in adult survivors of childhood sexual assault to the exploitation and objectification experienced as children. Based on this finding, she claims that adult survivors fail to develop a “clear and stable representation of self” (pp. 190) that eventually leads to estrangement from self and others. The result is the formation of loose or permeable boundaries that contribute to an inability to exercise boundary flexibility in self-protective ways, leaving women open and unprotected as adults in intimate relationships.

The fact that boundary awareness is connected to safety has been documented (Burlae, 2004; Geanellos, 2003; Kaschak, 1988; Scott, 1988). Victims of abuse cannot move forward unless they are able to regain a sense of safety in their world (Burlae, 2004). Boundaries can help facilitate that sense of safety. Working with victims of abuse to bring awareness to their boundaries can be the beginning of the healing process for many clients. Asking the question, *where do you begin and end and where do others around you begin and end* can open the door to healing for victims of IPV. More specifically, it puts the question *who are you and how do you define yourself* on the table for clients to ponder. It is conceivable that such questions, along with an increased awareness of personal boundaries, can aid women in saying *no* when it is necessary, and in recognizing micro-violence behaviors long before they escalate to extreme acts of abuse.

Summary

Treatment for women who have suffered from IPV has changed little in the 30 years since the start of the domestic violence movement. Maintaining safety—a responsibility that falls completely on the victim’s shoulders—and garnering access to resources continue to be the focus of many interventions. However, a subtle shift in the field of domestic violence is occurring. Advocates are beginning to address issues regarding race, gender, power, and privilege by questioning the delivery of treatment as usual. When seen through a feminist lens, providing treatment options that engender change in perception, awareness, and consciousness is requisite. There could not be a better time to challenge the existing models of treatment by conducting research on phenomena that, while intuitive, have not been studied well. Boundary renegotiation in survivors of IPV is such one such phenomenon.

While the existing literature continues to document the healing journey of individuals who have experienced IPV, there is a failure to present treatment interventions that advocate for protective behaviors that will increase an individual’s chance of remaining safe. Specifically, the extant literature on boundary flexibility as a protective skill is meager at best. The connection between IPV, boundaries, and safety seems obvious. However, there is a gap in the literature that fails to address the importance of boundary renegotiation in survivors of IPV and no studies researching this topic exist.

As such, the current study seeks to examine the process of boundary renegotiation and flexibility in a diverse sample of survivors of IPV. It is hoped that the results of this study will provide valuable information that will heighten survivors’ awareness of their

intra- and inter-personal boundaries as they heal from IPV. Further, it is hoped that the results will lead to improved treatment for individuals that will provide the added benefit of self-protection.

CHAPTER THREE: METHODOLOGY

“The whole process of cultural socialization can be conceived of as a process of learning boundaries.”

-- Shamir & Melnick, 2002, p. 220

Overview

The previous chapters have established the prevalence and consequences of intimate partner violence (IPV) and illustrated the need and importance of the present study. The current chapter describes the research design. Because the qualitative methodology utilized for this study is closely guided by a feminist post-modern epistemology, a brief explanation of the theoretical foundations that guided this study will be presented first. A statement of researcher subjectivity and the research question will follow the discussion of the epistemology. Next, the methodology section will present an overview of feminist grounded theory, which is the proposed methodology for the study. This will be followed by the research procedures section, which will include a discussion of participant recruitment, informed consent, interview protocol, data collection, and data analysis. Finally, validity and credibility, and quality will be discussed. The chapter will conclude with a summary.

Feminist Epistemology

Overview

Positivist scientific inquiry purports to be objective and value free. However, researchers now acknowledge that no scientific inquiry is free of bias (Worell & Remer,

2002). All research is value-laden and influenced by the social, historical, and cultural position of the researcher. Harding and Norberg (2005) state, “value free research is an unachievable ideal” (p. 2010). Not only is it unachievable, but it may be undesirable as well. Over the years, feminist scholars have criticized conventional, scientific methodologies that reflect the social values of the dominant group. Feminist researchers have challenged these conventional epistemologies and methodologies. The result is that the White male perspective is no longer the accepted standard for rest of us.

As such, the current study is guided by a feminist, postmodern epistemology that views reality as being discursively constructed. A feminist, postmodern stance embodies a strong emphasis on partiality, locality, instability, uncertainty, and ambiguity (Anderson, 2012), as opposed to certainty, universality, totality, and ultimate truth or reality. It questions any view of the world, self, or goodness that purports to be universal. The feminist, postmodern epistemology that guides this study emphasizes language and views individual words as concepts, which only have meaning when considered in relation to other words and concepts. It rejects the idea of an underlying construct of *self* or *woman*, since both the *self* and *woman* are also concepts that only have meaning in relation to other concepts, and thus may differ from individual to individual. In particular, the epistemology that guides this study attempts to address the exclusionary tendencies of feminism itself by underwriting the critique of the concept of *woman*. As such, the feminist postmodern epistemology embodied in this study purports a “permanent plurality of perspectives” (Anderson, 2012, *Perspective shifting* section) and rejects the objectivity of any and all by believing that multiple truths, even conflicting ones, can exist simultaneously.

Core Components

Feminist researchers insist that their research provide valuable and practical implications for the improvement of women's lives (Harding & Norberg, 2005). They feel that the research of marginalized populations produces transformative knowledge. However, such research presents difficulties and challenges as well. For example, Harding and Norberg (2005) express concern on how well feminist research methodologies address the intersectionality of race, class, and gender. They also bring into question the challenge of studying phenomena that are socially constructed but also very "real", as well as the difficulty of "accurate interpretation, translation, and representation among radically different cultures" (p. 2011). To address the difficulties of doing such research, feminist researchers have addressed the power difference between researchers and participants. Feminist researchers often participate in their own studies, resulting in reflexivity between researcher and participant that enhances disclosure and trust. However, according to Charmaz (2006) the researcher's preconceptions regarding the emergent data can prove troublesome for the analysis process if they are not attended to. As such, and in accordance with accepted qualitative research protocol (Glesne, 2010) the following section will discuss researcher subjectivity as it relates to the proposed study.

Researcher Subjectivity

Two personal experiences have guided my interest and motivation for this research. The first is my personal experience as a survivor of IPV, and the second is my career as a counselor who specializes in women's issues. The salient points regarding these two experiences are presented here in accordance with the ethics of accountability.

I have worked with women in both a shelter setting as well as in private practice. As a result, several personal assumptions regarding recovery from IPV stand out in my mind as being significant to the proposed study. The first of these is that women with a history of IPV have often developed an inability to pay attention to the internal messages that occur when individuals seeking interaction with them cross boundaries. Regardless of whether such behavior is learned through societal expectations or whether it is conditioned as a result of the abusive relationship, the fact that women tend to ignore their own internal messages when they occur is significant and seems to me to be directly related to their ability to self-protect and heal. The second point is that the very nature of IPV, which seeks to destroy a woman's sense of self, complicates the healing and identity renegotiation process. That is to say, a woman cannot fight for self-preservation if her concept of self is being rendered insignificant by repeated hostile attempts to invade her personal, spiritual and emotional space.

The assumption on my part that identity and feelings of worth are essential to maintaining safety and that IPV seeks to destroy those same feelings, has guided my interest in the current study. My interest is further informed by a feminist lens, which places the oppression of women squarely in a societal and political context. As such, I define IPV as a societal issue borne out of the need to maintain a patriarchal hierarchy. The least of these are the often-subtle ways that women experience oppression in our society. I label such experiences *acts of micro-violence*, which can occur on a daily basis and are often not recognized as acts of violence by the women who experience them. A good example of this is the way women become, symbolically and often literally, the property of their husbands after marriage. To underscore this transition from unique

individual to personal property, societal expectations require that a woman give up her name when she marries. Many women may not see the forfeiture of their name as an act of micro-violence. However, the fact is that many women still struggle to say *no* in our society. It is not uncommon for me to hear a woman state that she would have kept her own name but decided to take her husband's name for the sake of her children. This underscores the very point that such events contribute to the lack of a firm boundary around a woman's identity.

Buttressing my interest in researching boundary renegotiation after abuse is my own personal experience with domestic violence. As a young woman coming from a religious family in which I was sheltered as an adolescent, I encountered emotional and physical abuse in my one of my first intimate relationships. My partner was an alcoholic. He would often insist that I drink with him upon coming home from work and before dinner. Over time I began to refuse, which resulted in incidents of battering that sent me to the hospital twice. Eventually I was able to leave that relationship but not without significant mental distress that impacted my well-being. In spite of eventually being able to enter into new relationships, it took me years to learn that boundary flexibility, specifically the ability to recognize red flags and respond appropriately, was essential to my safety and my ability to heal. It was also essential to knowing when new relationships were safe and in learning to allow healthy individuals into my life.

My past experiences and assumptions regarding IPV have deepened my commitment to working with women and guide my interest in conducting the proposed study. How women navigate the healing journey is of great interest to me as it relates directly to my work as a counselor who specializes in women's issues. It is my hope that

the results of the current study will help to inform and guide interventions for survivors of IPV by identifying stages of healing and identity renegotiation, which may in turn help counselors to engender the same in their clients.

Research Questions

IPV seeks to destroy the core of an individual's identity through the process of entrapment, in which a woman's self is systematically denied by the constant demands, intimidation, and fear caused by the abuser (Landenburger, 1993). Thus, healing from IPV must involve identity renegotiation and a rediscovery of self that puts the abusive experience in its proper place rather than allowing it to define the whole person. Based on the review of the existing literature, it is clear that boundary renegotiation after abuse, along with the strengthening of boundary flexibility, is a means to the end of strengthening one's self concept after abuse.

As such, this study is driven by the question: How do individuals re-negotiate physical, emotional, and spiritual boundaries after experiencing IPV? More specifically, the results from this study will help to answer the question: How does the renegotiation of boundaries contribute to the healing journey from IPV within the context of identity development as an individual moves from victim to survivor? A feminist framework and the Moving from Victim to Survivor of Cultural Violence (MVSCV) identity development model (Salazar & Casto, 2008) provide a theoretical framework for the current study. The assumption underlying this research question is that identity development and healing are connected in marginalized populations, especially when such populations are prone to internalizing the oppression they experience (Allport, 1954; Erikson, 1968).

Methodology

Feminist Grounded Theory: A Brief Overview

Grounded theory was developed as a way to generate theories regarding processes or actions that groups of individuals might experience (Creswell, 2011). These theories are not hypothesized a priori, but rather are grounded in data, i.e., in the experience of the participants, and extrapolated from interviews and other observations. Key components of grounded theory include the focus on a process or action, the desire to develop a theory regarding that process or action, the development of a concept, often portrayed by a diagram or sketch that describes the flow of the process or action, constant comparative data analysis, and axial or open coding (Creswell, 2011). Each incident that is added to a specific category or theme will provide details regarding the properties and dimensions of that category, highlighting the various aspects of a single phenomenon. Grounded theory (Glaser & Strauss, 1967) has been combined with other theories, such as constructivism (Allen, 2011; Charmaz, 2006) and critical theory (Kushner & Morrow, 2003), in an attempt to enhance its philosophical underpinnings. Feminist researchers began to embrace grounded theory (Glaser & Strauss, 1967) in the early 1990's (Keddy, Sims, & Stern, 1995; Plummer & Young, 2010; Wuest, 1995).

Wuest (1995) identifies three congruent epistemological underpinnings of grounded theory and feminist theory. First, both acknowledge that individuals are knowers and that their experience constitutes legitimate knowledge. While grounded theory does not expressly state that this applies specifically to women, the understanding is that all individuals, regardless of gender or race, are holders of knowledge. Second, both emphasize the contextual and relational nature of knowledge and understand that

these are a part of the experience for individuals. This perspective is in keeping with the feminist principle that the personal cannot be taken out of the political. Finally, both acknowledge that researcher bias influences not only the research questions being asked but the interpretation of the results as well. Feminists attend to this by engaging in reflexive processes that maximize participant disclosure, provide respect for participants, and empower participants to use the fullness of their voices. Similarly, grounded theorists also understand that they are social beings participating in social research, and, as such, that they simultaneously co-create social processes as they conduct their study. Strauss and Corbin (1998) urge researchers using grounded theory to accept responsibility for the fact that their interpretive roles are not objective or value free.

Justification for the Use of Feminist Grounded Theory

The larger theoretical framework for the current study is feminist theory. Feminist theory focuses on the voices of women, with the assumption that those voices provide often times competing, diverse, and yet always legitimate knowledge regarding their experiences (Wuest, 1995). Feminist theory provides means for researchers to minimize the hierarchical nature of the researcher-participant relationship, thereby opening doors for increased disclosure, respect, and trust to be established. Finally feminist theory seeks to do research *for* women (as opposed to *on* women), the results of which are intended to improve the lives of women through emancipation of participants.

Similarly, grounded theory is focused on the voice of the individual, on the description of an action or process. Through the repeated telling of a story or event, changes in detail that naturally occur due to the passage of time or memory, serve to illuminate the results rather than to detract from them. Charmaz (2006), in particular,

advocates for a respectful stance toward participants, echoing the feminist approach of research that benefits the participants. This, in particular, makes grounded theory an appropriate method for the proposed study. The voices of women long to be heard, to be integrated into our society and acknowledged as valid and salient. Results from the current study will hopefully provide a platform for the voices of women on which a theory of boundary renegotiation can be formed. Similar to feminist theory, grounded theory does not seek a singular truth, but rather seeks to illustrate the diversity of experience that constitutes a single process or action. Through multiple interviews, researchers become infinitely more familiar with their participants, resulting in the removal of traditional positivist barriers between researcher and subject. Corbin and Strauss (2007) believe complete objectivity in any form of research to be impossible.

Finally, Plummer and Young (2010) argue that grounded theory has been used in studies that intended to promote social action (Ford-Gilboe, Wuest, & Merritt-Gray, 2005; Lopez, Eng, Randall-David, & Robinson, 2005). This, most importantly, provides justification for the current study. By increasing boundary awareness and flexibility, individuals can remain open to loving, supportive relationships while simultaneously exercising a skill that can serve a protective purpose against boundary violations.

Research Procedures

Participants and Recruitment

Participants for this study were recruited from a local domestic violence agency that works with survivors of domestic violence in a medium-sized metropolitan city in the Southern United States. Purposive sampling was used to recruit participants according to the following criteria: (a) participants had to be living violence free for at

least six months, (b) participants had to speak English or have access to a translator who was willing to provide translation services for the length of the study, (c) participation was limited to a metropolitan area in the Southern United States. It was anticipated that the target sample size would be a minimum of 8 to 12 individuals and that the sample size would be adjusted as necessary so as to ensure saturation of data. The final number of participants included 10 women and 1 man for a total sample of 11. Data saturation occurred when themes were fully represented by the data and conflicting themes no longer existed. A small sample of three participants was initially interviewed and the interviews were transcribed and coded. Tentative categories and themes were identified from the initial small cluster of participants. Theoretical sampling, in which the researcher specifically sought participants that could provide further information to clarify or illustrate analytic hunches and leads, was then used to help saturate the data with properties pertaining to the initial specific categories.

Because the concept of boundary is heavily influenced by an individual's cultural and social background, every attempt to secure a culturally diverse sample was made. The metropolitan city in which the study was conducted is an area rich in diversity. The local domestic violence shelter serves White, African-American, Hispanic, and Asian men and women of varying ages, socio-economic, ethnic, and cultural backgrounds. Other agencies connected to the shelter that provide longer-term services for survivors, such as temporary housing and financial support, were contacted as sources for participants. However, the resulting sample of participants was ultimately recruited from one agency. The final sample included ten women and one male survivor with diverse racial and cultural backgrounds. While it was hoped that the sample would include non-

heterosexual participants, this goal was ultimately not realized. This will be discussed further in Chapter Five.

Informed Consent

All participants in the current study were provided a copy of the informed consent as a part of the initial screening process (see Appendix A). The researcher ensured that all points on the informed consent were discussed. As an added protection, pseudonyms were chosen for each participant and identifying aspects of any participant's story that might reveal her or his true identity were omitted or changed. The task of data collection and storage was addressed and explained so that each participant was aware of measures that would be taken to ensure confidentiality.

The benefits and risks of participating in the study were discussed with each participant during the initial screening process. Benefits included a chance to tell one's story and to focus on an aspect of healing that might not have been previously considered, as well as the opportunity to provide helpful information to other individuals experiencing IPV. It was explained that participants might also benefit from the opportunity to be fully heard, as well as the chance to participate in research that benefits other individuals in similar situations. Most importantly, it was explained that participation in the study might increase participants' awareness of their own boundaries and provide a possible preventive factor for future relationships. The risks of participation included the fact that distressing memories would be recalled, which might elicit difficult emotions. Additional risks were also explained, including the sharing of one's story with a stranger, or feelings of regret associated with memories that involved negative outcomes.

A list of resources was provided to each participant. These resources included access to counseling services at local agencies that specialized in domestic violence. A list of individual practitioners who specialize in trauma was also included.

Interview Protocol

A demographics form (see Appendix C) and the interview protocol (see Appendix B) were used to conduct the interviews. The protocol was designed to start with rapport building questions that were general in nature and not directly related to the research question. After the initial rapport-building phase of the interview, the researcher asked questions that were specifically related to the IPV experience, as well as to the research topic, and which were designed to elicit a rich and detailed description of the phenomenon. The final phase of the interview was once again general in nature and was designed to facilitate a smooth transition to termination of the interview. In general, the questions were left intentionally broad so as to leave room for unsolicited information, which would add to the essence of the phenomenon being studied.

In order to ensure that the questions asked were adequately addressing the phenomenon of boundary renegotiation, the interview protocol was pilot-tested in 2013 with a participant not included in the current study. Based on the results of the pilot-test, some of the questions were revised. Questions that asked for redundant information were removed and questions regarding past, present, and future boundaries were placed in chronological order. The results of the pilot study were encouraging and provided justification for the use of the interview protocol. Follow-up questions were not needed in the pilot study. However, the researcher explained to the participants that follow-up interviews with participants would be conducted if they were deemed necessary. Follow-

up questions and interviews were conducted as a part of the member-checking (Charmaz, 2006) interview and occurred after the participant had reviewed the initial interview transcription.

Data Collection

Data was collected by audio recording interviews with participants. It was estimated that the interviews would last from 60 to 90 minutes. The researcher transcribed the interviews, and a copy of the transcription was provided to each participant. A follow-up interview was scheduled with each participant for member-checking (Charmaz, 2006). Member-checking occurred when the researcher presents the data, analysis, interpretations, and conclusions to the participants (Creswell, 2011). It allowed participants to participate in the study by playing a major role in the clarification on what had been overlooked or understated. Other than the member-checking interview, no additional interviews were scheduled or deemed necessary for purposes of clarification or for follow-up questions. All participants were offered a chance to review their interviews with the researcher to ensure that the intended meaning of the interviews was in alignment with the transcription. Peer reviewers, specifically the dissertation chair, were used to examine the audit trail for consistency in analysis and provided feedback regarding content and process of the interviews. An independent coder, who was trained in qualitative research methods, was also be used. The independent coder's categories and themes were compared with the researcher's and consensus was built to ensure triangulation of the data.

As the researcher, I attended to the participants' physical and emotional bearing by making notes during the interview process. I also made notes regarding my own

personal reactions. The use of notes during the interview process was explained to participants at the beginning of the interview. I planned time at the end of each interview to make additional notes, comments, or impressions regarding my own as well as the participants' reactions in a reflexive journal. The facial expressions and emotions of participants were noted. These notes were used to add texture to the data. Any other significant information, such as side conversations with participants or other pertinent interactions, were included in the reflexive journal and provided additional texture for the data. In keeping with grounded theory technique, memos were written and analyzed after interviews were completed and were used to illuminate the conceptualizing process of the researcher (Corbin & Strauss, 2007; Charmaz, 2006). The notes and memos became part of the transcribed data.

Data Analysis

Feminist grounded theory. There are two popular variants of the original grounded theory methodology developed by Glaser and Strauss (1967). The first of these is the systematic approach developed by Strauss and Corbin (1990, 1998) and Corbin and Strauss (2007). This approach, while paving the way for a more constructivist position, emphasizes an adherence to the positivist and postpositivist underpinnings of the original grounded theory developed by Glaser and Strauss (Plummer & Young, 2010). The second is the constructivist approach of Charmaz (2006), which emphasizes the views, values, beliefs, feelings, and ideologies of the participant over the methods of research (Creswell, 2011). While at first these two approaches appear different, Mills, Bonner, and Francis (2006) make a compelling argument regarding the constructivist

underpinnings of the Strauss and Corbin model and demonstrate how that approach paved the way for Charmaz.

One of the key benefits of using Charmaz's model for analysis is the ability to elicit multiple meanings from the data (Mills, Bonner, & Francis, 2006). This point was of special interest for the current study because of the possibility that different individuals might experience boundary renegotiation differently, especially when culture or ethnic background was considered. In addition, Charmaz positions the researcher as co-creator of the data, much as feminist researchers do. This provides a means to neutralize the hierarchy that inherently exists between researcher and participant. Her use of gerund-based, active codes gives the feeling that study participants are creating their reality, also in keeping with feminist thought. Charmaz's model is interpretive in nature and flexible, with an emphasis on theory that is developed from the researcher's view. Finally, Charmaz differs from the Corbin and Strauss (2007) model by placing an emphasis on respect for the participants, on research *with* participants, as opposed to research *on* participants, which is, again, in keeping with feminist thought. As such, the Charmaz model provides an appropriate model of analysis for the proposed study, which is couched in feminist theory and thought.

Data analysis procedures. The following strategies were used to analyze the data in the proposed study. In order for theoretical sampling to be successful, data collection and coding must occur simultaneously. The process of simultaneous data collection and coding is referred to as constant comparison (Charmaz, 2006; Glaser & Strauss, 1967). Constant comparison allows the researcher to compare incidents in the data with other incidents by looking for similarities and differences. It aids the researcher in identifying

themes. As such, I began with a small initial group of three participants. The participants were interviewed and the data was coded. An independent coder who was trained in qualitative research simultaneously coded the transcripts along with the researcher. The independent coder and the researcher then meet to build consensus around the codes and emergent themes. The analysis of the initial data then informed the selection of the next group of participants, with an eye toward the development of the theory and eventually toward saturation.

Data analysis began with both the researcher and the independent coder using open coding, in which domains of information provided by the participants were identified (Charmaz, 2006; Hays & Wood, 2011). Those domains were then used to inform the further analysis of data. The emergent open codes were scrutinized for relationships between each other and axial coded into larger categories. In axial coding, the data was broken down into smaller bits of information and then reassembled into a coherent whole. Again, the researcher and the independent coder built consensus around the emerging axial codes. Axial coding is a means of converting text to concepts and of adding texture around the axis of a single category. The final coding process was theoretical coding, in which categories that were identified during axial coding were linked to each other as hypothesis for a larger integrated theory.

Glaser (1978) suggests that the use of coding families, which are groupings of analytic categories, can be helpful in the data analysis process. He suggests 18 possible coding families and adds that new coding families can emerge from previous ones. The coding family named “Cutting Point” is of particular interest and may be useful for the data analysis of the proposed study. “Cutting Point” includes *boundary*, *critical juncture*,

cutting point, turning point, tolerance levels, and point of no return as categories that can help define the concept of cutting point. The use of Glaser's coding family, "Cutting Point", helped to inform the data analysis process.

Finally, analysis of the data will occurred with attention being paid to negative cases or exceptions that emerged. According to Charmaz (2006) negative cases can be used to uncover alternative explanations regarding developing theories. However, if such cases do not emerge organically out of the existing data, the researcher may need to search for such examples though theoretical sampling. However, negative cases emerged organically from the data and served to refine the emerging theory.

Throughout the coding and analysis process, the researcher engaged in reflexivity through journaling and peer debriefing with the dissertation chair and the independent coder. This helped to ensure that the researcher's experience was scrutinized and that researcher bias was documented.

Validity

Ensuring validity in qualitative research is complicated by the fact that qualitative research is inherently subjective. Creswell (2011) states that the validation of qualitative research is an "attempt to assess the accuracy of the findings" (p. 249). This in turn is enhanced by the time spent by the researcher in the field, the closeness of the researcher to the participants, researcher reflexivity, and the resulting detailed descriptions. Corbin and Strauss (2007) prefer the term *credibility*, which they feel is more in keeping with qualitative principles. They define credible results as being trustworthy and believable, while at the same time acknowledging that the reported results are only one of many

possible interpretations of the data. In the proposed study, the term validity will be used to refer to any strategy that enhances the accuracy of the findings.

Validation Strategies

Prolonged engagement, immersion with the population, and persistent observation of the phenomenon being studied is a contributor to the validity and credibility of any qualitative study (Creswell, 2011). This includes establishing trust with the participants, as well as staying aware of personal biases that might influence the results. The fact that I have already spent years in the field as a domestic violence advocate and counselor contributed to the current study. In addition, I have attended many workshops and trainings related to IPV and trauma, and I have extensive experience in working with survivors of IPV. As such, I have several established relationships with key informants that will be useful in the current study. These informants were especially helpful in the recruitment process. My experience and enthusiasm for the topic was beneficial in establishing rapport with participants and in eliciting rich, descriptive responses from the interview process.

Member-checking is an important contributor to the validity of a study (Creswell, 2011; Lincoln & Guba, 1985). According to Lincoln and Guba (1985) it is the single most important contributor. Participants in the current study had an opportunity to comment on the preliminary analysis of the data through a follow-up meeting that was scheduled after the initial interview.

Similarly, consensus building and triangulation of the data are all measures that contributed to the validity of the proposed study. Validity was further enhanced through the use of a recursive methodology and constant comparative data analysis in which each

interview informed the next. In addition, I immersed myself in the data by transcribing all of the interviews myself. An independent coder was used for data triangulation and consensus was built around emergent categories and themes. Finally, the use of a reflexive journal allowed me to attend to my own personal biases and reactions, in addition to helping to bring texture to the descriptions through memoing.

The interview questions were pilot tested and adjusted accordingly. The questions were designed to elicit rich, thick description regarding the boundary renegotiation process after IPV as well as how that process might impact a woman's identity as she moves from victim to survivor.

Quality

Credibility is a contributor to the *quality* of a research study. According to Corbin and Strauss (2007), quality can only result from the intentional adherence to certain researcher behaviors that engender it. Quality research is the result of the researcher's diligence, sensitivity, clear and logical delivery of results, and creativity (Corbin & Strauss, 2007). A handful of research conditions are necessary to help ensure a quality study. As such, and in keeping with Corbin and Strauss's recommendations, the following added to the quality in the proposed study.

First, I maintained methodological consistency, which precluded what Baker, Wuest, and Stern (1992) call "method slurring" or implementing an eclectic mix of several different methods at one time. Credibility was increased when fidelity to the prescribed method was maintained. As such, I adhered to the Charmaz (2006) grounded theory model, particularly because it fit well within the feminist framework for the current study. Second, I used a personal reflection journal during the data collection

phase of a study in order to bring awareness to the impact that I might have had on the study. Researcher awareness of personal biases and assumptions is essential to the ability to accurately report findings and results.

In addition, my sensitivity and enthusiasm for the topic, the participants, and for doing the research has been documented. My experience and passion for this work has already been demonstrated in previous sections of this proposal. As a former counselor in a shelter for battered women, I feel that I have the ability to establish relationships with participants that will honor the journey of each individual participant. I engaged in a creative process. I remained open to varying viewpoints in order to arrive at the essence and meaning of what participants were saying. I also maintained an awareness of how methodological decisions could impact, positively or negatively, the outcome of the study by anticipating and welcoming feedback or critique. I attended to methodological issues as they arose and sought consultation as necessary. Finally, I had an interest and desire to do this research. Conducting a study that provides a platform for women's voices, with an eye to improving the lives of those very same women, is my passion.

Summary

The purpose of this chapter has been to provide an overview of the methodology for the proposed study. The feminist epistemological framework, which seeks to examine how individuals who have experienced IPV renegotiate their inter- and intra-personal boundaries, has been presented and discussed. The researcher's interest in the topic of boundary negotiation after IPV has been discussed in anticipation of data collection and analysis. The research question has been stated and set against the framework of feminist theory and the MVSCV (Salazar & Casto, 2008) identity

development model. Feminist grounded theory provided the foundation for the research design and methodology. The study is based on in-depth interviews with a minimum of 8 to 12 survivors of IPV. Theoretical sampling and constant comparative analysis were used to develop and refine the emergent theory. In order to address credibility and quality of this inquiry, the researcher attended to the strategies set forth by Charmaz (2006).

The current study seeks to examine how individuals who have experienced IPV renegotiate inter- and intra-personal boundaries, set against the framework of identity development and healing. It is the sincere hope of this researcher that the results of the current study will contribute to the extant literature base by providing a theory of boundary renegotiation after IPV. Results from this study will help to inform future counselors who work with survivors of IPV by providing prescriptive information that can potentially engender healing in their clients who have experienced IPV.

CHAPTER FOUR: RESULTS

“It is senseless not to be safe.”

-- Gillian

Introduction

The following chapter addresses the findings from the analysis of the data. Eleven participants were interviewed for this study. All of the participants had experienced intimate partner violence (IPV) and all were living violence free at the time of the interview. The stages of coding were completed in accordance with the steps outlined in the data analysis procedures of Chapter Three. Analysis occurred in four distinct stages. First, open coding and axial coding were used to break down the data and to create conceptual themes. Second, constant comparison allowed the researcher and the independent coder to create consensus around the emerging data while simultaneously seeking differences and similarities in subsequent interviews. Third, a coding manual was created that contained the emergent themes and codes (or subcategories). These themes and subcategories were then organized and linked to each other to create a hypothesis for the larger integrated theory. Finally, subcategories were collapsed to create distinct codes that reflected aspects of the emergent themes (Table 1).

Table 1: Open, axial, and selective coding

Selective	Axial	Open
Phase I Acknowledging prior self	Acknowledging prior self Modeling Red flags	Acknowledging prior self Modeling Red flags Acts of denial
Phase II Experiencing abuse	Describing the abuse Not having emotional or physical boundaries Loss of self	Abuse examples Disregarded boundary Effects of abuse Lack of emotional Lack of physical Loss of self
Phase III Leaving	Critical point Seeing others Seeking/needing validation Boundary learning and awareness Setting physical and emotional boundaries	Critical point Seeing others Seeking validation Receiving validation Invalidation of abuse Boundary learning Imposed boundary Moving toward boundary Setting physical Setting emotional
Phase IV Firm boundaries	Implementing firm physical boundaries Implementing firm emotional boundaries Unwillingness to be vulnerable	Firm physical Firm emotional Challenged by emotional Unwillingness to be vulnerable
Phase V Flexibility	Willingness to be vulnerable and demonstrating flexibility Reclaiming self	Willingness to be vulnerable Demonstrating flexibility Movement toward flexibility Reclaiming self

Table 1 (continued): Open, axial, and selective coding

Selective	Axial	Open
Phase V (continued) Flexibility		New identity and confidence after abuse Validation of new identity Change from boundaries
Spirituality	Experiencing feelings of confidence and self-worth Loss of spiritual self	Feeling confident Experiencing self-worth Pre-abuse spiritual self Loss of spiritual self Spiritual influence on staying
	Renewed spiritual self Spiritual support	Renewed spiritual self Spiritual support

Table 2 provides an outline of the main themes and subcategories, as well as the number of participants who endorsed each code.

Table 2: Participant endorsements for each subcategory

Subcategory	Endorsements
<i>Phase I – Acknowledging prior self</i>	
Acknowledging prior self	9
Modeling	7
Red flags	9
<i>Phase II – Experiencing abuse</i>	
Describing the abuse	11
Not having emotional or physical boundaries	11
Loss of self	10

Table 2 (continued): Participant endorsements for each subcategory

Subcategory	Endorsements
<i>Phase III - Leaving</i>	
Critical point	8
Seeing others	9
Seeking and needing validation	8
Boundary learning and awareness	9
Setting physical and emotional boundaries	9
<i>Phase IV – Implementing firm boundaries</i>	
Implementing firm physical boundaries	11
Implementing firm emotional boundaries	10
Unwillingness to be vulnerable	8
<i>Phase V – Flexibility</i>	
Willingness to be vulnerable and demonstrating flexibility	11
Reclaiming self	9
Experiencing feelings of confidence and self-worth	10
<i>Spirituality</i>	
Loss of spiritual self	7
Renewed spiritual self	7
Spiritual support	6

The interviews took place at various locations and in accordance with the participants' choices. Some of the interviews occurred in participants' homes, while others occurred at private offices, which were secured for the purpose of this study. Two of the participants, Zayda and Gary, provided additional information to support their stories of abuse. Zayda provided the researcher with a prologue that she had written for an autobiography of her experience that she hopes to publish. Gary brought his laptop to the interview and read sections from his personal journal during the taping.

The following section of this chapter provides a profile of each of the participants. The next section will give an overview of the emerging theory, *Post-Abuse Boundary Renegotiation*. The theory is described using phases, each phase indicating a distinct and separate part of the journey of boundary renegotiation for survivors of IPV. Because boundary renegotiation is a process that begins with the loss of boundaries in the abusive relationship, the phases reflect the conceptualization of self and the awareness of boundaries for each individual prior to, during, and after abuse. After the overview, each phase will be described in detail, using the words of the participants to shine light on the significant factors comprising the social psychological process of boundary renegotiation. Each section concludes with a summary. The emergent theory, *Post-Abuse Boundary Renegotiation*, is then presented. Finally, a discussion of negative cases and a conclusion ends the chapter.

Participant Profiles

Eleven individuals were interviewed for this study. All of the individuals were survivors of intimate partner violence (IPV). All of the participants except one were recruited from an agency in the South that works to support survivors of intimate partner violence. Specifically, the participants had joined the agency's speaker's bureau and completed the necessary training to participate in speaking engagements raising awareness about domestic violence in the local community. The fact that the participants were all recruited from a single agency and had received training on domestic violence is a limitation of the study and will be discussed in greater detail in the Limitations section of this Chapter. One participant was recruited through the researcher's private practice. While the researcher bracketed her previous knowledge of that participant, her

participation also presents a possible limitation to the results. The participant demographics are summarized in Table 3. The participants included ten women and one man. The ages ranged from 26 years to 66 years old, with the majority ($n=9$) of the participants falling between 42 and 56 years. Six of the participants self identified as either Black or African American (AA), and five identified as White or European American. The participants' self-identified religious affiliation included two Catholics, one Baptist, three Christian, one Church of Christ, one spiritual but not religious (SBNR), one non-denominational (ND), one with "open" affiliation, and one with no religious affiliation. Involvement in religious activity ranged from "none" ($n=2$) to "very active" ($n=6$). Seven participants indicated that religious or spiritual concerns were either extremely or very important to them. All of the participants except two were currently employed at the time of the study. The participants also had diverse educational backgrounds, ranging from some college to advanced degrees. Six of the participants indicated that they had experienced more than one abusive relationship in their lives, with one participant having experienced as many as four. Three of the participants indicated that they did not have children.

Table 3: Demographics

Name	Age	Race	Religion	Religious Activity	Employment	Education
Kay	56	White	Catholic	None	Part-time	BA
Zayda	43	AA	Christian	Active	Unemployed	AA
Willow	42	White	Church of Christ	Some	Employed	AA

Table 3 (continued): Demographics

Name	Age	Race	Religion	Religious Activity	Employment	Education
Amy	44	White	None	None	Employed	Various
Desiree	50	AA	Christian	Active	Employed	Advanced
Veronica	47	White	SBNR	Active	Employed	Advanced
Gillian	55	AA	Christian	Active	Student	Advanced
Jayleen	47	AA	ND	Active	Student	Advanced
Gary	66	AA	ND	Some	Employed	BA
Tasha	26	AA	Baptist	Active	Employed	BA
June	44	White	Catholic	Active	Employed	AA

Participant #1–Willow

Willow is a 42-year-old Caucasian woman who had grown up in a strict Christian environment. Willow was divorced with three grown children. Willow met her abuser in high school and became pregnant while they were dating. She hid both the abuse and her pregnancy from her family until she gave birth, at which time she and her abuser were married in an attempt to rectify the situation, which she felt she had caused. Willow states that the abuse, which she describes as physical and sexual in nature, escalated after the marriage. Willow had three children within three years. Although at first Willow's family supported her only in staying married, they eventually were able to recognize the abuse. It was not until she received the support of her family that Willow was able to leave the relationship and seek help for the abuse she experienced.

Participant #2–Zayda

Zayda is a 43-year-old African American woman who experienced her most abusive relationship beginning at the age of 16. Zayda was involved with her abuser for 10 years, after which time she managed to leave and extricate herself from the relationship. Zayda experienced both physical and emotional violence, and lived in fear for much of the 10 years that she and her abuser were together. Zayda escaped the relationship with the help of an “angel,” a male friend who recognized what was happening and encouraged Zayda to leave. Zayda is currently writing a book about her experience with IPV.

Participant #3–Kay

Kay is a 56-year-old Caucasian woman with no children. Kay has experienced two violent relationships in her lifetime, the last one resulting in divorce and necessitating her relocation to a new state. Kay suffered extreme physical and emotional violence in her abusive relationship. She is also a survivor of childhood sexual abuse, which complicated her healing journey from abuse. Kay planned her escape from her abusive marriage for three years prior to being able to actually leave. It was not until her divorce process was well underway that Kay had the ability to physically move out of her abuser’s home. A week after her divorce was final, Kay left her home state and entered into the Address Confidentiality Program (ACP) at the suggestion of the local police.

Participant #4–Veronica

Veronica is a 47-year-old Caucasian woman with two children, one of whom is autistic. Veronica was married to her abuser and continues to have contact with him because of their children. Veronica’s situation is complicated by the fact that she is also a

survivor of severe childhood sexual abuse by her adopted family and by the ongoing care demands for her autistic child. Veronica's employment at a large corporate entity is demanding and time-consuming but also allows her to support her children and lifestyle in a satisfactory manner. In addition to the challenges brought by the care of her son and her career, Veronica struggles with dissociation. A part of her healing journey has been developing the ability to stay present and calm. Veronica left her abusive husband through the process of divorce and with the support of close friends. It was not until she bought her own home that she began to recognize what had happened to her in her marriage.

Participant #5–Tasha

Tasha is a 26-year-old African American woman who has experienced multiple abusive relationships in her lifetime. Tasha's most abusive relationship occurred during her sophomore year at college. She experienced extreme forms of control as well as both physical and emotional violence, which resulted in an attempt on her life. Tasha and her sister were adopted as children, and Tasha attributes her experience with a controlling and mentally abusive father as a contributor to her entering into a cycle of abuse as a young woman. Tasha is currently engaged to a young man and considers her life to be on a path of change. She is actively involved in volunteer efforts that keep her engaged with her local community and church as a part of her healing journey. Tasha was able to leave her abusive boyfriend with the help of her family.

Participant #6–Jayleen

Jayleen is a 47-year-old African American woman who is remarried and has two children. Jayleen's abusive relationship resulted in her being arrested for assault after

attempting to defend herself from her abuser. The assault charge has caused Jayleen a tremendous amount of difficulty and distress in her life, as she has struggled to gain employment and move toward self-sufficiency. Jayleen also was adopted as a child and witnessed domestic violence while growing up. Also, a brother and an uncle in her family of origin sexually abused her. At the time of the interview, Jayleen was enrolled in an advanced degree program and looking forward to the hope of turning her life around. Jayleen's recovery from her abusive relationship was complicated by her experience of childhood sexual abuse and by the fact that her family did not tell her that she was adopted until she was an adult.

Participant #7–Gillian

Gillian is a 55-year-old African American woman who was born and raised in South America. Gillian came to the United States as a young woman with members of her family. Gillian has a particularly troubling history, including an attempt on her life at age three, a rape at age 16, and two abusive relationships. The attempt on her life resulted in significant cognitive impairment and Gillian struggled to learn to read and succeed in school. At the time of the interview, Gillian was completing her second Master's degree and had written a book about her recovery from abuse and spiritual awakening as a young woman. Gillian made two attempts to leave her abusive ex-husband before she was able to leave permanently and stay away.

Participant #8–Gary

Gary is a 66-year-old African American male. Gary volunteered for the study in the hope that his experience would benefit other male survivors of IPV. Gary experienced severe forms of physical and emotional abuse in a relationship with a younger woman.

Although Gary did not necessarily fear for his life, the relationship resulted in significant distress and confusion for this gentle, older man. Gary's experience shines additional light on the issue of domestic violence and adds to the complexity of the problem for men and women alike. Gary made multiple attempts to leave his abusive girlfriend and was not successful until he realized that he could not have any contact with her at all. Gary also was only able to leave his abusive relationship with the support of friends and family.

Participant #9–Desiree

Desiree is a 50-year-old African American woman who was married to her abuser for 18 years. Desiree has two grown children. She experienced extreme violence at the hands of her abuser, resulting in his arrest for kidnapping and assault. Her story is punctuated by her husband's incarceration for eight years, during which time Desiree was able to accomplish remarkable progress toward healing and self-sufficiency, becoming a business owner and pursuing a college education. Desiree was pulled back into the relationship with her husband after his release from jail at which time the abuse began to escalate once again. She was finally able to extricate herself from the relationship after seeking support from her church and friends.

Participant #10–Amy

Amy is a 44-year-old Caucasian woman who had remarried just two weeks prior to the interview. Amy's abusive relationship lasted approximately two years and included both physical and emotional abuse. Amy's ability to remove herself from her abuser was hindered by the strong feelings of love and attachment she had for him. After being arrested the second time for abusing her, Amy's fiancée filed a restraining order against

her. A judge ruled the restraining order as consensual, meaning that both parties agreed to avoid and stay away from each other. Amy credits the restraining order with providing her the needed impetus to leave the abusive relationship.

Participant # 11–June

June is a 44-year-old Caucasian woman whose abusive relationship with her husband spanned the course of her three-year marriage. June experienced both sexual and emotional abuse, in addition to controlling and stalking behaviors that caused her to fear for her life and safety. During the marriage, June's husband adopted her son from a previous relationship resulting in a custody arrangement that gives him continued access to her and to her son. June's recovery is complicated by the fact that in many ways she feels that she is still exposed to abusive and controlling behaviors by her ex-husband, even though she is living violence free. June's emotional connection to her husband lasted until after the divorce and did not change until she was able to define the relationship as an abusive one.

Summary of Participant Profiles

Eleven individuals participated in this study. Although the participants had diverse backgrounds, they were all survivors of domestic violence who were living violence free at the time of the study. All of the participants expressed a desire to be a part of study based on their interest in promoting awareness about IPV.

The next section presents the metaphors that the participants used when talking about boundaries. The subsequent sections will present an overview of the emergent theory, Post-Abuse Boundary Renegotiation, as well the findings based on the interviews with the participants.

Using Metaphors to Describe Boundaries

The participants used powerful metaphors to describe their understanding of boundaries. Many of the participants referred to boundaries as a wall or a line and alluded to their ability to either put it in place or take it down as needed. For example, Zayda stated:

It would be like a wall. I feel like a wall, you know, that I just have to put up and down as I need to.

Kay also used the wall metaphor. She stated:

It means that nobody goes past a certain wall. Me, in my head, I look at it like I put up a big wall so they can't get by it.

Gillian used a similar metaphor:

Boundary means for me that I have to know where danger is. It's a line. I know what my comfort is, and I know where danger is.

In contrast, Willow saw boundaries as being more fixed and rigid. She stated:

I think when I think of the term boundary in a general term, I see that as very defined. This is the boundary. Either you're in it or you're outside of the boundary.

Jayleen described boundaries as moveable points that exist around her and which are within in her control. She stated the following:

I define boundaries as points. You have a certain point here, you have a certain point here, you have a certain point here (indicating points around her) and you want to try to stay within them unless you want to confluence them and think outside it. Often I set small boundaries, and I set them small for that purpose, because I know I am going to think outside the box and I want to allow myself more room than to stay in just one area.

Gary echoed Jayleen's comment when he indicated that boundaries contribute to a sense of control in a situation:

For me a boundary is a parameter that you set up, that if someone violates that parameter, then you realize that you may not have control over a situation that you should have control over.

Veronica's lens metaphor evolved during the interview. At first, she stated the following regarding boundaries:

It's like putting up a wall. It's a huge fort with a moat around it. (Laughter.) It's a big boundary, with alligators in the moat. And it has a drawbridge!

Veronica continued to talk about her boundaries at work, specifically that she had learned that work relationships—even when friendly—are different than friendships outside of work. She stated the following about her supervisor:

I'm very, very open to critique on anything, and that's something my boss says too. She's just like, "You're really great at taking a critique and actually acting on it." But if I think of her as a friend, I would expect her to be really supportive, like "I love you with all your faults", you know? And my relationship with her as my boss is not like that. Work friends are not going to hold your hand when they say something that's constructive or critical or whatever. And that can hurt. So you want to have the right perspective. Maybe a boundary is a perspective.

She continued:

A boundary might be the lens that you decide to look at a relationship through. Maybe that's why it's a very clear lens, for example, to understand what my relationship is with my children. It's very easy to have that lens. I understand what they need and I have the boundaries that I need as a mom with them. That's clear to me and easy to set. That's very, very easy and clear. But adults with all the baggage that we have, even in different settings, it's not always clear. There are co-workers who could also be friends, so is it a friendship lens? Is it a romantic lens? I've gotten confused about that.

Veronica's metaphor of a lens through which she could view relationships provided an apt description of her struggle to appropriately set boundaries in her life. At the time of the interview, Veronica was still learning how to set boundaries appropriately.

Similarly, Gary used a sports metaphor that helped him to conceptualize boundaries. He stated:

Relationships between men and women are like a game to some degree. You are either on offense or defense. And I found that for me I like to be on offense. It's not that I have to have the ball in my hand, because I will share the ball. I'll share the ball with you. I don't have to have the ball in my hand. But if you let somebody else have the ball, then that person might not appreciate the fact that you're looking to share the ball. People won't share the ball with you because they have all the power. And that's the mistake I made with this young lady. I let her feel like she had all the power. And she took advantage of it.

He continued:

I don't even have to have the ball in my hand! The ball could be lying right there. But if I see you taking the ball and trying to run off with it, then I will realize that you're probably not the person I need to be with. Because that tells me that you're selfish.

The metaphors used by the participants often related directly to their individual experience or struggle with boundaries. Kay and Zayda, who both struggled with remaining emotionally open, defined boundaries as a wall. Veronica, who struggled with discernment, described boundaries as a lens. Gary, who worked as a sports videographer and who saw himself as kind and generous, referred to boundaries as a way to share or usurp the power in a relationship. In spite of these differences, however, certain common themes emerged from the data. Those themes helped to define the emergent theory, Post-Abuse Boundary Renegotiation. The next section presents an overview of the process of boundary renegotiation after experiencing IPV. Following that, the specific themes and subcategories are discussed.

Overview: Post-Abuse Boundary Renegotiation

The basic process of boundary renegotiation after experiencing IPV resulted in the emergent theory, Post-Abuse Boundary Renegotiation. Post-Abuse Boundary Renegotiation describes the process of boundary renegotiation that the participants experienced as they struggled to extricate themselves from abuse, establish a safe environment, engage in the healing journey, and regain the parts of their selves that were lost in the abusive relationship. The emergent theory proposes that Post-Abuse Boundary Renegotiation is a process that is best understood when viewed as an interactive relationship between the individual and his or her environment. While all participants had a general awareness of boundaries prior to the study, for some the degree to which boundaries played a role in their recovery was only realized during the interview itself. When viewed through the lens of boundary renegotiation, many of the participants were able to see that their behaviors were appropriate responses to environmental cues that served to keep them safe and create space for healing and reconnection to self. In addition, participants were able to see how boundary awareness might help them in future relationships. By generalizing their ability to create safe boundaries with their abusive partners, participants were able to enter into new relationships using a different lens, a lens that helped them remain connected to others while negotiating safe space for themselves as well.

Post-Abuse Boundary Renegotiation consists of five phases of movement away from abuse and toward healing and the reclaiming of identity. The phases are: (a) *acknowledging prior self*, (b) *experiencing abuse*, (c) *leaving*, (d) *creating firm boundaries*, and (e) *moving toward flexibility*. An additional dimension that occurs across

the spectrum of the phases is *spirituality*, which will be discussed as a separate section. The phases are not necessarily mutually exclusive and the process is not linear. For example, some of the participants experienced the phases of creating firm boundaries and moving toward flexibility simultaneously. For others, the move away from firm boundaries and toward flexibility was challenging and difficult, and at times complicated by childhood abuse or other traumas from which healing had not fully occurred.

Phase One – Acknowledging Prior Self

The first phase of Post-Abuse Boundary Renegotiation is represented by statements in which participants spoke of their former selves and their respective identities as individuals prior to experiencing abuse. Six of the 11 participants had experienced some form of childhood maltreatment (ranging from sexual abuse to physical abuse or control). This history greatly impacted their ability to recognize and deal with IPV in their adult relationships. For those who did not experience childhood maltreatment, the learning of boundaries that originated within their families of origin became significant points of awareness. The theme of acknowledging prior self consists of three sub-categories: acknowledging prior self, modeling, and seeing red flags.

Acknowledging Prior Self

Some of the participants spoke of their former selves as being vulnerable or unprepared for the impact of abuse whereas some spoke with pride when they acknowledged who they were prior to their abusive relationships. For example, Gillian spoke of her ability to overcome the cognitive impairment that resulted from being poisoned by a cousin at the age of three:

I could not read, I could not write, I could not comprehend, I could not process. I was referred to as a dummy—the class dunce. So I would say for about 16 years of my life I struggled and I also suffered from enuresis; urinating, you know, at inappropriate places and times. So I had problems with my bladder, I couldn't control my bladder. So when I look back to where God has brought me I'm very proud, for someone who couldn't read and write.

Gillian described her struggle to learn and overcome the cognitive disabilities that resulted from the poisoning as follows:

When I began to see that I was able to accomplish things, that I began to retain information, it built my self-esteem. It built my self-confidence. I no longer needed to be validated by anyone. I began to validate myself. Because when I looked at their lives, they were failing these steps. When we took the college acceptance exams and the certificates, I passed all of them. I began to use my head, in cooking, in art, and in class, and I began to use my mind to imagine everything.

Similarly, Gary spoke with pride about his childhood and education:

That's one of my proudest achievements that I've accomplished in life. I graduated high school with a 65 average. But I was voracious reader. I read from the time I learned how to read. I just read, read, read. I grew up in the Bronx, NY and the library was about a mile away. I walked to the library, got 6 books, took them home, read them, and two days later I'd go back to the library. And I kept doing it. I kept doing it. And I graduated high school. And in my last year in high school I worked on my grades because I knew I had to take what were called the Regent's exams. And I knew I wanted to do good. So I did study. And then I had the opportunity to go to City College on a program called the Seek Program. And I didn't think I was going to get accepted, but I got accepted, they paid for my books, they paid for my gym uniform, they paid me a stipend.

Some participants described their former selves as products of their upbringing.

Amy's descriptions of her previous identity were based in large part on what she learned from her family:

I've always been given second or third chances with my family. I made a bunch of crazy mistakes and bad choices; it happens. I had some family members who have made poor choices. But I come from a family where it was, okay, let's talk about it. Let's move forward. Let's give each other another chance.

She continues:

The tough love thing, I never experienced that. If one family member was upset with another family member, we never had people in our family that didn't talk. I have groups of friends who, they don't talk to the other side of the family. You get mad at somebody; you work it out. That's the way I've always lived my life, because that's the way I was brought up.

The example set by Amy's family played an important role in how she responded to her abusive fiancée. Amy found herself giving her abuser multiple chances.

Similarly, many of the participants spoke of their prior selves with an awareness that indicated they were not prepared to deal with the realities of the relationships they were entering into. For example, June, whose first husband died after a completed suicide attempt, described herself in the following way prior to meeting her abuser:

I think there was some part of me that was looking for stability, security. I had been alone for a couple of years already. I think I was indirectly looking for a father for my son... I think I was just in a really vulnerable place.

Desiree described herself as young and eager to leave home when she met her first abuser:

Just wanting to be so grown, you know, you get to a point where you go, oh I want to be grown, I don't want my mother telling me what to do. And you look for this person to take you out of the home, so to speak...

Willow, who grew up as a preacher's daughter in a small Southern town where

"everybody knows everybody", described herself in the following way:

I will say that the lady I am now who can talk about things, I totally was not that. I was the preacher's kid that had to keep her hands clean. I was very shy, very bashful. I met this boy and I lost my virginity to him. I was raised in the church so I had tremendous guilt about that. I thought, this is what you get, you know, this is your punishment.

For those participants who experienced childhood maltreatment or abuse, descriptions of their former selves were often poignant or painful. Of the eleven

individuals who participated in the study, six had experienced some form of childhood maltreatment ranging from severe forms of sexual abuse by multiple family members to controlling or manipulative behavior by parents. For example, Jayleen, who found out as an adult that she was adopted and not biologically related to her family of origin, describes her childhood as follows:

I was always told that I couldn't. It was beat in me that I had no worth. "You're never going to amount to anything." I was raped from age seven to eleven. I was abused. And I can remember from age three up until I had my son, and I was 36 when I had my son, all of those years, I went through abuse with my mom, then I had sexual abuse with my oldest brother, then I got into abusive relationships... so it was a continuation of abuse. Because that was my standard way of understanding.

Tasha also struggled with the abuse she experienced at the hands of her father. She describes her childhood and the relationship with her father as follows:

Every time he would get really upset with me, usually because I didn't do what he had asked me to do. He would just flip. Mom would have to come in and try to separate my father and me, and she would push him out of the room. And he would try to come back in and she would push him out of the way.

For those who experienced childhood abuse, the experience of IPV was seen as the continuation of a lifelong pattern of violence. For some participants, like Gillian and Gary, acknowledgement of their prior selves provided a source of strength. For others, it helped to highlight what was lost in the experience of IPV. The participants' acknowledgements of their prior selves and past histories helped them conceptualize how and why they responded the way they did when the abuse started. In a similar way, the modeling that they received impacted their reactions greatly as well.

Modeling

Many of the participants spoke about their prior selves within the context of how boundaries were modeled for them as children. In many cases, boundaries were either not modeled or they were modeled poorly. For example, Desiree described the abuse she witnessed her mother experience as follows:

My mother's ex-husband was abusive when I was small—five or six. And she left him and took us all and we moved back to her hometown in Champagne. Not that I thought it was normal or that I was able to normalize it in my mind, but that's what I saw.

The fact that Desiree's mother left the state and moved home influenced Desiree's response to her abusive husband. Similarly, Tasha also talked about what she witnessed as a child:

My father was very controlling. He would tell my mom what to cook. He would tell me what I needed to do. He was the kind of person that, if he told a room of people that the sky was green, everyone would believe him. He would talk to my mother like she was nothing.

Tasha continued later in the interview:

It started with my dad. And then I started going through relationships where I tried to get away from what my dad was. I ended going with some guys just like my father, who control, manipulate...

Similarly, Willow also stated:

The boundaries that my parents had, because I was raised in a Christian home, a strict Christian home, the boundaries were set and you did what the bible set forth, and you didn't veer from that at all. So to have different conversations... And if I ever did have questions, that's what they said. That's it. We don't need to have a conversation, this is what you do, end of story.

For Gillian, who experienced IPV and an eventual rape in her first dating relationship, family members who refused to acknowledge the danger she was in

made getting away from her abuser even more difficult. She recalled how her abusive boyfriend followed her to her grandmother's house with terrible results:

My grandmother allowed him to stay in the same house, in her house where I was, and I would say to her, "You don't know the other side of this guy. He shouldn't be here." They told me I was causing the problem. So in the end I was raped. Not only did he rape me but he beat the stuffing out of me.

Jayleen also stated how the abuse and lack of boundaries in her family had been modeled:

It started with my family, and mainly my mother. The abuse started with her. And then it became something that we passed down. It went from her to the rest of the siblings.

For Kay, the childhood sexual abuse she experienced became an issue while trying to heal from her first abusive relationship at the age of 21. After the relationship ended, Kay sought counseling and says the following about her therapy, which did not help her to heal in a way that would be protective for her as she moved forward:

I don't think the therapist knew what to do outside of to get me through the fear of people coming up in back of me, people doing this or that, not the actual, "Don't get in another relationship like this". So I went along for years and I never attached. But I always thought that was because I was abused as a child sexually.... I think, as I got older, when I met my ex he was sort of distant. And I think I liked that in a person.

The modeling that participants received was both positive and negative. For example, Desiree considered it a good thing that her mother modeled putting great distance between herself and her abuser. However, for other participants the general awareness was that something had not been modeled correctly and that they were in many ways unprepared to face the negative effects of IPV.

Seeing Red Flags

The ability to recognize warning signs early in the relationship is something that many participants struggled with as they discussed their abusive relationships during the interview. For some of the participants, no attempts were made to correct such behaviors. However, for others the warning signs were noticed and attempts to draw attention to them were made, even if unsuccessful.

For example, Amy stated the following about her fiancée:

I had seen a couple of things that kind of were red flags, not that I thought he was physically abusive, but just things that I thought were maybe unreasonable or irrational.

Later she added:

Because there were things that he would say that were just completely inappropriate, that I would buck up at; not buck up in a physical way, but like, "Why are you saying those things?"

Similarly, Gillian, whose husband was employed as a staff member in the social services agency that she had founded, made the following statement about his behavior during the beginning of their relationship. Her statement reflects the way in which some individuals attempted to assert themselves in the face of controlling or abusive behavior:

We got into a relationship, even before we got married. He was very protective, very domineering and very bossy. And he had a real problem when I would speak to my staff. He would say to me, "Who do you think you are?" And I would say, "I am the boss. That's who I am."

Gary also noticed warning signs early in the relationship. He questioned his girlfriend's behaviors in the following statement:

We went to the movies and on our way to the movies, I don't remember exactly what she said, but a little red flag went up. Not a big one, just a little one, on the way to the movies. She kind of said something to me in a way which made me say, "You know what? Nobody really talks to me that way."

Some participants were unaware of warning signs and did not recognize that something was wrong until it was almost too late. For example, Willow says the following of her wedding day:

I can remember on my wedding day, I was so anxious. My brother walked me down the aisle; I did not want to go.

Sometimes the warning signs were misunderstood. For example, Desiree stated the following:

In the beginning there was a little jealousy. Which of course I thought, "Oh well he loves me!"

June echoed Desiree's unawareness of warning signs exhibited by her abusive ex-husband. She recalled:

I think I was just in a really vulnerable place. It made it very easy for him to swoop in. All the classic signs were there. He's a narcissist and he's on the extreme edge of that, so there was a lot of charm. I was easily wooed by him. I didn't pick up on the flags that I ordinarily would have picked up on. And he used all of it. I think I'm a pretty smart, savvy girl. But I had never been in a relationship like this before.

The inability to recognize warning signs in some cases helped to create an atmosphere of permissibility for the abusive partners. This is reflected in June's statement regarding her attempts to say *no* to her husband:

My "no" wasn't forceful like you would hear in a normal rape situation, where the woman is pushing and fighting. I mean I would try to push him away and say "no" but it wasn't super forceful. I mean he was my husband.

Summary Phase One – Acknowledging Prior Self

The first phase of the emergent theory, Post-Abuse Boundary Renegotiation, addresses the prior self that participants were able to acknowledge as they reflected on their stories of abuse. The recognition of who they were prior to experiencing IPV, the way in which boundaries were modeled for them in their families of origin, and their ability to recognize warning signs that might have indicated future abuse were all significant contributors to their reactions and responses once battering began. In the next phase, experiencing abuse, the actual stories of abuse along with the resulting lack of boundary and loss of identity will be examined.

Phase Two – Experiencing Abuse

The second phase of Post-Abuse Boundary Renegotiation is experiencing abuse. It includes three sub-categories. The sub-categories are: describing the abuse, lack of physical and/or emotional boundaries, and the loss of identity or self as a result of experiencing IPV. The pervasive nature of intimate partner abuse impacted the participants in multiple aspects of their lives, often resulting in a diminished selfhood that greatly influenced their ability to delineate themselves from others.

Describing the Abuse

The first sub-category, describing the abuse, gives context to the lived experience of the participants in this study. The level of fear and intimidation experienced by the participants speaks directly to the lack of boundaries and loss of self that resulted. Participants learned, in the best way they could, how to cope with

the abuse. For some that meant walking gingerly around the abuser, while for others it meant calling the police when they were too injured to defend themselves. For most, however, the experience taught them to be silent and to find other ways to accommodate their partners.

Gary's experience of physical abuse landed him in the hospital:

I'm not the kind of person to just treat people mean and treat people bad. I let her back in the house, and things never did get better, they just got worse. One time after that, I had to go to the hospital because she bit me on my side. She bit me and I have a scare here on my face as well.

Gillian described a pattern of abuse that became almost predictable in her household. Her response was to learn how to anticipate it. She stated the following:

I always knew when Thursday was rolling around. Monday, Tuesday, by Wednesday his attitude would change, he would become very quiet or he would get very agitated. He would find fault about everything. The food wasn't right. The bed wasn't made up right. He didn't like what I cooked. There was always a situation. And by Thursday it would peak. So I knew enough to be quiet on Thursday.

For Amy, however, the abuse came unexpectedly. She described the first incident in her relationship with her fiancée and how it left her unsure what to do next:

And he became very hostile and it turned into a physical altercation. And I was speechless. First of all, I couldn't believe what was happening while it was happening, but then after it happened I did not know how to handle the situation.

In contrast, Desiree's experience ended when she was able to escape and call the police:

He assaulted me sexually, physically, and threatened me. And I snuck out of the house that morning, because he also planned to kill me, and I went and

called the police. And the police came and they arrested him and we ended up going to trial. They gave him 16 years in prison.

Tasha described a particularly violent incident in which her boyfriend assaulted her while they were staying in a hotel in a large metropolitan city. After throwing her up against a wall, Tasha's boyfriend dragged her outside onto the hotel balcony and leaned her body over the rail. Tasha states:

I was crying. I was like, "Stop it. I don't want to die. I don't want to die." And that's all I kept saying to myself. This is not my time to die. And he got tired and he ended up locking me on the balcony, which was small, and he left the room and didn't come back for a couple of hours.

Willow's experience of abuse was sexual and perverse. Her attempts to stop it were ignored or disregarded:

With the sexual abuse, there was so much emotional trauma that went along with that. He would do things, and I'll just be graphic, he would, for instance, put things inside me, and he was notorious for wanting to document, with photographs or video tape, for what reason I don't know.... And I would cry, and I would say, "No, don't do that, it hurts, I'm not comfortable." I felt, and I verbally told him, "I don't like this, I don't want this." I would cry, and he would continue on.

Veronica also struggled with sexual abuse and with attempts to stop it that were ignored:

I let him hurt me. Okay, first of all I really didn't want to have a sexual relationship with him, but I kind of felt like I had to.... He got this pump to pump himself up and make himself bigger, and I was like, "You're already too big. Stop." I finally did tell him that it really hurt, but it took me months to tell him that... He said he would never want to hurt me, and he did say, "You should tell me if I'm hurting you. I'm sorry you are bleeding." But he continued to do the same thing.

June's story is not much different from Willow's and Veronica's. June's attempts to stop the sexual abuse were also ignored:

The emotional abuse got really bad. He never hit me, but there was a lot of what I would call physical intimidation. I definitely was afraid of him. He was sexually abusive and it just didn't seem to matter any time that I said, "No." I mean I would cry saying, "No" while in the act and he didn't care.

The stories of abuse show clearly the level of pain and suffering that the participants experienced. They also are indicators of how attempts to stop the abuse were ignored and disregarded by the abusers, necessitating the acquisition of coping skills that often enabled the abuse to continue. These participants were not doing anything wrong, however. They were coping with extremely volatile situations in the best way they knew how.

Lack of Physical and/or Emotional Boundary

All of the participants experienced a lack of physical and emotional boundaries in their respective abusive relationships. For the purposes of this study, the lack of emotional boundaries was defined as the negative psychological and emotional impact that is caused by an individual feeling responsible for someone else's emotions. Conversely, emotional boundaries were conceptualized as the internal and external psychological processes that serve to manage and regulate emotions (Hayward, 2011).

After Zayda's first incident of physical abuse, in which her boyfriend threw her across a room and continued to kick her after she fell, her boyfriend showed up at her home. Zayda stated the following:

I'll never forget, he pulled up and he had a gun in his lap. I guess he was thinking that maybe my family would try to do something to him, and he was crying saying he was sorry.... And so I don't even know how I decided to forgive him. He was saying he was sorry and how I had hurt his feelings. And

he said, "I love you." We had never talked the love word. I was young, so I didn't know any better. So I was like, okay, it's all right, I'll forgive you.

Similarly, Willow describes an incident with her husband:

I would pretend to be asleep because if he knew for one second that I was awake, I would have to do something for him. Our bed was high enough where the kids couldn't get on it by themselves, but you could still see their little heads. And my son would come around to my side of the bed and I wanted to pretend to be asleep but my son knew I was awake. And do you think that he would just let me get up and take care of my son and get him breakfast? No. I had to be physically available to him while holding my arm out so my son wouldn't cry.

Tasha describes the way her abuser would control her behavior as follows:

I had to wear baggy clothing. I had to wear my hair a certain way. I had to dress a certain way. I couldn't look at people in the face, because that would be a quote-unquote sign of disrespect. I couldn't be seated next to a man, because that suggested I'm available. I would have to walk either in front of him or behind him but never next to him. I would have to continuously look at my surroundings because I never knew if he was watching me. As far as emotional boundaries, I couldn't talk to anybody; it was almost like I wasn't allowed to have emotions. When I would cry he would say it was a sign of weakness.

For Veronica, emotional disconnection became the only way she could cope with her abusive husband:

With my ex-husband, I started off being really attracted to him. But then as he became more and more mean and harder to cope with, I just lost all interest. And I would just dissociate because I just didn't want to be intimate with him. He was really mean all the time.

Veronica also describes her belief that boundaries were not needed in intimate partnership:

In relationships, I kind of gave away total control, I just let all the boundaries down, and I guess I thought that when you love someone, you don't have to have boundaries, and you're supposed to have total trust and you just don't have boundaries.

Jayleen described her inability to set emotional and physical boundaries as follows:

Sometimes we, as the nurturing spirits that we are, we don't know how to walk away. So we think, "If I just change my hair or if I just sit a certain way, or if I don't say anything, then I'm good." And we go through that honeymoon stage and that cycle just keeps going and keeps going.

Jayleen also explained her desire to please her husband as coming from her cultural upbringing. She stated:

I was too attached to him. I felt as though I really needed him, even though I made the money, I still felt as though I needed him to complete me. I had it all backwards, because I thought that, culturally, the belief is that you're supposed to do everything for your husband and it doesn't matter what it is. If he says, "Do it." Then you're supposed to do it.

Gary was very aware of his attempts to set boundaries with his abusive girlfriend;

he was also aware of how he would violate his own boundaries:

I violated the restraining order too, by letting her back in my life.

Gary read the following excerpt from his journal during the interview:

And she vowed that I would not regret helping her again this time. And then she forgot everything that she promised. She got drunk. She woke me up to use the bathroom. She needed this. She needed that. She wanted me to spend time with her, when I had other things to do. She needed sex, and when I was not accommodating, she accused me of having sex with other women. It was the same BS all over again. Here I fell back into the same trap I worked so hard to get out of. Dumb me. When will I learn?

Gillian, who had doubts about her relationship with her abuser prior to getting married, stated the following:

I said, okay, the kids are a little bit older, especially my son. Maybe, you know, maybe he will change when we get married. Maybe he will see the type of wife I am. But he didn't see anything. He had his own agenda. But we got married anyway.

The participants all experienced a lack of physical and/or emotional boundaries in their abusive partnerships. This loss was an attempt to survive the relationship and should not be seen as a deficit in the participants themselves. All of the participants were doing the best they could, given their terrible situations. The result, however, was that almost all of the participants experienced a loss of identity as well. As the participants turned their attention increasingly to their abusers in an attempt to anticipate the violence or to stay safe, their awareness of their own needs became more and more insignificant.

Loss of Self

The final subcategory of experiencing abuse is the loss of self. Participants addressed this loss with clarity in hindsight, in spite of the fact that most of them did not understand it as it was happening. For example, Veronica made the following statement that reflected her lack of self-awareness while still in her abusive marriage:

I mean, honestly I was nothing. You wouldn't have even recognized me. I didn't recognize me. It was incredible. I wasn't even there. I didn't do anything I enjoyed at all. I was just constantly trying to make sure everything was okay for him. And of course it never is okay. It's never enough.

Jayleen also addressed the degree to which she felt that she lost herself during her experience of abuse:

I no longer took pride in myself. I would do just barely enough but not ever really enough. It was an emotional roller coaster: up, down, up, down. Not feeling confident with myself, my self-esteem was torn to pieces... I just think that over all when it came down to me trying to please him, I would give myself knowing that that was not what I wanted to do.

For June the loss of self manifested itself in a way that prevented her from seeing that she had other options. Rather, she was convinced that it was up to her to fix or save the relationship. She stated:

Five weeks before the wedding, he approached me with a prenup and told me he wouldn't marry me without it. Well I felt trapped at that point, and the smart, savvy, intelligent girl who is independent, seriously independent, that all flew out the window at that point. I felt like I had to sign it. The logic was lost on me, as in, "I don't have to sign this. I can move back out and get an apartment. I can buy another house." I mean I had options but none of them crossed my mind. I was just like, "I have to make this work."

Zayda recognized the slow demise of her independence, but was helpless to do anything about it:

It was hard because I didn't know who I was. He controlled everything, where I went, who came over, you know what I'm saying? How much money I spent. I did some things, but it was just like he had some kind of tab on me. And it got worse over the years.... At the end of the relationship, I was just pathetic. I can't even explain it.

Willow also experienced a loss of herself in the relationship. She describes how she learned, for safety reasons, to ignore her own needs and give in to her abuser:

The sex was never about me. It wasn't about being intimate with me. It was about him wanting to feel pleasure. If I didn't do what he wanted then he would be verbally abusive to the kids. So if I wanted me to be okay and if I didn't want him to assault me that way, I had to just do whatever he wanted.

After leaving her husband, Willow continued to experience a loss of self, which she explains as resulting from her overwhelming need to ensure that her children were okay. She stated:

I think I just went into overdrive. I had three kids, what the hell was I going to do with three kids by myself? I was working a part time job, so I think I just put me completely to the wayside and my focus was totally on them. I had to get an apartment. I needed transportation. I had to maintain sanity for

them, my children, my children, my children. It was during that time that I made some of the stupidest mistakes.

Amy also experienced a loss of self both while in the relationship and immediately after she left. She was devastated by the end of the relationship and through out the interview insisted that the relationship ended, not because she wanted it to, but because the law intervened and imposed a boundary (a restraining order) on both of them. She stated the following about herself:

I wanted him to act right more than I wanted to walk away. Neither of those things happened. He never acted right and I never walked away. You start thinking about how things played out and it's so much, just so much. Now I'm looking back. What was I thinking? I should have known better! I did know better! Why didn't I get my ass out of there? But that's retrospect.

In contrast, Desiree describes her loss of self as resulting from isolation that often occurs in IPV relationships. She stated the following:

I think self-esteem, self-sufficiency, all of those things play a part in what you will tolerate in a relationship. I was given that as a child because my mother was always very supportive. But I had some experiences and relationships that tore that down. And when you are separated from those who love you, who can lift you up, and you become isolated, which happens in domestic violence then you don't get that reinforcement that helps to give you self-esteem. He was that person who said, "I am going to save you." He saved me and then he tore me down. And I was the one looking up at the curb instead of down.

The majority of participants in this study identified a loss of self that occurred while they were in their abusive relationships. In most cases this loss of self occurred subtly and gradually. The clarity that the participants had was largely in hindsight.

Summary Phase Two – Experiencing Abuse

The second phase of the emergent theory, Post-Abuse Boundary Renegotiation, is focused on the experience of abuse. It describes the violence, the lack of boundaries, and the loss of self that resulted for the participants in their abusive relationships. In spite of the profound loss of self, however, at some point the participants all came to the awareness that the relationship needed to end. In the following section, the act of leaving the abuser is discussed.

Phase Three – Leaving

For some individuals, the lack of boundaries and loss of self combined to create an increased need for safety, causing them to leave their abusers. For others, the act of leaving was imposed on them by legal systems or with the help of other individuals. The actual impetus that caused participants to leave was often difficult for many to identify. At times it occurred with a single incident, and at other times it occurred gradually until it became clear that leaving was the only option. For a few, the critical moment of awareness occurred after the relationship had ended. The third phase of Post-Abuse Boundary Renegotiation is comprised of five subcategories. They are: reaching a critical point, seeing others, seeking and needing validation, boundary learning, and beginning to set physical and emotional boundaries.

Reaching a Critical Point

The critical points that the participants described varied greatly. For some, it was the escalating violence that caused them to leave, while for others it was a new

awareness about the relationship that suddenly impacted them and resulted in the ability to turn—physically or emotionally—in a different direction. The critical point was significant for each participant, however, as it indicated a breaking away from the abuser that had not previously occurred. For most it facilitated the leaving process and the end of the relationship. For a few, the critical point affirmed the end of the relationship.

Desiree's critical point came after her husband had been released from jail on charges resulting from her abuse. Desiree and her husband had started communicating with each other while he was still in jail. After his release and repeated apologies, Desiree agreed to try to salvage their marriage. Sadly, Desiree watched as familiar abusive behaviors began to emerge. Her husband eventually started accusing her of things she had not done. He accused her of starring in a pornography movie. He accused her of hiding money from him. She knew he was doing drugs again. She finally reached a breaking point:

So he was telling me I'm in these movies, I'm hiding money, he went on and one and on. And you know what? I got in my car, I was in my pajamas, I drove to a church, I sat in the parking lot, and I cried and I prayed, "Lord, I need you to remove him. Because if you don't I'm going to die or he's going to die." And I called him on the phone and I said, "I need you to leave my house."

For June, the breaking point came after she had moved out of her husband's house. June is clear that this occurred at her husband's request and that she was distraught when he told her that the marriage was over. A friend who was concerned about June handed her a small card with a list of questions that indicated a battering relationship on it. It was at this point that June had her critical moment:

And she handed me a card, it was a card from a local agency, and it said, "Are you a victim of domestic violence?" And I answered *yes* to about every question. I really started crying, breaking down, when I realized what was going on, what had happened to me.

In contrast, and in spite of the fact that getting out of her abusive marriage took some time, Willow's critical moment came when she began to see how the abuse was impacting her children:

Something just snapped in me one day, and I said, "I am not doing this." My kids were 4, 5, and 6 years old. They were starting to see and understand what was going on.

Amy's critical point came immediately following her fiancée's second arrest.

He had attempted to strangle her. Something inside her told her it was over:

The first time he was arrested I did not call the cops. He called the cops. He didn't assault me until after he called the cops. But then I called the cops the last time because I just knew, I knew it couldn't go any further. It was done.

Gary remembers his critical point, although the actual incident that caused it remained somewhat vague:

I don't know what happened, but it reached a point, I think we had gone out one night to a party or something. She liked to drink, she liked to get high, and she did something, I don't remember exactly what it was, but I realized that I had to get her out of my house. I had to get her out of my house.

For Gillian, the critical point came after a conversation with her mother-in-law. Apparently Gillian's husband had threatened to shoot his first wife. Gillian began to connect memories together, reaching a frightening conclusion:

He told me after I married him that he was cleaning the barrel of his gun in the dark, and his ex-wife came to the window and he thought it was a burglar, and he fired a shot. He shot her in the foot. I thought, how do you clean the barrel of a gun in the dark, number one, and you don't hear or know someone is sleeping at home? It didn't sound right. So when my mother-in-law told me what his ex-wife had said, I thought, "Oh my God. I have a

problem.” So what I did, I didn’t hesitate any longer. I went to the police department, filed a report, and said, “I need this guy out of my life, period, and out of my home.”

The participants experienced critical points that signaled the beginning of the end to the abusive relationships. The critical points created a window for the participants through which they could better see themselves and others. In some ways the critical points provided clarity about what was happening that had been difficult for the participants to reach previously. However, critical points were not the only significant component of being able to leave. Seeking and receiving validation of the abusive experience or of the participants’ worth helped increase their awareness as well.

Needing and Seeking Validation

In the same way that critical points made a difference to many of the participants, receiving validation from others was influential in their ability to move toward healthy boundary setting. For example, Gillian explained how the judge’s reaction to her request for a restraining order impacted her:

So I went to court. I didn’t know how things were going to turn out. When the advocate came back I did not know if the judge would grant it, so I was very anxious. And when I said, “Did the judge grant it?” She said, “Yes, she did.” And I said, “What did the judge say?” She said, “You want to know what the judge said? She said, get that piece of shit out of that woman’s life before he kills her.” That was a professional woman, and she’s providing services to the community. So that was actually a good thing.

Gary received validation from several different sources. He described how a police officer’s comment impacted him:

One time, when the police was there at the house, the police officer told me, “You know, I’ve seen this picture a lot of times. One day, we are going to be

coming here and we're going to be carrying you out in a body bag." And my friends, my family, they were wondering too.

Gary then went on to describe how his counselor's advice made a difference in his ability to recognize what he was doing:

And the counselor was talking to me about boundaries, and she said, "Gary, you need to set some boundaries." And I thought about it and thought about it, and that's helped me get through what I've gone through now because I was violating my own boundaries that I was setting up! When I had a restraining order that was a boundary.

After that experience, Gary explained how a statement from a friend helped him understand his own process. The validation helped him understand his experience:

I have a friend who I confided in the other day. He said, "At least while you were going through all that you were trying to get out of it. You were working on getting out. And I felt good about that because sometimes people want to get out, but they are not really trying to get out. It is not easy. It is hard to get out of it.

Willow was unable to name her experience abuse until another person, in this case a domestic violence police officer, helped her recognize what she had experienced:

She called it, when I talked to her, she said, "That's marital rape." And I said, "But he's my husband." And she said, "It doesn't matter".

That gave Willow the courage to confront her mother, who up until that point had sided with her father to encourage Willow to reconcile the marriage. Seeking her mother's support and receiving validation from her was an important turning point for Willow. She presented her mother with the pictures that her husband had taken and which documented her abuse:

I said, "Here you go. Here's all of this." I took my mother and my sister in the bedroom and I said, "I want you to see these photos." So I started flipping

through these photos, there had to be 40 or 50 of them. And after about six of them, my mom in disgust said, "I can't, it's making me sick to my stomach." She said, "Never show these to your dad or it will kill him." And I said, "Then you go in there and you tell him right now that you all have got to get me and those kids out of the house." And from that night on I had their support.

June's critical moment also became a moment of valuable validation for her, which in turn gave her the impetus to see the abusive relationship with her husband for what it was. When asked at what point she went from feeling emotionally attached to her ex-husband to being able to disconnect, she stated that she received important awareness when a friend handed her card that contained information about domestic violence:

It might have happened before, but I think it must have been when my friend handed me that card and I realized that was an abusive relationship. It was not healthy. It must have been then. That was huge for me. The realization that that's what was happening to me was devastating.

June added that the validation she received from a counselor also helped her in spite of her resistance to admitting she was a victim:

I had a really great counselor. I didn't want to talk about certain things and there was no way in hell I was going to accept labels. She would touch on something and try to push me and then she would back off, in the right way, without me even realizing what she was doing.... She was fantastic and I know she was probably instrumental in trying to change how I interacted with my ex-husband.

Similarly, Desiree described how her church minister helped her by giving her space to vent her emotions:

"Why am I sad?" And he said to me, "You're grieving." And I said, "No, he's not dead." And he said, "It's the death of the relationship, and you're going to have to let those feelings go." And I said, "Well how am I supposed to do that?" And he said, "Have you cried?" I said, "No. I can't cry. It won't come. I've cried almost 18 years with this man, I can't cry anymore."... And he said, "Yes you can. And if you need to come in here every time you see me and cry, then

that's what I want you to do, because you have to heal." And that next session I actually lay prostrate on the floor and I just wailed.

Seeking and receiving validation from others supports the concept that the ability to set boundaries is a socially designed construct. The participants needed the support of others. They needed guidance in how to deal with the negative effects of the abuse they had suffered. In the same way that receiving validation helped the participants, the ability to see other engage in appropriate boundary behavior served to provide important clues for these survivors of IPV.

Seeing Others

The act of seeing others occurred in two ways and facilitated the leaving process. For some of the participants, the ability to leave the abusive relationship came only because they were able to recognize someone else using appropriate boundaries. For others, receiving encouragement and support bolstered their attempts to implement boundaries themselves.

For example, Desiree recalled how her mother's experience of abuse set an example for her. She stated:

I mean, my mother, once she got away from her ex, she didn't have any more abusive relationships. It was like, you don't cross this line, period. She modeled that you don't have a man that hits you.

The modeling from her mother influenced Desiree's eventual response to her abuser. She reached a point where she knew she had to leave:

My mother left the state. And that's probably where I got that same mind frame. Because I knew if I didn't leave and he got out of jail, he would come back to my salon and threaten me. I couldn't relocate my shop, and I lived right down the street. I wasn't really going to get away if I still lived there. Like a sitting duck, that's how I felt.

Prior to leaving her abusive husband, however, Desiree had a friend who helped her to stand up for better treatment. The friend had also experienced abuse, and spoke to Desiree and encouraged her as follows:

I met a woman who had been in an abusive relationship. I must have been going through something that day because I had this long look on my face and I was sitting on the stairs. She came and introduced herself to me. She said I looked like I needed a friend. I started talking to her, telling her what was going on in my life. I was so young. And she said, "You don't have to deal with that!" And I did become a little rebellious at that point. I was like, "I'm not taking this stuff off of him!" We're still friends to this day.

Similarly, Zayda explains how meeting someone who treated her with respect influenced her ability to leave her abusive husband. She recalled:

It ended with a guy friend who I had been seeing, who I actually consider to have been my angel. He pretty much gave me the self-esteem to start caring about myself some. He gave me the stuff to actually walk away.... I mean, he would call me and come get me and do stuff with me, you know, he treated me like I deserved to be treated. And I hadn't ever been treated like that before, ever.

Similarly, Tasha describes how her aunt and uncle influenced her and encouraged her to leave her abuser:

My aunt and uncle picked me up at the airport, and they could tell there was something different about me. He (abuser) kept calling my phone, calling my phone. He would leave harassing voice messages. He said, "Why aren't you answering your phone? I have pictures, I am going to send them to your job and get you fired." And my uncle told me, after I told him what happened, he said, "You have to go downtown and file an Exparté. Then you can go ahead and get a restraining order." So I went, and I was so afraid, because I was thinking, what if he shows up: He already knows where I live. My aunt, my uncle, he knows where their house is, so it's not just me. It's them too. And I was like, if he shows up, I'll have to let him go.

Seeing others setting boundaries and encouraging them to recognize their own worth gave many of the participants the courage to try boundary setting on

their own. In the next section, the participants describe the process of increasing their boundary awareness and their willingness to try implementing boundaries in their own lives.

Boundary Learning

Learning to implement boundaries was at times challenging and difficult. As the awareness regarding the need for boundaries grew, participants responded in various ways. In the beginning, they often set boundaries in spite of where their hearts were, choosing to pursue safety rather than returning to their abusers. For some, the increasing awareness occurred alongside the realization that the relationship needed to end. The awareness of boundaries and the courage to contemplate setting them often occurred simultaneously. For example, Amy stated the following about seeking a restraining order after her ex-fiancée's second attack:

I had to do it. Because I knew that if I didn't, I would try to reconcile. So I had to do it for me, it was safety for me too. Go and file a restraining order so you cannot try to get in touch with this man who has just tried to kill you.

June talked about her dawning awareness regarding the need for boundaries in the following way:

I think that because of the abuse and because of coming out of that, it triggered me to say, okay, not only are boundaries yours to have, but you *should* have them. It's not just that you have the right to have them. You *should* have them.

For Zayda, the awareness about boundaries started while she was still in the relationship. She stated:

I wanted to have boundaries, and I needed to have boundaries. Because it was like, I couldn't take it anymore. I wasn't happy. He was hurting me. I

talked about it a lot. I wanted to leave. But he'd fight me, and I was scared that he'd go crazy.

Veronica also talked about her growing awareness of boundaries and how she was beginning to practice implementing them in small ways:

I think right now I think of boundaries as a bubble and how permeable it might be. I didn't have anything around me before. I had no protection. I felt worthless. And I thought I was choosing people who seemed smarter or more capable to be in relationships with. Boy, I got it wrong. I had nothing there. Now, it is like a lens or a bubble. I have something in place that I didn't have before, a little bit of a lens, a little bit of a boundary to begin with.

Jayleen also began to contemplate boundaries while she was in the relationship with her fiancée. She recalled how she would plan to leave:

I packed bags and stashed them in different places. I had keys made and left them at different places. I was preparing myself for my get-away, but I was too attached to him. I felt as though I really needed him, even though I made the money. I still felt as though I needed him to complete me.

Gary experienced a similar awareness, although for him it was more a process of setting and breaking boundaries that led to his eventual ability to leave:

I found incrementally I would set a boundary and I would hold fast to that boundary, and then I was able to set another boundary. But at one point I told my counselor, I take three steps forward and I take a step back, or I take five forward and two back. And that's what was happening. I wasn't making progress until I was able to stop going back to her.

The individuals in this study experienced an increase in boundary awareness that eventually led to their being able to set boundaries with their abusers and with other individuals in their lives as well. For many, the boundary setting process started with small steps and culminated in the ability to set strong boundaries where needed.

Beginning to Set Physical and Emotional Boundaries

Eventually all of the participants were able to set physical and emotional boundaries. At times, the physical boundaries were facilitated by the ability to set emotional boundaries, but not always. Sometimes the emotional boundary preceded the physical boundary. The interplay between emotional and physical boundaries was shown to be complex and fluid, each enhancing the awareness of the other. It is not uncommon for victims of IPV to experience multiple attempts at leaving. But even for those participants who were able to leave after the first try, challenges remained. For example, Tasha states:

Trying to get out of it was hard. I had to change my phone number. I had to make sure that my room and stuff would be changed when I got back to school. I had to mention to my friends not to give him my building number.

Tasha went on and stated how her emotional boundaries have evolved:

Emotionally, certain things, certain sights certain sounds, certain smells are still a trigger. There are certain things that I don't do, but I know that I went through it, I know that it's over, and I know that I don't have to go back there.

Gillian described how she planned to leave her abusive ex-husband in the following way:

It was Saturday morning. I was very quiet, because I had to figure out a way of getting out of the marriage, of physically leaving that place. I started getting my son out of there because if my son had known this was happening, I know he would have reacted and there was no way I was going to endanger my son's life or allow him to be in danger or to do something to protect me. So I had to use wisdom.

Zayda had to experience the physical boundary prior to be able to work on the emotional boundary. When asked whether moving away from the town in which she and her ex-husband lived had helped her, Zayda stated:

It did. When I was still there I was constantly looking over my shoulder. He was still calling, crying and trying to reconcile. I had gotten a little job at a Holiday Inn, and he came out there one night and it scared me to death. I can say when I left and I moved into my place, I felt a huge burden lift off my chest. I had good days and bad days, but I had this big relief because I knew I could get to know me now. But it was hard, because I didn't know who I was.

In contrast, Willow's implementation of a physical boundary was facilitated by her acknowledgement of an emotional boundary that was realized in the form of distancing. This occurred prior to her ability to leave her husband and end the relationship:

Toward the end I had cut him off sexually. It didn't matter if he yelled at me, it didn't matter if he stomped around that house or busted his fist through a wall. I put my foot down. He was going to have to physically hold me down and rape me to get it. I was done with it. I didn't care anymore that he was mad. I just didn't. I wanted out of the marriage.

June was clear that she was cautious about the boundaries she chose to set with her ex-husband. Some of this was motivated by the very real fear that her ex-husband might take his anger against her out on their son. This had already occurred at the time of the interview, and that awareness caused June to exercise immense forethought when engaging or setting boundaries with her ex-husband. She stated:

I had to learn to choose my battles. That is the best way I can put it. There are certain things I will not engage in because I know that's a road that I'm not ready to go down with him.

Later in the interview she stated:

I have to be very careful. He assaulted my son a few weeks ago. And so I have to be careful about what I do and what I say because I'm afraid of how he'll take it out on my son.

Gary made several attempts to set boundaries with his abusive girlfriend. In the following statement he described how he attempted to separate himself from her by creating a physical barrier that he hoped would keep him safe. He stated:

I would be in my house and I would put dark curtains up to my windows. I would park my car away from my house so she wouldn't know whether I was home or not. She would assume I wasn't there because my car wasn't there. It was like I was a prisoner in my own house though.

Veronica, who has an adolescent son with autism, stated that she is learning about boundaries in the same way that her son is. Her son is often confused about whom he can hug and whom he cannot hug. She stated the following about her willingness to implement boundaries:

It sounds very elementary, but what I teach my son with his autism is that there are friends, which means you can have fewer boundaries. And then there are acquaintances, where you would have more boundaries. And then there's family, you can hug them and so you have a lot fewer boundaries there. You can say more and act sillier with family. What my son is learning I am also learning. And now I have a lens on. Before I felt that we were supposed to love everyone, and now I understand that you can love and not change who you are. You can love and be safe. I've always wanted to help and do things for people, but you can do that without losing yourself.

The ability to begin setting physical and emotional boundaries for the participants in this study facilitated the leaving process and highlights the dynamic relationship between setting boundaries and leaving. At times the boundary setting process was moderated by safety considerations, as in the case with Gillian and June, who were cautious in how they set boundaries so as to not endanger their children in any way. For others the boundaries almost immediately became firm and rigid. Extenuating circumstances, such as environmental factors and family or children considerations, often influence how victims of IPV respond to their abusers.

The participants in this study continued to consider safety issues long after leaving their abusive relationships.

Summary Phase III - Leaving

The third phase of the emergent theory describes the physical and emotional process of leaving the abusive relationship. It comprises the subcategories of reaching a critical point, seeking and needing validation, seeing others, boundary learning, and beginning to set physical and emotional boundaries. In the next section, the movement from awareness and willingness to set boundaries toward firm and rigid boundaries will be discussed.

Phase IV – Implementing Firm Boundaries

Ten of the eleven participants described a move toward firm physical and emotional boundaries after leaving their abusive partners. For the purposes of this study, a firm boundary is defined as rigid and inflexible and was usually implemented by the participant with an eye toward safety and healing. For some of the participants, firm boundaries became a way of life and the process of moving toward flexibility was interrupted by an unwillingness to be vulnerable or open in relationships. In particular, the participants who experienced childhood mistreatment or abuse seemed to struggle with this. The following sections describe the subcategories for implementing firm boundaries, namely, implementing firm physical boundaries, implementing firm emotional boundaries, and unwillingness to be vulnerable.

Implementing Firm Physical Boundaries

The most common firm physical boundary described by the participants was the act of moving away from the area where the abusive partner lived. However, many participants described other ways in which they had implemented firm physical boundaries. Once again, the demarcation between physical and emotional boundaries was often difficult to distinguish. Many of the boundaries implemented by participants were a combination of emotional awareness and distancing combined with physical delineation of self. As a result, the following two sections discussing the implementation of firm physical and firm emotional boundaries may contain descriptions by participants that address both, insofar as participants often experienced one sort of boundary that facilitated the implementation of the other.

As stated, the primary firm physical boundary experienced by participants was the removal of self from any physical contact with the abusive partner, and often included a form of isolation from other potentially threatening relationships as well. For example, Jayleen described her experience after moving away from her abuser immediately after being released from jail:

I completely just stayed away from men, because I was scared to death of men. If a man said something to me, I would slam onto the other side of the road! So there was no communicating with any kind of men.

She continued:

If I feel that I am not comfortable with where I am then excuse me, I don't mean any harm, but I need to go. I set boundaries to protect myself and to protect others.

Similarly, Amy described how she conceptualized her physical boundaries after leaving the relationship with her ex-fiancée:

I can tell you I will never let any man put his hand on me again. Never. I don't care if my husband now were to do that, done. I don't care what kind of heart tie we have. Get out of my house, go. It's over.... I would not think twice about walking away that fast.

Amy continued:

Before, I was willing to forgive all kinds of lines. Let them go, erase them, it's okay, draw them back and if we have to, erase them again. No more. I will not do that anymore.

Willow echoed Amy's intensity when she stated:

I had another serious relationship prior to my boyfriend now. That was the first relationship I had after I left my husband. Those boundaries were very defined. Because I was in no way, shape, or form even interested in sex. And that was it. That was not happening with this girl.

Some of the participants had to get creative about maintaining boundaries while facilitating communication that needed to occur. For example, Zayda stated that she used her mother-in-law as a means to communicate on her behalf, allowing her to keep a no contact rule in place:

I kept in contact with her and she knew where we (me and my daughter) were and that we were okay. She knew the stuff that had gone on. She would let him know that our daughter was okay. She was the mediator person without him knowing where I was.

Similarly, one of June's biggest struggles after leaving her abusive husband was to maintain a no contact rule while still communicating information about her son to her ex-husband. She told the following story which illustrates her ability to keep her boundaries firm:

Somehow he (ex-husband) found out about a doctor's appointment for my son. He parked in a completely different parking lot and was waiting in the lobby when I arrived. I fell apart. The staff was great, though. I very quickly walked past him while my son spoke to him in the lobby. I explained the situation to the staff and told them that I felt he was following me and that I wasn't comfortable. They offered to put me in a room. I told them I could not be in a room with him. I was very firm on what I couldn't handle. They asked me what I was comfortable with. They asked me if he could wait in the lobby. They said they weren't going to bring him into the room. And I said that's fine.

June explained how she had learned to communicate her boundaries with her ex-husband:

After I moved he would come to my house and go through my mailbox. My neighbors saw him. I sent him a polite email and said that going through my mailbox is against the law. It's a federal offense, I said, and you need to stop. There was no response, so I shut him down. That was a little victory.

Kay's willingness to set firm physical boundaries resulted in her entering into the Address Confidentiality Program (ACP), a national program that protects the identity of IPV victims from appearing on public records. She described her move:

I got my divorce. The next week I got it in the mail. Within two weeks I was living at a hotel in a different state. I pretended for a week and a half that I was on vacation. Then I got a realtor to find me a place to lease. When I had to go back to my home state and move my things, I paid the movers cash to keep my name off the books.

Desiree added this final comment about her physical boundaries:

Physical? No, that's never going to happen. And people can say, "Never say never." But I say never. Because it would have to be a stranger, someone accosting me off of the street. I can't even imagine, my brain can't even compute someone getting in my personal space and actually trying to harm me.

Eventually Gary realized that he could not engage physically with his abusive girlfriend any longer. It was at this point that he began to implement firm boundaries with her. He stated the following:

I've learned through this experience that I have to control myself. With my ex-girlfriend, I had to learn to control myself. And that means that when she wanted to have sex with me, I could not fall in with her. When she wanted me to come and get me to take her somewhere, no, I couldn't do it. I had to learn that. It was a hard lesson, but I did learn it.

The firm physical boundaries that the participants set were implemented largely for safety. However, the boundaries also created space so that the participants could heal and begin to focus on their own needs. For some participants the physical boundaries that were implemented facilitated the ability to set emotional boundaries as well. For others, the concept of emotional boundaries remained somewhat unclear, as will be evidenced in the next section.

Implementing Firm Emotional Boundaries

When implementing firm emotional boundaries, the participants in this study freed themselves from the bonds that connected them to their abusers' emotions. However, many of the participants found emotional boundaries to be more challenging than physical boundaries. Some participants suggested that emotional boundaries were more easily overlooked. Several indicated that the emotional boundary violations were more scarring than physical boundary violations.

For example, Desiree stated the following when asked about emotional boundaries:

I think they are more tolerable. You can make more excuses for them. You can say, "Well, he was upset." Or, "He didn't really mean that." But once that pain or hurt is there, you can't get that ringer out of your head. It's going to come back to you. You know, the bruises go away, but that emotional pain, that sticks with you.

Amy expressed similar confusion when talking about emotional boundaries.

And yet she was able to address the way in which her emotional boundaries had created a shift in how she conceptualized herself in relation to others:

I will never allow anyone to scream at me again, or to call me names. I will never allow anyone to take a bad day at work out on me.... I've let things slide in the past. Like if someone owed me \$100 and didn't want to pay it back, I'd say, okay, whatever, it's not going to ruin our friendship. That's just an example. I'm not going to be mean to those people, but I have put myself in a position where I have had to walk away from some friendships, for me, for my sanity.

It took June several years to finally reach a point where she could implement firm emotional boundaries, which came in the guise of a no contact rule that was adjusted to meet her needs:

You don't stop him. Rules don't apply to him. He does whatever he pleases. So what I have tried to do is to stop confronting him on things because it doesn't really matter. You don't win with somebody like that. So I only engage with him when it's something that relates to my son or when it's something that has to be dealt with. Otherwise I have a no contact rule. I refuse to talk to him over the phone. I refuse to talk to him via text. So the only communication that happens is through email. That works for me.

Later in the interview June added:

Before I would engage when he was crossing a boundary. He knew what he was doing. He knows me well. And his psyche is set up that way. He knows what buttons to push with people and it has worked for him for a long time. And it still kind of works right now. I have to make a conscious choice not to engage.

In contrast, Gillian's firm physical boundaries supported and even enhanced her emotional boundaries. She described her boundaries after leaving her husband in the following way:

Boundary for me means that I know what my comfort is and I know where danger is. It is a line. I am very discerning now. I have to have boundaries. When I got the two-week emergency restraining order, I had to maintain that boundary. That meant no contact, no telephone calls, none of that. So my responsibility was to maintain that. I wasn't going to answer his texts, or his calls, or his emails, or whatever. I wasn't going to answer.

Gillian continued to talk about how her boundaries had changed:

In the past I would still entertain the conversation... That's what saved me. I don't care what he has to say. I don't think, "Go to dinner. Hear what he has to say. Maybe he is sorry." So physical boundaries were a real challenge for me, but not anymore.... My boundaries now are very firm. If I make a decision that this is what I am going to do, my yes is a yes, and my no is a no.

Jayleen commented on how her emotional boundaries actually helped her to use her voice. After describing that she now feels she has the right to speak her truth in spite of how people respond to her, she stated:

I still keep doing it. I'm learning to accept these new changes in me because these are the things that I didn't used to do. I was so isolated. I wouldn't speak out. I wouldn't voice my opinion. I would settle for whatever was. Now you can't shut my mouth! I don't care how you feel. If you don't like it, I'm sorry. I'm not saying anything that would hurt you, but there is truth in what I say, so you need to look at it.

Veronica echoed Jayleen and Gillian's resolve. She stated:

I don't ever want to give myself, all of me, away and be obliterated again. I want to keep who I am. And in my relationships I want people to kind of take or leave me as I am.

Tasha made the following comment regarding her emotional boundaries:

Do not call me out of my name because I will not answer to you. If someone does something the first time, believe who they are because it's not going to

get better. And people will treat based on how they see you treat yourself. So if you settle for anything, they'll learn from you what you will settle for.

Setting firm emotional boundaries helped the participants in this study heal from abuse by creating space for their own identities and self-awareness to blossom. In spite of the challenges, the participants recognized, some in hindsight, that firm emotional boundaries were crucial to their recovery. However, for some participants the fear of reliving the hurt and pain they experienced kept them stuck in a place where self-protection had become routine. In the next section, the subcategory, unwilling to be vulnerable, is discussed.

Unwillingness to be Vulnerable

Some of the participants described the process of coming to a place of almost hyper-firm emotional boundaries. For these participants, emotional shielding became a safe place that in some ways had turned self-defeating in that it prevented them from connecting with others in the way that they desired. This was especially true of the participants who had experienced childhood abuse or maltreatment. It also prevented some from moving on fully to the fifth phase of Post-Abuse Boundary Renegotiation.

Tasha, who experienced abuse as a child from her father, stated the following about herself and her recovery from IPV:

I think my boundaries became too strong. I wouldn't let anybody in. I could go out with my girlfriends and different guys would approach me and I would just shut them down. It made me become more stand-off-ish. But to me it felt like I was strong. You know, and I feel like that was the wrong way to go about it. It made it seem a certain way when in reality I was feeling the opposite. I was feeling vulnerable and really miserable. I didn't like myself. I didn't know who I was.

Kay also expressed confusion and difficulty in moving toward vulnerability. Kay experienced sexual abuse as a child and said the following about herself in recovery:

I didn't have sexual boundaries. I mean I've slept with a lot of guys. Sex meant nothing to me. I would be more like a guy, as in, "I've got a meeting in the morning so I can't stay over." So I did not have sexual boundaries.

She continued later in the interview to describe her way of self-protection. Speaking of her current boyfriend, she stated:

I would say to him, "You know what? I don't care if you are going to do that. I'll just go fuck a guy." That was my emotional boundary. That's not healthy! But in my head, that's how I would emotionally distance myself. In my head, that was my boundary.... That's why now I'm thinking that I don't have emotional boundaries, because I don't even know what the hell they are!

Kay's description of self-protection seemed to emerge as the interview progressed.

In contrast, Veronica, who was abused sexually as a child by multiple family members, described her intentional decision to avoid feeling vulnerable:

Right now I am not dating. I don't feel confident that I know how to recognize the signs. I'm not sure I'm able to have the right boundaries at the right time or even recognize red flags from a person who's going to be abusive. I'm kind of starting to implement boundaries more within my friendships. I'm beginning there and I'm going to put off having romantic relationships until I feel like I've gained enough skills to have a healthy relationship.

She reiterated this again later in the interview:

With my friends and co-workers, I'm beginning to have boundaries. I'm watching behaviors and I'm watching my own behavior. I'm making observations so I can try to figure out and be more cautious I guess. And then I'm just avoiding any romantic relationships.

Jayleen, who also suffered sexual as well as physical abuse in her childhood home, hinted at similar behaviors:

I did not have an intimate bone in my body. Because I was raped, if you touched me the wrong way, kaboom, to the left I went! So to avoid putting myself in that position, I refused to be around a man.

Zayda was not abused as a child, however, her intimate partner abuse started at the extremely young age of 16. She stated the following when discussing her emotional boundaries:

I just don't think I know how to be in a relationship. And I don't talk to a lot of people. I just keep my distance. I don't know why I can't seem to, I mean everybody has somebody, and I feel like I am supposed to have somebody, but at the same time I won't let anybody get close to me.

She continued:

You know, it's hard for me to trust people, to let them in. And I just don't want to be hurt. I just don't. And so right now I have boundaries all around me.... I met a guy the other day and I gave him my number because I will try, you know? So I gave him my number and he called me. The first thing he asked was, "Where do you live?" And immediately my wall went up. And it was like, why does he need to know where I live.

Zayda also related her experience in getting to know a man who had been, and still was, incarcerated when the interview took place. The man was a son of a dear friend from Zayda's church. Zayda originally contacted the man because she wanted to support her friend, who was struggling with her son's long incarceration. She volunteered in the hope that it would give her friend a break from daily and weekly phone calls and visits. Once they talked, however, Zayda and the man felt a connection. Zayda stated:

We both in the beginning said that neither one of us wanted our feelings to be involved.... And I didn't go visit him for like a year and a half, solely because he didn't know if he wanted me to come. He wanted me to be sure and ready if that's what I chose to do, because meeting him might make the situation harder.

Zayda was hesitant. The man may be released from jail later this year. She continued:

So boundaries. It's easy for me to talk to him because he's not here. He doesn't invade my space. He doesn't take time from my son. And I'm scared. I am. Because I don't know how I'm going to be around him when is invading my space, when he is requesting my time.... I think, what if I mess things up? I think that's what I'm scared of. Like me being jealous, or not trusting him, you know, or me being scared to open up to him more.

Finally, Kay and Zayda both made statements about their mutual need for emotional protection. Kay's stated the following:

I'm trying so hard not to revert back to my old ways of breaking up with you before you break up with me, or doing this before you do that, getting rid of you because you said one little thing. When I was dating in the past, if I didn't like something a guy did I would tell him, but if he did it again I just broke up with him. So putting the wall up is one thing, but taking it down is the most challenging because I always worry about myself reverting back.

Zayda also expressed her concerns:

When I put the wall up I can remove myself from a bad or hurtful situation. Like when I left my abuser I put a huge boundary up and I allowed myself to heal. But again, it goes back to I don't know if I'm using them in the right way.

A little further on Zayda added:

I'm not settling for less. I'm struggling myself and I don't have much. I have nothing actually. But I'm not going to put up with foolishness and nonsense from somebody when I don't have to. And I think that's what makes me justify my isolation a little bit.

Not all of the participants struggled with an unwillingness to be vulnerable.

Several of them had moved on to new relationships and were opening themselves up to new emotional experiences. However, for the individuals mentioned here, emotional protection had become at some point in time a safe way of living. Some of them were eventually able to move toward flexibility, but not all.

Summary of Phase IV – Implementing Firm Boundaries

The fourth phase of Post-Abuse Boundary Renegotiation describes the process of implementing firm boundaries. Some of the participants demonstrated such strong emotionally protective tendencies that they no longer were open to new emotional experiences and remained largely guarded. However, many of the participants moved toward flexible boundaries at some point in their healing journey. In the next section, the movement toward flexibility is addressed.

Phase V – Demonstrating Flexibility

The ability to demonstrate flexibility in boundary setting was evidenced by most of the participants, including some of those individuals who at some point in time became overly emotionally protective. The move toward flexibility involved courage and the willingness to take emotional risks. The fifth phase of Post-Abuse Boundary Renegotiation is comprised of the subcategories: willingness to be vulnerable and demonstrating flexibility, reclaiming self, and feeling confidence and self-worth.

Willingness to be Vulnerable and Demonstrating Flexibility

When asked how participants would like their boundaries to be, many of them indicated that they would like to have flexible boundaries, open to new experiences but firm when necessary in order to remain safe. For some participants, this was expressed as wishful thinking. Veronica, for example, stated the following:

You know, I don't want to overdo it. I'm happy believing that most people have good intentions. But I want to be able to recognize and be realistic that some people don't have good intentions.... I'd like to have the kind of boundaries where I could recognize warning signs.

Desiree also indicated a desire to be flexible in her boundary setting. She stated the following:

You have to know what you can tolerate and what you can't. So, say you can tolerate an argument or disagreement, but you can't tolerate a deal-breaker. A deal-breaker for me is if you call me the B-word. A deal-breaker for me is if you get in my face and you're threatening. So yeah, you can soften them, you're going to have situations where you aren't going to agree, but you don't have to step over a boundary.

She continued later in the interview:

Sometimes I have a little bit of fear. If I make too much of a demand, will that person say, "Oh well, you said this, this, and this, and I can't meet your standard." So I would like to be more relaxed.... I want to be flexible. It's a learning process.

Similarly, Gillian stated the following as she spoke of her ability to exercise boundary flexibility in her relationships:

A lot of people are spiritually dead, because life and their abusers have affected them. And so they bought into limiting themselves. They don't know boundaries, and they feel they have to be friendly with abusive people. But I say, no, you don't have to hate them, but you sure don't have to tolerate them.

For Amy, the ability to be more flexible started after her court date with her abusive fiancée was over. It was then that the relationship with her new husband began to blossom:

It just kind of naturally fell into place after court. A lot of things changed after court. I don't know, I guess I just kind of eased up a little bit. I felt like I had some peace, knowing that my ex had been held accountable. I was able to breathe.

Jayleen also experienced an eventual softening after she met her current husband.

Jayleen stated:

I am going to be really honest with you. I was not paying him any attention. He was like a spot on the wall! I could not have cared less. But he said something to me one day, and all I heard was him in a crowd of people. It caught my interest. And I channeled all my hearing to him, and I thought, "He's not that bad of a guy."

Jayleen's husband continued to engage in contact with her. She continued:

When we left to go home, he said, "Are you going home?" And I said, "Yes, alone." And he said, "What's wrong with you? You seem to have a wall up." And I said, "I do, and you are not climbing over it." But he was persistent. And one day I got a call from him out of the blue. He said, "I think you're beautiful and I think you're intelligent." And he was swelling my head! I hadn't heard those words in a long while. I thought maybe I'm ready to start dating. We went to lunch and it took off from there.

Willow was moved by her new boyfriend's ability to respect her self and her boundaries. It stood in sharp contrast to her past experience. She stated:

When I would tell my ex-husband to stop, it was like he didn't even hear me. But when I was intimate for the first time with my boyfriend, I started to cry. Not because I didn't feel like I wanted to be with him. My heart wanted to, but my heart was scared. He wasn't doing anything, it was just normal and it felt good. But I started to cry and immediately, instead of ignoring me, when he saw the first tear, he could not get away or put space between us fast enough. His first thought was, what is wrong? He said, "Talk to me about this." Not, "Let me finish what I'm doing and then I'll see what you're about."

Tasha also experienced hesitation, which in turn was treated with respect by her new fiancée. She stated:

In my relationship with my now fiancée, I was very wary about getting into a relationship with him because I thought, I finally built myself back up, I have a good job, my own place, and you know, I'm a giver. I like to give and I didn't want someone to come in, tear my walls down, and take everything, and I'm left with nothing. And when they leave they get everything poured back into them and I'm empty.... There were times in the relationship where I was really saying, "God, I can't do it." I was scared to let someone get too close to me only to leave. So I would tell a little bit about me, but not everything. I held back initially, and I think for him it was hard because I went through a lot. I'm not a person to really tell what I'm going through fully. It brought

some friction and tension. But once I got more comfortable with who he was, I was able to say, "Okay, well, this is me."

Zayda, who was communicating and visiting a man who was still in jail at the time of the interview, stated the following about her ability to move toward flexible boundaries:

I think it was God's way of helping me because I didn't have that male friendship. We don't say we are dating, we just say we are friends. I think we both have feelings for each other, but he's there and I'm here, so we're friends and that's all we can be. But I think it was God's way of putting somebody in my life to at least be able to communicate with and still be able to have boundaries.

At the time of the interview, Gary had just started seeing a new woman. He felt that his boundaries had not necessarily changed, but rather that his new girlfriend was able to respect his boundaries better. He stated:

When we are together she may stay with me for three or four days and then she goes home and she does what she has to do. And we may not talk on the phone for three or four days. We might text once maybe, and after a few days we will see each other again. And if she's at the house and I go to work, she's not asking me where I'm going. She's not following me, or anything like that. That's the kind of space I've always had. I've always had that kind of space, but my ex-girlfriend, she took that away from me.

For the participants who were able to do it, the ability to be flexible in boundary setting meant that they were able to engage in new relationships while staying able to recognize warning signs and responding appropriately. Flexibility enabled participants to be open and safe simultaneously. As they did this, they began to reclaim parts of themselves that were lost in the abusive relationship.

Reclaiming Self

The process of reclaiming self was a powerful experience for all of the participants. For some it manifested in the reconnection with past interests and parts of self lost to abuse. For others, it meant moving forward and accomplishing tasks that once seemed too overwhelming to contemplate. All of women participants expressed a loss of self-identity and a reclaiming of self in the recovery process. Boundaries facilitated this process by giving them the time necessary to heal and a safe space in which to explore how they would define themselves after the experience of IPV.

After June's marriage ended, she took steps to purchase a home for herself and her son. She stated the following regarding that journey:

He took everything from me. And I wanted to show in that year just how I could climb back up. I told my attorney to file for absolute divorce. So I took steps, and that made me feel really good. I was crying at the closing. They were looking at me like I was crazy! But it was a huge step for me. Having them hand me the keys to that house and signing that paperwork was just so freeing and empowering.

Veronica also purchased her own home after her marriage ended. The freedom she experienced there became a pathway to her ability to reconnect with herself and the things she loved:

Because I know who I am and I know what I like to do. And the minute I got my own house again, I mean, I was like, "Holy cow!" I honestly felt like a weight lifted off my shoulder. I felt kind of giddy. I thought, "There's nothing I can do wrong here!" I remember thinking, "If I want to be who I am, then I need to go back to doing the things I enjoy." I wanted to go for walks in nature. And there was a walking trail in my new neighborhood. I wanted to be able to play the piano and music again. And I found a baby grand piano that needed a home.

Desiree's experience was punctuated by her husband's incarceration for eight years while they were still married. During that time, Desiree made significant steps that contributed to her self-identity:

At some point a light bulb came on inside me, and I thought, "You have to be able to feed these kids." He was in prison and I knew I had to do something. So during that time I was able to get my cosmetology license. At least with a cosmetology license no one could tell me I couldn't make money and take care of my kids. I opened my own store. I became self-sufficient. I was taking care of me. I was taking care of the kids. The kids were in sports. They were doing well.

Gillian's ability to reclaim her identity was directly connected to her spiritual awakening. She stated:

I began to look at my life. I began to look at what I wanted to accomplish in my life. Setting boundaries allowed me to set goals. I looked at the people that were very destructive to me and caused me severe pain. And once I began to set boundaries, I was also able to identify goals. Now when someone new comes into my life, I listen to what they have to say and if what they have to say does not complement my goals and my vision, then I know that God did not send them. So I don't even entertain them.

Willow also reached a point of self-awareness that motivated her to begin the healing journey:

I realized that the experience of abuse still lived inside me. It had not gone away. I was not okay. So I sought counseling. I went to counseling for a long time, until I finally realized that the experience of abuse did not define me. Because it happened to me at a young age, I could still grow. And I did grow. I think that helped with my healing a lot.

Jayleen also experienced an identity shift from victim to survivor:

The first thing I did was I admitted I was a victim. Then I no longer carried myself as a sorrowful victim. I said that I was a successful victim. I had to stop looking at myself with pity. I said to myself, "You can't stay at the bottom forever." So I went and got therapy. And when I started releasing and crying all those tears and putting everything out on the line, I was no longer captive to my own problems.

Jayleen worked hard to reclaim her lost self. In spite of the challenges she faces due to her assault charge, she managed to express a strong sense of who she is. She continued later in the interview:

What burns me up is to hear people tell me, "You need to get it together." You don't know anything about me! I want to say to them, "You've dealt with so many people, and they were all the same. But here's one that's out of the box. You're not going to tell me the same thing you tell everyone else. Just because you told something to someone else doesn't mean it applies to me. So don't put me in that box. I'm an exceptional crayon. Put me over here."

In contrast, Amy felt that boundaries had helped her to grow as an individual but that they had not necessarily helped her heal from IPV. She made the following statement when asked how boundary awareness had impacted her life:

It has helped me grow as a person, but not necessarily with recovery from domestic violence. But like I said, I had to put some boundaries down with people I've known my entire life and just walk away instead of being in this constant sea of drama. I don't know if it was influential in the recovery as far as the domestic violence goes, but it has helped me focus on me and let go of all the petty shit that's around me. It has allowed me to be in a better place.

Later in the interview Amy continued:

It's given me the ability to be okay with saying, "Walk away, you can walk away." It's okay to walk away. I'm not cutting bridges. I'm not ending any relationships with anybody. I'm just walking away so I can be at peace.

In contrast, Tasha made some poignant statements at the end of her interview regarding her ability to be self-accepting and authentic. The comments were reiterated in her follow-up interview. Tasha stated that she struggles with the feeling that she is pretending and not necessarily showing up as herself. She stated the following:

When I was young I learned how to please people. I became a people-pleaser for so long that I really didn't take time to please myself. I would like to be able to speak to women and children about domestic violence and not have to second-guess who I really am. I want to be able to feel confident in what I went through, in what I know, and be able to apply that. I also want to be able to be just me.

In the follow-up interview, Tasha stated that she no longer feels like she is pretending as much as she used to, but that there is room for improvement. She was a very soft-spoken young woman with a quiet and serious demeanor. It appears that her journey toward reclaiming the parts of self that she lost is not quite over.

The process of coming back to self, of becoming acquainted (or reacquainted) with one's self, is a powerful part of the healing journey. For the participants in this study, the reclaiming of self took various forms. However, a few of the participants did not express or directly talk about coming fully back to self. With the exception of Gary, who will be discussed in greater detail in Chapter Five, the remaining participants who did not feel reconnected to self were struggling with vulnerability and remained largely emotionally closed.

Experiencing Feelings of Confidence and Self Worth

A major finding in this study is the fact that confidence and self-worth were directly connected to the participants' ability to set boundaries. The relationship was often reciprocal, in that setting a boundary increased confidence, which in turned increased an individual's ability to set more boundaries. For example, Zayda stated the following about her ability to implement boundaries:

Just knowing that I have the ability to control my boundaries gives me confidence. Whether I choose to use them in a good way or a bad way, it's my choice. So I think it's changed me now because I can use them when I want to.

I can apply them when I want to and I don't have anybody stepping over my boundaries when I don't want them to.

Desiree also indicated that setting boundaries resulted in increased confidence:

It gave me some strength or it gave me back that spark of backbone. My mother didn't raise a wimp! What was I doing? So then you know you have more confidence.

Desiree continued to explain how, for her, the confidence was a direct result of social support:

It all boils down to that isolation piece. Because if you don't have any support around you, it is so easy for someone to tear you down and make you feel like nothing. And then you don't set any boundaries because how can you? This is the only person and the only voice you hear. But if you have this network of people around you saying, "You can do this. You deserve better. This is not healthy. It's not healthy for your children. It's not healthy for you. And it's not healthy for that person, your partner." When you get that encouragement lifting you up, then it's easier.

Amy also noticed an increase in confidence:

It has improved my confidence because I don't have to put up with bullshit. Not even from friends or acquaintances. If somebody has an issue and is being childish, well fine, go in the corner and deal with it. Don't bring it to me.

Veronica stated the following:

The knowledge of boundaries is empowering. It makes me realize that for an awful lot of it, I'm in the driver's seat. Even though I'm still working on it, it helps me to shift the perspective to a boundary lens. That way I can ensure that I get to stay *me*. I get to keep the best parts of *me*, and no one can take *me* away again.

June, who struggles with ongoing intimidation from her ex-husband that results in her having to carefully choose what to address and what not to address, also stated:

Boundaries have built my confidence. Every little thing that I do helps me to feel better about myself. It challenges me to pick a stronger battle, a bigger battle, the next time.

Willow described her belief that boundaries at times occur naturally as a product of extricating one's self from abuse. She stated:

I think that as a part of growing after the abuse and with the help of counseling, there are things that just naturally happen. When you gain your confidence back, when you gain your self-esteem back, when your story is validated, that just naturally causes you to say, "Okay, I am strong now and this is not going to happen anymore." And that naturally makes a boundary.

She continued:

I don't think that a victim in crisis has the capability to think about boundaries. I think that only comes with increased self-esteem, self-confidence, and self-worth. You come back to your identity, to who you are without the abuser, without the perpetrator—just you by yourself. When you do that and you come to that I don't think anybody has to sit down with you and tell you, "Okay, you're allowed to have boundaries." I think that you just know it and you place them in your life where they are supposed to be for you.

Tasha echoes Willow's belief:

I'd have to say that coming out of this bad experience, it's taught me that it's okay to have a boundary. It's okay to stand for something and that you don't have to alter or change your boundaries for anybody. You have to do what makes you feel comfortable, and not rush into anything. I used to rush into relationships because I was trying to find love. And I realize now that I don't have to rush into anything because if it's going to be for you, you don't have to rush. It will still be there.

Similarly, Gillian addressed how her feelings of worth shifted after leaving her abuser:

My concern was always how somebody else feels. And I had to get to a point where I could say, "Wait a minute, I am somebody now too. I have always been somebody, and now I get to know who I am again." I have to be more concerned about how I feel.... Boundaries have changed me because I deserve to be safe.

In spite of the fact that Jayleen continued to struggle with the felony charge of assault, which inhibited her ability to find a job, she was able to express gratitude

and joy for where she had arrived. At the time of the interview Jayleen was happily remarried and completing a Master's degree. She was looking forward to graduation and had plans and dreams for her future. She stated the following:

I look back at where I was and I look where I am today and I am so happy. I didn't have a smile on my face back then. Every time I would tell my story, I would burst into tears. Yeah, I still get full, but I don't cry like I used to. Because I accept it and it is not my fault. I'm not taking that blame any more. And I have somebody who is really, really in tune with me. And if he sees me going back to old behaviors, it comes right out of his mouth, "You know you are doing that again." Some habits are so hard to break! (Laughing.) Because you've been doing them for so long. But the only thing that I keep praying for is that upon graduating next year, and I'm so excited, when I graduate is: am I going to find a job? That's the only question I keep praying to God for. Are you going to lift this devil that has tied me down and allow me to excel? Because when people meet me and have a conversation with me, their whole perception of that charge goes out the window.

Finally, Kay states it best:

It's never too late to change. Like my boyfriend always says, "Well, you're worth it."

The participants' statements reflecting confidence and self-worth are a reflection of the remarkable journey that they had taken. Of the eleven individuals who participated in the study, only one, Gary, did not make statements that reflected an increase in confidence and self-worth. The possible reasons for this will be discussed in greater detail in Chapter Five. The remaining participants all indicated that their ability to set boundaries contributed significantly to their renewed feelings of confidence and self-worth.

Summary Phase V – Implementing Flexibility

The final phase of Post-Abuse Boundary Renegotiation is the ability to exercise flexibility when implementing boundaries. Flexibility in boundary setting is

the ability to recognize and respond to environmental cues that might indicate danger while simultaneously remaining open to new emotional experiences and growth. The final phase is comprised of three subcategories: willingness to be vulnerable and demonstrating flexibility, reclaiming self, and experiencing feelings of confidence and self-worth. In the next section of this chapter, the results concerning the topic of spirituality and how the participants' spirituality was impacted by IPV are discussed.

Spirituality

Similar to the process of boundary renegotiation after experiencing IPV, spirituality was strongly impacted in those individuals who identified as being spiritual or religious. Of the eleven participants, nine indicated that spiritual or religious concerns were important to them, with five participants indicating that such concerns were very important. Of the nine participants that addressed spiritual concerns, all but one experienced a loss of spirituality while they were in their abusive relationships. For some, spirituality increased after leaving the abuser, but for a few the tenuous connections they felt to their higher power was altered and changed.

Loss of Spiritual Self

The loss of spirituality as a result of experiencing IPV was a common experience for many of the participants. For those with a strong previous connection, the loss was difficult and confusing. Some of the participants prayed for

the abuse to end and felt that their prayers were unheard and unanswered. Many struggled with feelings of anger.

Willow described the loss of her spiritual connection as follows:

I was raised in the church, and I think that I had a strong faith. I cannot say for certain because I often times wonder if I had faith because my parents expected me to have faith. And when I was going through the abuse, I lost faith. Like someone snatched it from me in the night. It didn't gradually drop off. I prayed every night for it (the abuse) to stop and it didn't. So for me during that time it felt as if God had cut me off. I had sex before I got married and this was my punishment. God had let go of me.

Similarly, Veronica described her connection to her higher power:

It had been a deep connection as a child, it had been deep. I mean, even through bad times, it was constantly deep as a child. And in college it was deep also. But it became very difficult for me once I was married. I didn't have anything left of me when I was married. There was nothing left of me, nothing.

Because Veronica experienced childhood sexual abuse, she described how at times she would dissociate in order to cope with her husband's treatment of her. The dissociation impacted her ability to experience spiritual connection. Veronica stated the following:

When things would get to the point where it was bad and I was dissociating, then I found it would be more difficult to connect with my higher power. That's how abuse affects you.

Zayda also stated:

I got saved when I was in ninth or tenth grade, so I felt His presence ever since then. But then in my relationship I couldn't understand. If there was a God, and you know I was young at the time, but if there was a God, why does He allow us to struggle and go through so much?

Jayleen described two experiences with angels that strongly impacted her faith as a child. However, her experience of IPV came between her and her spirituality in a negative way. She stated:

I was taking myself away from my spirituality and trying to please him (her abuser). I was separating myself from everything that I normally would do just to accommodate his happiness.

Tasha also described a loss of faith:

My spiritual life was definitely impacted by the relationship. Where was God when I needed Him? I felt like I was praying but God never heard my prayers. After a while I stopped knowing who God was. If there were a God, I wouldn't have to go through that situation. That's how I felt, and I was just angry.

Gillian described her loss of faith:

I have been in church for many years of my life. And at some point I was very angry, even as a daughter of God. Because I thought, "Now wait a minute God, why would you allow me to experience this?" It made no sense. Here I was praying, going to church, reading the bible. And I was seeking counsel in church, and they were saying, "You're married for better or for worse." And I said, "I didn't marry for better or for worse. I married for better and better."

In contrast, June, who had recently converted to Catholicism prior to marrying her ex-husband, expressed her spiritual doubt as follows:

I joined the Catholic church with my first husband. We wanted to raise our son in a particular faith, and that's the one we chose. So we went to mass, and something about it, I felt some sense of peace and calmness when I was there. I like the ritual. There's something about that that I really liked. But because I didn't have a strong spiritual background, it's hard for me to say if I lost or gained a whole lot. I don't really know what it's like to know God in that way, as people would say. I can say that sometimes I really question things, because if you look at it, well let's face it, the last 14 years have been hell for me. And I don't understand why. I really struggle.

June continued:

My faith chips away, because when I see what my ex-husband is doing to my son I question. "Why is God allowing this to happen?" And when my son

approaches me and asks me, "Why do bad things happen to good people?" I don't have an answer for that and I get angry and bitter. And while I'm going through the motions and taking my son to mass, which I still enjoy, I can't really say that I have a strong connection to God.

The loss of spirituality created feelings of abandonment and anger in the participants. They failed to understand what was happening to them and the support they desperately needed was not there. Some of the women even indicated that spiritual leaders had encouraged them to stay in their relationships in spite of the abuse. It was not until they left their painful situations that they were able to reconnect to their higher powers and renew their spiritual beliefs.

Renewed Spiritual Self

The renewal of the spiritual self for several of the participants involved the recognition that in some way they had been protected from death or from more severe abuse during their relationships and that a higher power had been responsible for helping them to survive. For example, Willow stated:

Now if you ask me the reason I think I've gained some of my faith back, it is that looking back I believe and I know that God led me out of that. So I believe He is responsible for giving me enough strength to survive it. Because everybody that I talk to says, "I don't know how you did that by yourself all those years." And that's what makes me know that divine intervention came into play at some point. So how did it affect my spiritual life? It went from faith, and being thankful for the strength and keeping my family safe and alive. You know, when he threatened to kill me, he didn't. Something stepped in at that point.

After leaving her abusive husband, Veronica began to take classes in spirituality at a local university. She credited a large part of her healing journey to the spiritual work she engaged in. She stated:

What helped me through was my spiritual work. Knowing my higher self, knowing who I really am from a more mature perspective. Not knowing who I am just in this life, but knowing the love that I'm really created out of. Not just this body, but me, my higher self. Knowing my soul.

Gillian also addressed how her connection to God helped her to know her own worth:

I was always willing, overly willing, to tolerate foolishness in my life. And I found that once I was able to identify that I am a special person, and that those things happened to my flesh, I knew I had a spirit and a soul, and God has placed things on me to be brought forward. In order to do that I have to know who I am. I am Gillian, a mother, a daughter of the most high God. So I have a relationship with the Lord and He has helped me. I thought I was alone, but I now know He is with me. I don't have to tolerate abuse. God has put it on me to interview others, to look at their history. I look at everyone's life individually. And I say to myself, "If I allow them into my life, how will they complement my vision and my goals?" ... Domestic violence is an unrighteous act. Abuse is an unrighteous act. So now I look at myself and I know. That happened to me, it was unrighteous. I know that now. I don't have to tolerate that anymore. And if I discern those types of behaviors it doesn't go past, "Hi, how are you? Bye, see you soon." Because I don't have time to waste.

Gillian expressed her firm conviction that she experienced what she has experienced as a gateway to helping others, bringing meaning and purpose to her life:

So once I began to acknowledge and recognize that I am a special person, that I do have gifts, the abuse, the sexual molestation, the rape, the physical abuse, the emotional, the economic abuse, all of that. God chose me for a reason, a purpose, but it was not *for me*. The apple tree doesn't taste it's own fruit. (Laughing). The apples never tastes it's own apple! God is working on me, to be a blessing to myself and to be a blessing to other people. I encourage other people. I just balance myself and I hold the Spirit.

June, who struggled with her spiritual connection after her divorce, also expressed a conviction that there is a hidden purpose to her experience. However, the fact that her son has been exposed and continues to be exposed to her abuser has also caused her great pain.

There's some reason why I had to go through all of this stuff. I think it's because now I'm in a place where I can help other women, indirectly as I am doing. I think that was the purpose for me. Why my son has to go through all of the stuff he's going through, I have no answer for. I really struggle with that. I don't understand why kids get the shaft sometimes. So I get a little bitter.

Tasha's renewed faith was summarized in a similar way, suggesting that she was able to find meaning in her experience by reaching out to others.

I don't know why I was so enamored by the same men, like my father. I never really took the time to understand that. I felt like I was going in a circle that I couldn't control. I thought I could control it, I thought God could control it. But after, I just learned that the best thing to do was to just get down on my knees and pray to God because I was able to live through it. There were no repercussions for my family and no one was harmed. So I give thanks to God for that. And when people come up to me and tell me their stories, I realize that I didn't go through it for me, I went through it to help others.

For Zayda, the renewed spiritual connection was summarized through her gratitude for surviving the abusive relationship. She stated:

Actually, while I was going through it, I know now that spiritually my higher power was there. Had he not been, I would probably be dead right now. And when I left I leaned on him more. So yeah, it had a great impact. I became more of a believer when I saw God looking through other people's eyes.

Jayleen echoed similar sentiments:

So now it's spirituality. I don't choose a preference in religion. But I do believe there is a higher power. I do believe that without Him I would never have made it. He heard a lot of my cries and my tears and He knew what I was going through. He knows what you're going through even before He places you there. So I've accepted the fact that I don't know God's ordered footsteps for me, but I will ask Him which footsteps He wants me to take and I stick to them.

Desiree was the only participant who identified as spiritual and who did not lose her spiritual connection while she was experiencing abuse. She stated:

I think the experience has made my spiritual connection stronger. Because both of those incidents, the night I went to the church and the other one when I called the police, I was in serious fear. I really thought he was going to kill me. And I just kept saying, "Lord, I need you to get me out of this." So it got stronger over time. I started going to church more. I sought counsel from my pastors, from counseling ministries. I kept trying to come back with the Word. It helped me get through it. If I did not believe that God had been there for me I wouldn't be where I am now.

The renewed spirituality that the participants experienced after leaving their abusive situations was tremendously important to them. It helped them assign meaning to what they had survived. It gave many of them a purpose. It inspired them to become involved in volunteer work related to domestic violence awareness. For those individuals who identified as spiritual, the experience of abuse was no longer a random act of violence.

Spiritual Support

Some of the participants described extraordinary experiences that bolstered their faith and led them to know that they were not alone in their experiences. The support they received is worth mentioning here as it relates directly to the renewal of spirituality in individuals who had experienced tremendously painful suffering.

For example, Gillian described an incident in which she felt she experienced direct intervention from a higher power. She stated:

I began to fast. I began to pray to the Lord, asking Him for guidance. It was a little after six in the evening. All of a sudden I heard this very rough voice saying to me, "You must get out of here." And I looked and I said, "Who said that? Where did that come from?" I said, "Oh my God." I was worried about that. I went about my business downstairs, but I was worried. And on Tuesday I was upstairs coming down around the same time and I heard the voice, very clearly, God said to me, "You better get out of here by Thursday of next week." Oh my God. This was serious.

Gillian goes on to describe how the voice she heard helped her by giving her the impetus to leave her abusive situation. She continued:

I said, "Lord, I need direction." I came to visit my daughter and we went to church together. And very distinctly the Lord said to me that He wanted me there. I was not sure how I was going to do it, but I went back and sold the house. When I returned I got an apartment and started working on getting myself together.

Jayleen also related several experiences that influenced her ability to reconnect to her higher power. She stated:

My cousin is the one who saw it and it scared me. Not only did she see it, a friend of mine saw it too. I was sitting in my living room. This was when my mother confessed that she was not my biological mother. Afterwards my cousin said, "Do you have any sense of fear right now?" And I said, "No, I'm angry." She said, "Do you believe in angels?" And I said, "Wholeheartedly." She said, "Well I don't want to scare you but there's one on each side of you."

Jayleen continued to describe the second incident:

Then I had a friend a few months later in the same house and in the same room. In my house I had a skylight and the moon used to shine through it, and she said when she went to bed she woke up to this really, really, really bright light. But it was raining that night and she said when she looked at my door, the way my door she saw a white flowing object with their wings spread out and it had a finger across the mouth telling her, "Shhh, they're sleeping". She said she tried everything in her power to open her mouth and call out my name, but she couldn't. The next morning she came and she jumped in the bed. I'm like, "What is wrong with you?" And she said, "I seen a ghost!" I was like, "No, you saw my angel, I already know her, she's here, she comes and she goes."

Jayleen attributes her experiences as being directly connected to her ability to move forward and stay safe after leaving her abusive relationship.

In contrast, Desiree related an experience that may have contributed to her staying in the relationship longer than she should have. Desiree related the following regarding her ex-husband:

I understand prayer. And I understand that if you pray for someone, they can change. The bible says that the sanctified wife will sanctify her husband. But the problem with that is that the person has to want to change. He didn't want to change. I went to a funeral for his cousin. It was a cousin that he was close to. And when I looked in the casket I saw my husband. I know I was not hallucinating!

Later in the interview Desiree stated the following:

I had this prophetic dream that we were going to be at this conference, speaking to couples on the difficulties of marriage. I was going to be able to tell my story and give a testimony on how God saved him and how he's now preaching the Word. It was so clear and so vivid. And he was in the same blue suit that I saw him in the casket in. And I said to him, "That is God's vision for us. But you are running from it." So I kept trying to bring him the Word. But he was just trying to not hear me.

Although Kay did not identify as spiritual when she filled out her demographics form, she did indicate a level of spirituality during the interview. She stated the following:

I do say I'm spiritual and not religious, but I think I'd have to learn more about what spirituality is. I don't pray to God, I pray to my mom. My mom died in 1991, I was very close to her. So like she is my higher power.

Kay related an experience with her abusive ex-husband in which he had threatened to kill himself while sitting in front of her. Kay stated the following:

I swear it was my mother intervening because I called his best friend, which is something I never did before. I never even thought I would ever do that. But something told me to. I believe it was my mom. I still picture him sitting in that chair. I have heard since then that abusers will do that. They will threaten to kill themselves. You know what? It must have been somebody intervening, my angel, because I do think he would have done that.

Receiving spiritual support bolstered the participants' ability to cope with their terrible situations. It let them know that, in spite of the abuse they had

experienced and the messages they were receiving telling them they were worthless, they mattered.

Summary of Spirituality

The theme of spirituality is comprised of three subcategories: loss of the spiritual self, renewal of the spiritual self, and receiving spiritual support. The impact on spirituality in some ways mirrored the process of boundary renegotiation. Participants experienced a loss of spirituality (similar to the loss of self) and a renewal of spirituality (similar to the reclaiming of self) as they struggled to come to terms with their abusive situations. For many of the participants, spirituality helped assign meaning to the experience of abuse and gave them a purpose by inspiring them to engage in volunteer efforts after leaving their abusers.

Summary of the Emergent Theory

The following section will provide a summary of the five phases and subcategories of the emergent theory, Post-Abuse Boundary Renegotiation. The theme of spirituality was considered to be a connected and yet very distinct process, and is not included in the phases of the emergent theory. Spirituality was not directly connected to boundary renegotiation, but rather supported or hindered the process of healing and recovery from IPV.

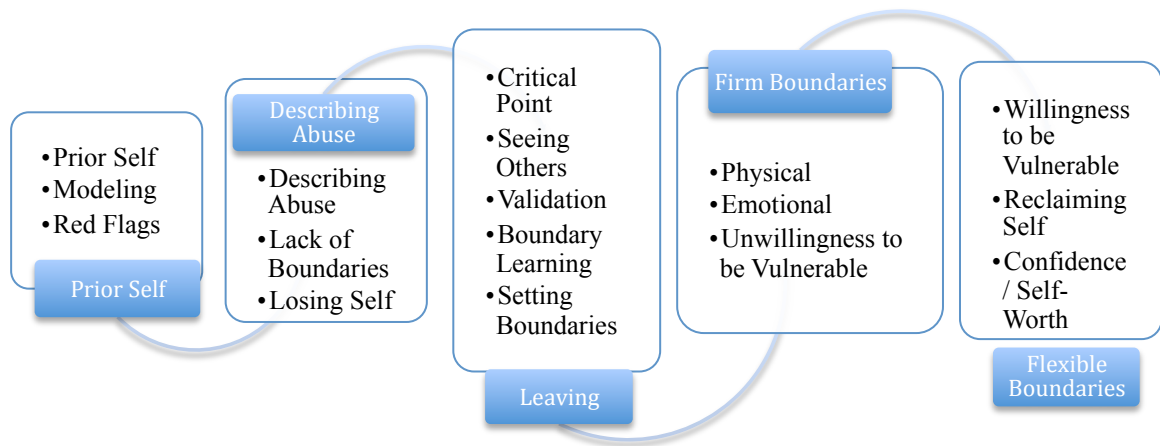


Figure 1: Post-Abuse Boundary Renegotiation

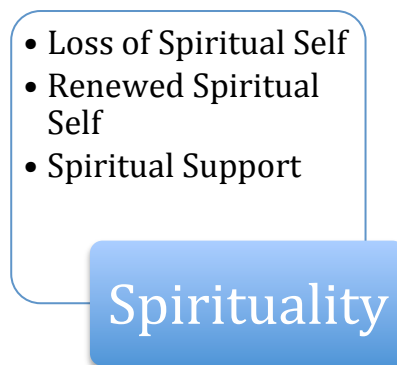


Figure 2: Spirituality

Acknowledging Prior Self

The first phase of Post-Abuse Boundary Renegotiation describes the process of acknowledging the self that the participant was prior to experiencing abuse. This phase consists of three sub-categories, namely the acknowledgment of prior self, modeling of boundaries that the participant received as a child, and the awareness of red flags in the early stages of the abusive relationship. All of the participants indicated that there were warning signs indicating the potential for abuse, or which caused concern, and which were subsequently ignored early in the relationship with the abuser. Similarly, many of the participants told stories of boundaries being poorly modeled in their families of origin or of not learning boundaries at all prior to experiencing abuse.

Experiencing Abuse

In the second phase, participants described their experiences of abuse with courage and candor. All of the participants told stories that indicated the lack of boundaries, both physical and emotional, in their relationships. The impact on spirituality was discussed as well. Some of the participants made efforts early on to set boundaries with their abusive partners. However, these efforts were almost always ignored or disregarded. The phase of experiencing abuse consists of three sub-categories that include describing the abuse, the lack of physical and emotional boundaries, and the loss of self.

Leaving

The third phase, leaving, describes the moment in time when the awareness of the danger of the relationship occurred and the participants began to break away from their abusers. Leaving is comprised of five sub-categories, which include the following: reaching a critical point, seeing others, seeking and needing validation, boundary

learning, and beginning setting physical and emotional boundaries. Reaching a critical point occurs when the danger of the relationship is fully realized. The process of extricating one's self from an abusive relationship is often comprised of multiple attempts at leaving. However, for each participant there was a moment of awareness that constituted a critical point in the relationship, which facilitated the emotional and physical breaking away from the partner. Seeing others describes the way in which participants were positively impacted when others either modeled appropriate boundaries for them or encouraged them to see themselves as valuable and worthy of boundary setting. Boundary learning is the increasing awareness that boundaries are necessary and appropriate. Setting physical and emotional boundaries describe the act of delineating self from others by establishing boundaries that serve to create space for healing and reconnection to self.

Implementing Firm Boundaries

The fourth phase, implementing firm boundaries, consists of the following three sub-categories: implementing firm physical boundaries, implementing firm emotional boundaries, and unwillingness to be vulnerable. Setting firm physical boundaries and setting firm emotional boundaries represent the process of moving toward rigid or closed boundaries. Setting firm physical and emotional boundaries generally served the purpose of protecting the individual from experiencing either inadvertent or intentional mistreatment, pain, or abuse. The third sub-category, unwillingness to be vulnerable, can be defined as the setting of hyper-firm emotional boundaries resulting in the inability or the unwillingness to be vulnerable or open in relationship. For some of the participants in this study, unwillingness to be vulnerable indicated a need to stay safe and protected from

others and in some cases represented the difficulty in navigating emotional boundaries in an effective way.

Demonstrating Flexibility

The final phase of Post-Abuse Boundary Renegotiation is demonstrating flexibility. Demonstrating flexibility is comprised of three sub-categories, which include willingness to be vulnerable and demonstrating flexibility, reclaiming self, and experiencing feelings of confidence and self-worth. In the subcategory, willingness to be vulnerable and demonstrating flexibility, participants described their movement toward openness in relationships and the resulting connection with others that they experienced post-abuse and the ability to move toward flexible boundaries that were self-protective and open to loving, supportive relationships simultaneously. The sub-category of reclaiming self is defined as the participant's ability to reclaim parts of the self that were lost in the abusive relationship. Most often, reconnecting to interests, hobbies, or friendships that were abandoned in order to accommodate the abuser and the abusive relationship represented reclaiming self. Statements that indicated participants had successfully delineated themselves from their abusers and had started to see themselves as worthy and valuable individuals represented feeling confident and experiencing self-worth. Figure 1 is an illustration of the emergent theory, Post-Abuse Boundary Renegotiation.

The process of boundary renegotiation and the phases of Post-Abuse Boundary Renegotiation are neither static nor linear. Depending on the life circumstances, earlier phases can be revisited and some of the phases can occur simultaneously. The participants in this study described their experiences by addressing boundaries based on

their concepts of the term. For some, however, participating in the study increased their understanding of term “boundaries.” In the following section, the increased awareness during the interview that some participants experienced is discussed.

Increased Awareness in Interview

Several of the participants in the study indicated that they had gained increased awareness about boundaries and the importance of boundaries as a part of the healing journey and identity reclamation process as a result of participating in the interviews. For these individuals, boundaries were often described as something that occurred naturally as a result of extricating themselves from their abusers. Although they had an awareness of boundaries prior to the interview, that awareness was significantly increased after their participation in the study. For example, Willow stated the following in the last minutes of her first interview:

The last five to ten minutes have really been enlightening to me. I’ve never said it out loud. I’ve never thought about the progression of pre-abuse, to six years of it, to all the drama and the threats, and then counseling, and then to today, I never thought once during all that time about boundaries. But I can sit here, especially after the last few minutes where I’ve had to think about that progression. I don’t think that a victim in crisis has the capability to think about boundaries. I think that is only something that comes with your self-esteem, your self-confidence, and your self-identity, who you are without the abuser, without the perpetrator, just you by yourself. I don’t think anybody has to sit you down and tell you that you’re allowed to have boundaries. I think that you just know it and you place them in your life where they are supposed to be.

Zayda, Kay and Gary experienced similar increases in boundary awareness. Kay and Zayda both acknowledged during the interview that their awareness about how they were using boundaries for self-protection had increased. Gary followed up the interview with an email that addressed how participation in the study had helped him understand his journey and how boundary negotiation had contributed to his healing.

Negative Case Results

Several negative cases emerged through the analysis procedure. Negative cases are exceptions to the emergent theory that occur during the analysis process. The most significant negative case in the current study was Gary, who did not exhibit several of the central themes of the emergent theory. As the sole male participant in the study, Gary's experience of IPV resembled the experiences of the women participants in many ways. However, several significant differences emerged as well. For example, Gary did not experience a loss of self while he was in his abusive relationship. The abuse that Gary experienced caused him considerable distress, as well as emotional and physical pain resulting in at least one trip to the hospital, multiple calls to the police, and repeated attempts to end the relationship.

Although Gary acknowledged in the member-checking interview that he felt he had experienced some "slippage" in terms of identity, he did not experience a loss of identity in the same way that the women participants in the study did. For example, Gary described his work life by calling it his "mistress." According to Gary, his work has been second to none in his life, and he stated that he was able to use work in a way that protected and bolstered his identity. Gary felt that because he was able to maintain his relationship with work, he did not experience a loss of identity. It should also be noted that Gary was able to keep his home and his financial security during the abusive relationship as well, which is often not the case for women who experience IPV.

A second difference between Gary and the women participants of the study was that Gary expressed both during the interview and in the member checking process that his experience of abuse did not cause him to hold back emotionally when engaging with

others. In other words, Gary did not experience the need to set firm emotional boundaries with anyone other than his abusive ex-girlfriend. In fact, Gary described his experience as an “abnormality,” and he was clear that he felt it was a one-time event in his life. He also expressed confidence in others and stated that he felt most individuals would not behave in the way his ex-girlfriend did. At the time of the interview Gary was involved with a new woman and expressed delight and joy when he spoke of the new relationship.

The third significant difference between Gary and the other participants in the study has to do with self-control. In the initial interview, Gary related how he intentionally used self-control when experiencing abuse from his ex-girlfriend. The purpose of the self-control was two-sided. First, Gary did not want to respond physically to the abuse because, as he stated, he was much taller and bigger than his girlfriend. Gary stated:

It was a conscious choice. And I knew that. I’m 6’3”, 190 pounds. She’s 5’3” and 110 pounds. You know, if you look at us, and if we had a fight without any weapons, you would assume that I would come out the winner.

The second reason that Gary exercised extreme self-control during physical assaults from his ex-girlfriend was self-protection. He stated later in the interview:

I knew that if the police came and they saw that she was bleeding or that she was bruised they would assume it was me assaulting her. So I made a point of that. I made a point that I didn’t retaliate or defend myself physically. And there were times when I had to push her off me. There was one time we were tussling and I fell on her. I didn’t mean to fall on her, but I did. I could have really hurt her.

Gary’s experience of IPV is not the only negative case that occurred during the analysis process. Both Kay and Zayda also expressed a common significant difference from the other participants. While their experiences differed greatly from each other, both Kay and Zayda spoke directly to the challenge of moving from firm to flexible

boundaries. In fact, neither of these two participants gave evidence of the ability to implement flexible boundaries, although both stated that they desired to develop the ability. For example, Zayda stated with tears in her voice:

Some people that I do let in, sometimes I push them away because sometimes I get jealous. I think they might be doing stuff because it has been done to me so much. You know, it's hard for me to trust people, to let them in. And I just don't want to be hurt. I just don't. And so right now I have boundaries all around me.

Later in the interview she added:

I just want to have an honest relationship with somebody who truly cares. I think that if you truly love somebody and care about them, you can't hurt them. A relationship where I can just be me. Where I don't have to wear a mask.

Zayda's fear of being hurt kept her from being emotionally available and open to new experiences. Similarly, Kay stated:

I realize that I'm a quote-unquote open person but not about myself. I'll be open about my sexual history, my this, my that, but I won't be open about my feelings or that you hurt me. I definitely need help with the walls coming down. I'm really not good at that. That's one thing I'll admit. There are certain things I'm not good at. I'm really realizing what a mess I am! A beautiful mess, as they say.

Kay's struggle with emotional boundaries seemed to revolve around self-protection in the same way that Zayda's did. At one point in the interview, Kay stated:

I don't want to be like this. I don't want to be screwed up in a relationship.

Both Kay and Zayda indicated that they desired to move toward flexibility, and both seemed unsure about how to do that. The idea of taking their "walls" down, of being flexible and moving toward emotional openness, was too frightening for them to try.

Conclusion

This chapter has presented the results from the data analysis of the emergent theory, Post-Abuse Boundary Renegotiation. Post-Abuse Boundary Renegotiation

represents the process of boundary renegotiation as a part of the healing journey for individuals who have experienced IPV. It also addresses how boundary renegotiation contributes to the reclaiming of identity that is lost when abuse occurs. While the experiences described by participants in this study vary greatly, common themes and subcategories emerged that when analyzed resulted in the larger integrated theory. In the next chapter, the results of the study are discussed.

CHAPTER FIVE: DISCUSSION

Chapter Four has detailed the results of the current study. The five phases of Post-Abuse Boundary Renegotiation highlight the process of boundary renegotiation in survivors of intimate partner violence (IPV). The phases represent the movement from the prior self to the loss of selfhood and identity that often occurs in domestic violence to an increasing awareness regarding safety and a need to move away—both physically and emotionally—from the abusive partner. This act of separation, the actual leaving and emotional turning away from abuse, creates a space in which healing can occur and the lost selfhood can begin to emerge. Boundary renegotiation is essential to the ability to move away and heal. The movement toward firm or rigid boundaries provides safety as well as the fertile soil that victims need in order to recover.

This Chapter includes a discussion of the results presented in Chapter Four. Both research questions are addressed. Then the reciprocity between boundary implementation and confidence are discussed, followed by a discussion regarding empowerment and healing. The influence of spirituality on the healing journey also is addressed. Finally, the chapter concludes with a discussion of Gary's experience, limitations to the research findings, implications for clinical practice, and suggestions for future research.

The Process of Boundary Renegotiation

The emergent theory, Post-Abuse Boundary Renegotiation, answers the first research question outlined in Chapter Three of this study, namely: How do women

renegotiate their emotional, physical, and spiritual boundaries after experiencing intimate partner violence? The question was answered by the findings from the study. Because Gary's experience represents a significant deviation from the experience of the women participants in the study, the experience of the women participants will be discussed first. Prior to the consideration of the experience of boundary renegotiation, however, it is important to understand the context in which the women participants experienced the loss of selfhood.

Loss of Identity and the Observing Self

According to Turner (2013) the *self* is defined as a set of identities that "can be invoked individually or simultaneously in situations" (p. 331). Once invoked, the aim of the person is to receive validation from others regarding that identity or identities. Such validation is essential for individuals to establish a strong sense of self. Mills (1985) stated that for victims of IPV, the loss of self occurs in two ways. First, victims of IPV often lose parts or all of their selfhood and/or identity largely because those parts are invalidated by the experience of abuse. The second way is through the loss of the observing self. The observing self is that part of each of us that is able to respond appropriately to environmental clues. For the majority of the women in the current study, the loss of identity and the loss of the observing self were both acute.

The fact that the women in the current study experienced a profound loss of selfhood complicated their healing journeys from IPV. The women were not only healing from physical and emotional wounds but were re-discovering (or discovering for the first time) who they were both in relation to self and others. This process of identity

reclamation was facilitated through boundary negotiation and the creation of space that allowed the *selves* of the women to emerge.

Women's Ways of Knowing

Belenky, Clinchy, Goldberger, and Tarule (1986) conducted a study that focused on how women come to know what they know and, specifically, on how women see themselves as being heard in society. The results of their study demonstrated how a woman's concept of self and her way of knowing are connected. In other words, what a woman knows influences her worldview and conversely what she does not know also is evidenced in how she engages and moves in the world. Of particular interest here are the developmental categories identified by the researchers that relate directly to a woman's ability to use her voice and create knowledge, both for and of herself and her world. Of the five categories, three relate specifically to the current study. They are *silence*, *subjective knowing*, and *constructed knowing*. In silence a woman views herself as voiceless and powerless to create her own knowledge. In subjective knowing the woman begins to personalize knowledge and begins to understand that her experience is a powerful contributor to her own learning. In constructed knowing the woman acknowledges and takes responsibility for her learning. She is able to incorporate strands of understanding from other individuals, both men and women, together with her own, creating voice and strengthening her awareness of self (Ashton-Jones & Thomas, 1990; Crooks, 2001). The movement from silent knowing to constructed knowing underscores the process of boundary renegotiation for the women in the current study. While each participant's experience is unique, the common themes of knowing and awareness of

self-in-relation permeate the narratives of these women and are salient to the emergent theory.

The silent knower enters into partnership with a lack of introspection. She does not “know” herself. She enters into relationship possessing an orientation toward caring for others (Gilligan, Ward, Taylor, & Bardige, 1988). Her moral concerns are focused on issues that revolve around abandonment, detachment, and disconnection (Crooks, 2001). She seeks to meet the needs of others in addition to her own, but she will avoid conflict by focusing on others and foregoing her own needs if necessary. For many of the women in the current study, the silent knower represents how they saw themselves prior to their abusive relationships. Many of the participants saw red flags but chose to ignore them in the hope of maintaining the relationship. Many described themselves as unaware or unknowing prior to the abuse. For individuals such as Desiree, Jayleen, Zayda, and Tasha, who were very young when the abuse began, the silent self may be related to age. For others, such as Gillian, Kay, and Veronica, previous wounds from childhood abuse may have complicated their ability to gain security in their own knowledge.

The movement from silent knower to subjective knower represents a developmental shift in a woman’s way of knowing. She begins to know herself. She begins to value her intuition, and she recognizes that she is a creator of knowledge. This stage is tentative, in that a woman might recognize her own voice but choose to use it with hesitation. The subjective knower resembles several of the women in the current study as they were increasing their boundary awareness and beginning to move away from their abusers. Willow and Kay, for example, understood the danger they were in and worked to extricate themselves from their abusive relationships. For others, such as Amy

and June, the transition to subjective knowing came after the relationship had ended. They were able to find strength in their own voices only after space had been created in which their self-awareness could blossom.

The constructed knower represents the woman who is integrated. She has a strong sense of self, which is reflected in her use of voice. She is able to tolerate ambiguity and contradiction within herself and in others. The constructed knower demonstrates an unwillingness to compartmentalize reality. Many of the women in the current study were able to accomplish development shifts of this magnitude. For example, Desiree, Gillian, Jayleen, and Willow all expressed strong levels of increased self-awareness as well as the ability to see themselves as constructors of their own knowledge. All four of these women talked about their experiences as being pivotal in their ability to gain knowledge regarding relationships and intimate partnership.

For the women in this study, the movement from the prior self (often described in language that resembled a silent knower) to victim (in which the loss of identity became pervasive) to survivor (indicated by the shifting from subjective to constructed knowing) was enhanced through boundary renegotiation. The boundaries that the women were able to implement created the space necessary for growth to occur. Although not all of the women were able to move toward flexibility, those that did not, specifically Kay and Zayda, were able to express, unprompted from the researcher, their desire to do so.

The Context of Identity Development After IPV

The second research question was designed to examine how boundary renegotiation contributes to healing from IPV within the context of identity development as the individual moves from victim to survivor. This question goes to the heart of the

experience of domestic abuse, as it addresses the loss of self that occurs when individuals attempt to cope with physical battering or sexual assault. All of the women who participated in the current study experienced a loss of self so severe that it left them confused, passive, and often isolated.

To understand this phenomenon, it is helpful to note that the experience of a woman is often situated within the context of relationship (Gilligan, 1982; Gilligan, Ward, Taylor, & Bardige, 1988). It is based on a sense of self that is interconnected with other. The relationships that a woman engages in help her to form her identity and her awareness of self. Because of this interconnectedness, conflict with others and in relationship can potentially lead to a diminishment of the self (Crooks, 2001), especially if the woman is, as described above, in the early stages of knowledge development. Mills (1985) argues that a loss of identity does not necessarily equate with a complete loss of self. For example, an individual who changes jobs can move to a new state and experience a shift in identity that does not necessarily result in the complete loss of one's selfhood. That is because new social identities are formed that replace those identities that are lost. However, depending on the severity of the abuse, women who have experienced IPV may not necessarily have the capacity to replace the identities that are lost with new ones, resulting in a more profound sense of lost selfhood than would otherwise occur (Mills, 1985).

The Moving from Victim to Survivor of Cultural Violence (MVSCV; Salazar & Casto, 2008) model of identity development was posited as the framework for the current study. The six stages of the MVSCV model, *conformity*, *dissonance*, *resistance and immersion*, *introspection*, and *integrative awareness* are present in the emergent theory,

Post-Abuse Boundary Renegotiation. All of the participants in the study, with the exception of Gary and Zayda, articulated their ability to reclaim lost parts of their selfhoods after extricating themselves from the abusive relationships. Because of his connection to his work, Gary did not feel that he lost his identity due to the abuse. This supports Gilligan's (1982) theory that men and women develop their identities differently. Women, specifically, tend to develop within an ethical and moral context of caring whereas men tend more toward a justice morality. In contrast, Zayda spoke directly to her lack of self-knowledge after leaving her husband. She stated that leaving felt good, but that she didn't know who she was and that moving forward—especially toward flexibility—was a challenge for her. Zayda was one of two participants (the other being Kay) who demonstrated and strongly endorsed the code *unwillingness to be vulnerable*. Both participants spoke of themselves as being in a place of self-protection and indicated that they were unable to maintain being emotionally open to new relationship experiences.

The MVSCV (Salazar & Casto, 2008) stages of identity development describe the movement from having little to no identity to an integrative awareness of self. In the beginning, the woman engages in self-blame and accepts the dominant narrative about IPV (that she is damaged, or that she contributed in some way to the violence). She experiences the negative effects of IPV, such as depression, isolation, or fear. She engages in denial in an attempt to cope with the abuse. The movement from this stage of development (conformity) to the next stage (dissonance) is essentially the increasing awareness that something is wrong. In dissonance, the woman may begin to acknowledge that she is a victim. She will begin to accept that she is not to blame for the abuse,

although this realization may be timid at first and is most certainly to be viewed within the context of safety. Most importantly, she will begin to hear from others that she is worth more or that it is not her fault.

For the women in the current study, the implementation of small boundaries – either self imposed or imposed on them through the legal system – created the space necessary for them to begin to recognize and name the abuse. In the movement from Phase Two (experiencing abuse) to Phase Three (leaving) of Post-Abuse Boundary Renegotiation, women began to see and were influenced by others modeling healthy behavior. They began to seek and receive validation of their experience. They began to experiment with setting small boundaries or they took steps to end the relationship by removing themselves physically from the abuser.

In MVSCV, the stage of resistance and immersion represents the stage of finding voice and naming the abuse. In this stage of identity development, women define themselves as victims of abuse. They may be more externally focused, resulting in feelings of anger against the abuser. Trust becomes an issue in this stage as women contemplate confronting the abuse or withdrawing completely from the abuser. Similarly, as women in the current study moved toward the fourth phase of Post-Abuse Boundary Renegotiation, they sought to create safety by taking a strong stance against the abusive relationship and through the implementation of firm boundaries. For those who struggled with trust, the fear of being hurt eventually led to an unwillingness to be vulnerable through emotional self-protection.

The movement away from anger and toward a more introspective stance defines the fifth stage of MVSCV. In this stage women begin the process of recovering the parts

of their identity that were lost due to the violence. According to MVSCV, boundaries are important in this stage as women begin to reassess their relationships with self and others. Spirituality also begins to play an important role at this point, with many women feeling angry at their higher power for allowing the abuse to occur.

However, in contrast to what MVSCV proposes regarding boundaries and spirituality, the findings from the current study highlight the importance of boundary implementation and renegotiation from a much earlier point in the process of identity reclamation. In fact, the very act of leaving an abusive relationship is an act of setting a firm physical boundary. The awareness of the need for space and the connection of space with safety occurred at a much earlier point for the women in the current study. It was the creation of space—both physical and emotional—that made the increased awareness of self possible. Similarly, the women in the current study described their spirituality as being most negatively impacted while the abuse was ongoing. They spoke of their anger and the loss of their connection to their higher power because they could not understand why God did not intervene and stop the abuse. The women who experienced a renewal of the spiritual self were able to do so once the abuse had ended. They spoke of their gratitude that they had survived the abuse and credited God for keeping them alive.

The final stage of MVSCV is *introspection*. It is defined by a fully reclaimed selfhood, a secure identity in relation to self and others. The woman who reaches this stage has moved from victim to survivor and is proactively committed to advocacy and social action. In contrast, for the women participants in the current study, the movement toward boundary flexibility marked the final phase of boundary renegotiation. These women were no longer living in fear. Their ability to set boundaries, and more

specifically their ability to be flexible in boundary setting, had resulted in feelings of increased confidence and self-worth. These women spoke of their new identities with pride.

Boundary and Confidence Reciprocity

The connection between the ability to set even small, incremental boundaries and a renewed sense of confidence represents a significant finding in the current study. The relationship between boundary setting after IPV and confidence, while intuitive, has not been evidenced by the existing research. All of the women in the study indicated that setting a boundary resulted in an increase in confidence. Conversely, for those individuals who found setting a first boundary to be challenging, the belief that someone else felt they were worth more than their experience was enough to encourage them to set an initial boundary, which then resulted in feelings of increased confidence and enabled them to set further boundaries. For example, Zayda, who described her inability to set boundaries with her husband and her simultaneous loss of self, was inspired to leave her abuser because a friend (she describes him as an angel) treated her with respect and encouraged her to believe in her own worth. Similarly, Desiree described an event in which a friend told her that she did not need to take the abuse as giving her the courage to stand up to her husband and say *no*.

Burlae (2004) made a powerful argument for the ability to say *no* and for the creation of sexual, physical, and cognitive space for survivors of IPV. She argues that by heightening the awareness of space violations (i.e., the awareness of red flags which indicate a boundary violation), women in essence give themselves a crystal ball that can predict abuse. However, Burlae does not expressly connect that increased awareness with

experiencing confidence. In addition, it appears that no other study connects boundary implementation after IPV with increased confidence. As such, the findings from the current study add significantly to the existing literature by providing new information regarding the resultant outcome from an individual's ability to set appropriate boundaries.

All of the women who endorsed the subcategory reclaiming self also endorsed the subcategory experiencing feelings of confidence and self-worth. The two exceptions were Gary and Zayda. Gary represents a negative case in several significant ways and will be discussed later in this Chapter. Although Zayda indicated that setting boundaries had helped her feel more confident, she did not indicate in her interview that she felt she had fully reclaimed her lost identity. Zayda discussed her difficulty and confusion about using boundaries "in the right way." Zayda acknowledged that boundaries had become a self-protective tool for her and that she struggled to move toward flexibility and remaining emotionally open. Similarly, and in spite of endorsing both the reclaiming self and experiencing feelings of confidence and self-worth subcategories, Kay also spoke to her challenges with being emotionally open and in general exhibited a self-protective stance that indicated a tendency toward a lack of boundary flexibility.

Empowerment

The topic of empowerment and how it relates to healing and recovery from IPV continues to be a subject of intense discussion for those involved in domestic violence advocacy. McDermott and Garofalo (2004) raised awareness about how some service agencies that purported empowerment practices were in fact disempowering in that they used a one-size-fits-all conceptualization of IPV interventions that overly focused on perpetrator punishment, resource acquisition, and directive recommendations for safety.

Kasturirangan (2008) added a review of the existing conceptualizations and critiques of empowerment and redefined empowerment as an iterative process rather than a specific outcome. She also raised awareness about diversity issues and notions of self-determination. Her position supports advocacy efforts by service agencies that put empowerment on the forefront and implement respect for differences between and within ethnically diverse groups of survivors.

It was the hope of this researcher that the results of the current study would provide significant contributions to the ongoing debate revolving around empowerment and healing from IPV. However, while the results clearly show that boundary renegotiation is an important contributor to the recovery and healing journey from domestic violence, an important issue emerged that pertains directly to empowerment and which merits discussion. It is significant that not all of the individuals who participated in the study were able to move completely through the five phases of boundary renegotiation and arrive at flexibility. In addition, the sample of participants were volunteers from a local agency that worked with IPV survivors and trained them to be public advocates for domestic violence in the metropolitan and surrounding area in which the study took place. This means that for this particular sample, individual participants had received advanced training on IPV and worked actively within the local community to increase awareness. In spite of this, however, it is clear that several of the individuals in this study struggled to transition from firm or rigid boundary negotiation toward flexibility. This might imply that not all of the participants had fully completed their healing journeys.

Empowerment is defined as the ability to make decisions for one's self. It is directly related to an increase in self-reliance (van Wormer, 2009). When considering empowerment and how empowerment might be manifested in the recovery process, the results of this study indicate that for some survivors the process of empowerment is an ongoing struggle. Kay and Zayda, specifically, spoke of their need for additional counseling services to help them as they continued to heal. It is debatable whether a former victim who is still struggling with the pervasive and deleterious negative effects of IPV would consider herself empowered, even if she is living violence free.

Healing

Davis and Taylor (2006) define healing from IPV as a complex process that includes both inner and outer psychological, emotional, and social changes. They define healing as follows: "The process of healing is one of partialities. Rather than a point of arrival, it is a process-oriented journey of growth" (p. 199). As such, the process of healing can last long after the abusive relationship has been ended. This is evident in the findings of the current study. Participants experienced healing from IPV that was facilitated by boundary renegotiation and supported by changes to their outer worlds and the inner psychological process.

Leaving and Other External Changes

Leaving the abusive relationship represented the first step in the healing journey for almost all of the participants, regardless of whether that boundary was imposed on them or whether they left because of their awareness that they could not longer endure the abuse. The act of leaving was always difficult and often did not occur on the first attempt. Mills (1985) stated that for some women, outside validation may be necessary to

facilitate the leaving process. Landenburger (1989) also stated that seeing others is an important part of the leaving process. This was evidenced in the current study. For example, a woman who supported her in taking a stand against her husband influenced Desiree to begin setting boundaries.

In addition to leaving the abusive relationship, participants in this study often found that other relationships in their lives needed to be reassessed. Boundaries were often implemented with friends and family members as the participants attempted to create a world in which they could live not only violence free but free of reminders or triggers that might upset them as well. For example, Amy and Veronica both discussed how they had to set boundaries with friends and co-workers after leaving their abusers in order to create a safe environment for themselves in which they could function and grow. Many of the participants relocated to new states, leaving the abusive relationships and any existing connections to them far behind them.

Becoming involved in domestic violence advocacy also represented a major change in the way that the participants ordered their new lives. Landenburger (1989) found that women needed to assign meaning to their experience in order to fully heal. This is true of the women in the current study as well. For example, Gillian wrote a book about the spiritual aspect of her recovery from IPV prior to becoming involved with the local domestic violence speaker's bureau agency. Zayda was in the process of submitting her book to a publisher at the time of the interview. Willow established an annual domestic violence awareness and fundraising event at her place of work (a large financial institution) and spearheaded its planning and organization for five years prior to stepping down. June became involved with a local domestic violence agency and participated in

the planning of an annual fundraiser. Tasha became an event planner and youth director at her church, organizing awareness campaigns about domestic violence and youth dating violence. Shortly after his interview, Gary began to speak locally and to news agencies about his experience as a male survivor of IPV. The involvement in domestic violence awareness activities helped the participants move from victim to survivor and brought purpose and meaning to their lives.

Cognitive Restructuring

The inner psychological worlds of the participants were also changed in a way that contributed to the healing journeys from IPV. Those changes were often supported by the implementation of emotional boundaries. Participants no longer allowed themselves to feel responsible for the feelings or emotions of others. They re-oriented themselves away from other-care and began to focus on their own wellbeing and self-care. This represented a significant shift in cognitive structuring for many of the participants.

Tedeschi and Calhoun (2004) described cognitive restructuring as a component of posttraumatic growth. It is part of the inner psychotherapeutic process that allows individuals to move away from previous goals and assumptions as it becomes clear that the “old way of living is no longer appropriate in radically changed circumstances” (p. 6). Cognitive restructuring occurs when one’s assumptive world is challenged and forever changed. The participants in this study actively engaged in the construction of new schemas and beliefs that aligned with their experience of and recovery from IPV.

The cognitive restructuring that occurred for the participants was not always positive, however. Some of the participants struggled with creating new schemas that

represented a safe worldview. For example, Kay, Zayda, Tasha, and Veronica all addressed the fact that their experiences of childhood abuse made their recovery from IPV particularly challenging.

Antecedent Trauma

Antecedent trauma such as physical childhood abuse has been shown to increase the likelihood of negative mental and physical health sequelae in adults (Shaw & Krause, 2002). In addition, childhood sexual abuse has been significantly associated with a number of serious issues in adults, including mental health problems and problems in intimate relationships. Researchers have found that brain development and functioning is cumulatively and negatively impaired when subjected to incidents of childhood abuse or maltreatment (Anda, et al., 2006). Whitfield, Anda, Dube, and Felitti (2003) also showed that violent childhood experiences cumulatively increase the risk for IPV as an individual moves into adulthood. The difficult healing journey from IPV is confounded when childhood abuse or maltreatment has been unresolved or unattended to.

The complicating effect of childhood abuse and maltreatment was evidenced by the challenges several participants faced. For example, Jayleen felt compelled to address her experience of childhood sexual and physical abuse after she suffered a breakdown following the admission by her family that she was not biologically related to them. She addressed her healing journey from both forms of abuse, childhood and IPV, during her interview. In contrast, Kay, Tasha, and Veronica all expressed their desire to continue seeking professional support as they addressed their childhood issues as well as their experiences of IPV. All three of these women expressed their challenges in healing from

their abuse because those experiences were complicated by what they had survived as children.

The healing journey from IPV is complicated and non-linear. Some of the women participants, such as Desiree and Gillian, expressed gratitude for their ability to move forward and for the healing they had experienced. For others, such as Kay and Tasha, the journey was ongoing. Many of the women spoke of their healing in connection to their relationship with their higher power. The spiritual aspect of the healing journey, as well as the ability to reclaim their identity, was evident as the women spoke about their experiences.

Spirituality

Spirituality can be defined as “a way of being and experiencing that comes about through awareness of the transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the Ultimate” (Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988). Spiritual concerns were important to many of the participants in the current study. Of the nine participants who identified as having some form of religious or spiritual involvement, seven experienced a loss of faith or spirituality while they were in their abusive relationships. The same seven participants also experienced a renewed spirituality after they were able to leave their abusers. However, for a few of them leaving was hindered by religious leaders who advised the participants to stay in their marriages regardless of the abuse.

Spiritual Influence on Staying

Copel (2008) found that some women in IPV relationships experience spiritual distress when they seek support from religious leaders. Copel points to the patriarchal

tendencies of many religious organizations as a fundamental reason that many women do not get the support they need. In the current study, Gillian and Willow were advised by influential religious leaders to stay in their relationships. In Willow's case, it was her father, a minister at the time of her marriage, who encouraged—and at times demanded—that Willow stay married in order to provide a family and a home for her children. This created a difficult situation for Willow and essentially meant that she had to convince her family of the extent of her abuse in order to gain their support in ending the marriage.

Similarly, Gillian stated in her second interview that the reason she returned to her husband after leaving him the first time was because church officials had counseled her to give the marriage another try. “You married for better or worse,” they told her. “I didn't marry for better or worse, I married for better and better,” she replied. But she returned to her husband anyway, which resulted in an attempt on her life with a knife.

Although Desiree experienced support from her faith leaders, she also stated that her religious beliefs were part of the reason that she continued to work on her marriage with her husband, even after he had been incarcerated for eight years on charges that resulted from her kidnapping and abuse. Desiree had a vision and a belief that she and her husband were destined for ministry. She believed that he was running from his calling and so she continued to stay with him in the hope that he would realize what he was doing. She stated, “The Bible says that the sanctified wife will sanctify her husband.” She prayed and kept bringing the Word back to her husband. Eventually the abuse escalated and Desiree realized that her husband did not want to change. However, she acknowledges that her beliefs kept her in the relationship longer than she would have otherwise stayed.

Loss of Spiritual Self

The distinction between religiosity and spirituality was not made in the current study. For the purposes of this discussion however, religiosity is differentiated from spirituality in that religiosity includes involvement with an organization that may prescribe certain behaviors or adherence to certain guidelines whereas spirituality is a more basic tendency toward acknowledgement of the transcendent that is personal and does not necessarily include involvement in religious organizations (Elkins et al., 1988). Some studies that have examined the role of spirituality in the healing journey from IPV have suggested that spirituality can provide a protective factor against the negative effects of abuse (Anderson, Renner, & Danis, 2012; Wang, Horne, Levitt, & Klesges, 2009). Senter and Caldwell (2002) showed that spirituality is helpful in supporting a woman's ability to maintain change after leaving her abusive partner. These findings were true for Desiree, who stated that her spirituality became stronger over time throughout her abusive relationship and after. She went to church more and sought counsel from ministers who provided support and guidance to her.

For the others, however, there was a diminishment of the spiritual self while still in the relationship. At times the language used by the participants to describe this loss of spirituality came very close to the language used to describe their loss of self. In a metasynthesis of six qualitative studies that examined the role of spirituality and religiosity in survivors of domestic violence, Yick (2008) described this loss of the spiritual self as "experiencing a spiritual vacuum" (p. 1300). She stated that the focal

point does not necessarily revolve around religion but rather focuses on a loss of self that makes connection to the transcendent dimension difficult or impossible.

The connection between the loss of spirituality and the loss of self is evidenced in the findings of the current study. For example, Veronica states that one of her coping skills, dissociation, made it difficult for her to stay connected spiritually. She calls her higher power “Source”, indicating that she viewed it as a provider of something essential. She describes the loss of that connection as being synonymous with the loss of her sense of self. “There was nothing left of me,” she states. In those moments Veronica was completely alone. Tasha, Gillian, and Jayleen all used similar language to describe their loss of spirituality, which seemed to occur through a turning away from self. Once the abusive relationship had been ended, however, these women were able to refocus their energy and attention back to self and the connections to the transcendent were once again accessible to them.

The stories of abuse and healing that the participants in this study told are varied and unique. However, common threads of experience were evidenced by the findings that created the emergent theory. Although the stories had similarities, they also had significant differences. Specifically, Gary’s experience stands out as being significantly different from the experience of the women in the study in several ways.

Gary

The sample of participants for the current study was elicited from a local agency that works with survivors of domestic violence. It had been assumed that, since historically the majority of domestic violence victims are women, that no male survivors would be available, or willing, to participate in the study. However, Gary had recently

joined the agency's speaker bureau and upon hearing of the study contacted the researcher in the hopes of being able to participate. Gary's voice adds to the findings by providing diversity, richness, and context to the study.

However, Gary's experience of IPV differs from the experience of the women in the study in several very significant ways. Most importantly, Gary did not experience a loss of his selfhood or identity. Gary's explanation for why he did not experience a loss of selfhood is that, in spite of the abuse he suffered, he was able to keep his job. At the start of Gary's interview, he stated, "I'm a workaholic. I love working. I have a saying, that work is my mistress. She takes second to no one." Gary's work involved employment as a videographer for local sports events, working as a subcontractor to several local builders, and being a photographer. During his second interview, Gary stated that he felt much of his identity was connected to what he does for a living. Because his work was not negatively impacted by the abuse he suffered, Gary was able to maintain a strong sense of self during his relationship with his ex-girlfriend. This also meant that Gary did not experience an interruption in his financial situation, nor was he forced to relocate. The fact that Gary's experience did not include a loss of income, a loss of housing, or a loss of identity significantly differentiates his experience from that of the women. It is significant to note that eight of the ten female participants relocated to a different state after ending their abusive relationships. In contrast, Gary was able to keep his home, his means of financial support, and his sense of self.

The second way that Gary's experience differs from the women in the study is that Gary felt he had no choice but to suffer through the abuse. Gary stated, "When she was biting me, I had to take it! You know, I had to take it." Gary's decision to "take it"

was intentional. He did not feel that he could retaliate or defend himself in any way, largely because he feared that the legal system would see him as the perpetrator.

However, Gary also feared that his size and strength could potentially cause serious harm to his girlfriend. He stated:

I was dodging a bullet. I grew up in a tough neighborhood. When somebody is assaulting you or hurting you, you go into defensive mode. I could have easily hurt her. And I could have hurt her defending myself. And there would have been nothing I could have said to show otherwise if she had been laying on the ground with a broken leg or broken nose or bleeding or anything. If the police had come to the house they would have arrested me!

Gary's experience with IPV raises some important questions. The literature that addresses the issue of male victims of domestic violence is scant, and much of that addresses the fact that most men are hesitant to report abuse due to reasons related to stigma and not being believed (Barber, 2008). Some of the literature also points to the fact that services are not necessarily equipped to deal with male victims (Cheung, Leung, & Tsui, 2009; Douglas & Hines, 2011). There is almost no literature that discusses the physical or psychological sequelae that might result from female perpetration of domestic violence. However, the few studies that do exist seem to point to the difference in injuries sustained by men. Carmo, Grams, and Magalhaes (2011) conducted a study of male victims of IPV in Portugal and found that the injuries men endured consisted of minor acts of violence. The researchers note that because women are often smaller and not as strong as men, they tend to use methods of harm that are not strength dependent. In addition, none of the men in the study presented serious physical injury. What the study did not examine is the psychological impact of the abuse on the men. In contrast, Barber (2008) conducted a literature review (going back 15 years) of the existing research on

female perpetrated IPV and found that men and women both experienced similar types of abuse. The literature review, however, did not give attention to the psychological or emotional impact that the men might have suffered.

A distinction that needs to be made here is the level of fear that women versus men might experience as a result of IPV. In Gary's case, he did not experience fear for his life, which is often the case when women experience abuse. In addition, Gary did not feel the need to go underground or enter into anonymity in order to escape the abuse. While it is true that Gary attempted to hide from his girlfriend by covering the windows in his house and parking his car down the street, this constitutes a very different level of fear than the women in the study experienced, including attempts on their lives.

What can be learned from Gary's experience relates directly to boundaries. He attempted multiple times to set boundaries with his girlfriend, including several attempts at implementing a restraining order, only to be pulled back into the relationship through physical intimacy. This is not uncommon and reflects the experience of some of the women. Gary finally reached the point where the only way in which he could end the relationship was to implement a no contact rule.

Gary's experience has significance for future research. The experience of men as victims of domestic violence is under-researched. The social and political impact of such research could do much to eliminate the stigma that many men feel when deciding whether or not to report. For example, it is possible that services for men would need to be altered to address their specific needs.

Limitations

As discussed in Chapter Three, this study has certain limitations. First, qualitative research is inherently limited and not generalizable to the greater population. The study is also limited by the fact that the majority of participants were recruited from a single local domestic violence agency. The sampling procedure adhered to the guidelines set forth in Chapter Three. While the sample was diverse, including a mix of African American, South American Black, Caribbean, European American, male, and female participants, the sample did not represent the local population and did not include Hispanic, Asian, Lesbian, Gay, or non-cisgendered individuals. The research that examines the experience of same-sex IPV is scant and same-sex relationships have historically not been included in the literature that discusses domestic violence (see Baker, Buick, Kim, Moniz, & Nava, 2013 for a discussion regarding the lack of inclusion of same-sex partnerships in IPV research). This may partially account for the difficulty in accessing same sex survivors of IPV. It is also possible that, given the political atmosphere in the South, same-sex survivors of IPV were hesitant to reach out for services or volunteer for IPV awareness efforts such as a local speaker's bureau.

A further limitation that merits mention is the one participant who was recruited from the researcher's private practice. This participant expressed interest in study and asked specifically to be involved. In addition, at the time of the interview the participant was no longer actively seeking counseling services from the researcher. The researcher took care to bracket herself and her previous knowledge of the participant's issues. However, it should be noted that participation of someone known to the researcher has the potential to limit the study since true bracketing may not always be possible.

Conversely, it is also possible that the participant was more open and willing to discuss issues because she was speaking to someone that she trusted and knew.

The participants who were recruited from an agency in the South had received training as speakers and advocates for domestic violence awareness efforts. As a part of that training, they had been encouraged to speak about their experience with IPV. It is possible that individuals who speak about their experiences have a different strength and awareness of their own process than those individuals who are reluctant to speak or name what they have lived through. As such, the training that the participants received represents another possible limitation of the current study. In addition, many of the participants had earned college degrees, some of them at advanced levels. It is possible that the experience of navigating higher education systems provided additional expertise and knowledge that may have impacted the participants' confidence levels and ability to implement boundaries efficiently in their lives.

The interview protocol was conducted in accordance to that outlined in Chapter Three. After the initial three interviews, the researcher and the independent coder agreed to add a question to the interview protocol regarding boundary-confidence reciprocity with all future participants. It should be noted that this question was added in subsequent interviews. Finally, member-checking interviews were completed with all participants except Jayleen, who did not respond to the follow-up interview request.

Implications for Clinical Practice

The emergent theory, Post-Abuse Boundary Renegotiation, provides valuable information to counselors who work with victims of IPV. The implications from the findings for clinical practice first and foremost include the emergent theory. The

movement by victims through the loss of boundaries to the implementation of firm boundaries and finally to the subsequent transition toward flexibility as a part of the healing journey will provide a roadmap for counselors who work with survivors. The need for boundary awareness is not new to the field of domestic violence. However, the importance of boundaries and how they impact the healing journey and the reclamation of identity is. In addition, several other points merit discussion.

The finding that boundary setting and confidence share a reciprocal relationship has profound implications for the field of counseling. Participants in this study, with the exception of Gary, all experienced feelings of confidence and self-worth when they were able to set even the smallest of boundaries. Boundary setting is self-protective and creates the emotional, physical, and spiritual space for healing to begin. Boundaries also allow individuals to re-orient their focus on self after experiencing a loss of selfhood due to abuse. For those participants with antecedent trauma, this was especially important.

The importance of boundary modeling, represented by the subcategory seeing others, also has important implications for the counseling profession. The way in which boundaries are conceptualized is determined by cultural socialization (Nippert-Eng, 1996). This means that boundary negotiation and renegotiation are socially constructed phenomena. As such, the availability of role models and modeling in general is vitally important. Many of the participants in the study found the courage to set an initial boundary because someone who mattered to them either modeled a boundary or gave them permission to set one.

However, boundary setting can also be seen as an iterative process that moves from awareness to small steps and increases slowly with practice. In addition, as stated

above, cultural identity influences the way and degree to which boundaries are implemented in a person's life. The goal for counselors should not be a move toward individualism but rather a move toward self-protection and recovery with an eye toward flexibility that is appropriately open to new emotional experience.

Finally, clinicians working with survivors of IPV should be aware that the movement toward flexibility is both challenging and difficult for some individuals. While the understanding of the barriers that impede implementing flexibility was beyond the scope of this study, practitioners should be aware that some individuals might need additional services and support in making that important step. True healing cannot be accomplished if survivors of IPV continue to live in isolation. Facilitating the ability to connect with others and forgoing the self-protective shell that minimizes risk keeps victims of IPV from identifying as survivors or thrivers.

Recommendations for Future Research

This study provides several opportunities for future research. First, the emergent theory should be tested with other populations. The possibility of quantitative research to validate the process of boundary renegotiation should be considered as well. Specifically, the reciprocal nature of boundary setting and confidence should be investigated to determine the degree to which boundaries might increase confidence and feelings of self-worth.

The investigation of barriers that inhibit the movement toward flexibility is a potential area of research. The researcher was left with questions regarding the difference between someone who is able to demonstrate flexibility and someone who remains stuck in the fear of victimization. Zayda and Kay both expressed their fear of vulnerability and

concern about their unwillingness to be vulnerable with others. Both also expressed their desire for connection and felt that they were deserving of love and affection. However, they seemed to be unable to move forward and take emotional risks.

The impact of antecedent trauma and its influence on boundary setting is also an important topic worthy of exploration, specifically for those populations who have experienced childhood abuse or maltreatment. Several of the participants in the current study struggled to delineate their childhood experiences from their experiences with IPV as adults. The long reaching negative effects of childhood abuse created unique challenges for these individuals. Research that specifically addresses how boundaries can be taught and used as components of healing from childhood trauma should be investigated.

Finally, the experience of male survivors of IPV is a largely untouched area of research. When scrutinizing the existing literature, there seems to be an ongoing debate about the degree to which female-on-male intimate partner violence exists rather than acknowledging the problem. Johnson (1995) has concluded that there seem to be two types of violence, patriarchal terrorism and common couple violence, which are differentiated by the fact that both women and men engage in common couples violence whereas patriarchal terrorism is solely a male on female perpetration of control and abuse. The literature that addresses the negative physical, emotional, and psychological sequelae that result from female perpetrated violence is scant. The finding in the current study that Gary was able to maintain his identity and selfhood in spite of the abuse he suffered is significant and should be investigated further. The researcher was left with many questions relating to the male experience of abuse. Men and women are socialized

differently, resulting in very different experiences of oppression, violence, and abuse. Further research could, for example, focus on the potential differences in experience and resulting service needs. Finally, Gary's ability to demonstrate remarkable amounts of self-control during his exposure to abuse is most interesting and has implications regarding male victimization and willingness to report that should not go uninvestigated.

Conclusion

The findings contained in this research study represent a significant step forward for counselors who work with survivors of IPV. The emergent theory, Post-Abuse Boundary Renegotiation, describes the process of boundary renegotiation after experiencing domestic violence. Post-Abuse Boundary Renegotiation is a five-phase process that begins with acknowledgement of the prior self, the loss of boundaries while in the abuse, the movement away from the abuser, the need for firm boundaries that increase safety after leaving, and the movement to flexibility as a part of the healing journey. The ability to reclaim the parts of self that were lost due to the violent relationship is facilitated by the process of boundary renegotiation. An individual's spiritual life is also impacted by IPV, resulting in a loss of spirituality while in the abusive relationship that mirrors the loss of selfhood that victims often experience. Leaving the abusive relationship provides the victim the opportunity to renew her spiritual connection with her higher power.

Significant differences between the experiences of the women participants and the male participant in this research have been highlighted and discussed. These differences have implications on future research. In spite of these differences, however, the experience of IPV is devastating and results in negative mental and physical health

sequelae for men and women. The findings from this study demonstrate that healing from IPV is possible, and a renewed sense of selfhood and purpose often accompany the healing journey.

The individuals who participated in this research study demonstrated courage and wisdom as they spoke about their experiences. They used powerful metaphors to describe the use of boundaries in their relationships. Many of them expressed gratitude for having survived their terrible ordeals and suffering. They emerged out of their experiences of IPV like butterflies from the cocoon, flexing their wings and ready to take flight.

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APPENDIX A: INFORMED CONSENT

Project Title and Purpose:

You are invited to participate in a research study entitled *Delineating Self: How Women Renegotiate Boundaries After Experiencing Intimate Partner Violence*. The purpose of this study is to explore the process of re-establishing boundaries, including boundary flexibility, as a part of the healing journey from domestic violence. Of particular interest will be how women re-negotiate physical, emotional, and spiritual boundaries after experiencing abuse. Boundary renegotiation after domestic violence in women has not been studied before. It is hoped that knowledge gained from this study will contribute to treatment for survivors of domestic violence and inform counselors about how to help such women heal.

Investigator(s):

This study is being conducted by Astra Czerny, MA, LPC, NCC, Doctoral Candidate in the Department of Counseling at UNC Charlotte. She will be working under the supervision of Dr. Pamela S. Lassiter in the Department of Counseling.

Eligibility:

If you have experienced either physical and/or sexual abuse and you have been living violence free for at least six months, then you are eligible to participate in this study. Women who have only experienced verbal and/or emotional abuse are excluded from this study, as are women who have not been living violence free for six months.

Description of Participation:

You will be asked to participate in a series of one to two taped audio interviews that will focus on your experience of negotiating inter- and intra-personal boundaries after ending your abusive relationship. The interviews will be semi-structured. You will be asked questions such as, "What kinds of boundaries have had or not had in the past?" You will also be asked to sign paperwork (such as this informed consent) in order to participate. You will also be given a written transcript of each interview and will be encouraged to comment on or correct the content of previous interviews.

Length of Participation:

Your participation in this project will take between one and two hours of your time for each of the interviews. The interviews will be spaced over a period of two months. All interviews will be scheduled at times that are convenient to you. If you decide to participate, you will be one of approximately 10-12 minimum participants in this study. It

is possible that the study could include up to 20 or 25 participants.

Risks and Benefits of Participation:

The risks associated with this study are the potential for emotional distress from revisiting circumstances surrounding the abuse and the subsequent period of healing. There may also be risks that are currently unforeseeable. If the need for counseling support arises, the researcher will assist you in securing the needed support. The benefits of participation in this study are the opportunity to tell your story and to contribute to research that will provide additional information about the healing process from domestic violence. You may also benefit from the fact that your participation will help other women who are in similar situations as you. The final research product will include a proposed theory on how women who have experienced intimate partner violence are able to renegotiate their inter- and intra-personal boundaries as a part of the healing process. It will also, hopefully, spur further research into the area of boundary negotiation as a part of the healing journey from intimate partner violence. There are no costs to you that are associated with participating in this study.

Volunteer Statement:

You are a volunteer. The decision to participate in this study is completely up to you. If you decide to be in the study, you may stop at any time. You will not be treated any differently if you decide not to participate or if you stop once you have started.

Confidentiality versus Anonymity:

The data collected by the Investigator will not contain any identifying information or any link back to you or your participation in this study. The following steps will be taken to ensure this anonymity: an alias will be assigned to you at our first meeting. Any third parties discussed in the interviews will also be given an alias for the purposes of transcription and written documentation. All notes, transcripts of interviews, and the research product itself will contain the assigned name rather than your real name. All sensitive information pertaining to this research, including your real name and identifying information, the recordings of interviews and transcripts of the recordings will be kept under lock and key at the home office of the primary investigator. At the end of the study process, the recordings and transcriptions will be destroyed. The results will be shared with you upon final analysis.

Fair Treatment and Respect:

UNC Charlotte wants to make sure that you are treated in a fair and respectful manner. Contact the University's Research Compliance Office (704-687-3309) if you have any questions about how you are treated as a study participant. If you have any questions about the project, please contact Astra Czerny at 704-763-7310 or Dr. Pamela S. Lassiter at 704-687-8972.

Participant Consent:

I have read the information in this consent form. I have had the chance to ask questions about this study, and those questions have been answered to my satisfaction. I am at least 18 years of age and I agree to participate in this research project. Furthermore, I agree to allow the researcher to audiotape the interview session. I understand that I will receive a copy of this form after the Principal Investigator and I have signed it.

Participant Name (PLEASE PRINT):

Participant Signature

DATE

Investigator Signature

DATE

APPENDIX B: INTERVIEW PROTOCOL

Establishing Rapport:

1. Tell me a little about yourself. What do you like to do for fun?
2. What are your interests?
3. What are your strengths?
4. Tell me about an achievement that you are proud of.

Boundaries:

1. What is your experience of IPV?
2. What is your experience of recovery from IPV?
3. When I use the term “boundary”, what does that mean to you?
4. How would you define a boundary? What is your understanding of a boundary?
5. What kind of boundaries have you had or not had in the past?
6. What are your boundaries like today?
7. How are your boundaries different today than they were when you were in your relationship?
8. What kinds of boundaries would you like to have?
9. Has the knowledge of boundaries influenced your healing or recovery from DV?
10. In what ways has your knowledge of boundaries changed you?

Conclusion:

1. What is your favorite thing about yourself?
2. If you could change one thing about yourself what would it be?
3. Is there anything you would like to add that I haven't asked you?

APPENDIX C: DEMOGRAPHICS FORM

Today's Date: _____

A. Identification

Name: _____

Address: _____

Contact phone number: _____

Email address: _____

Phone and email communication will be discreet, but please indicate any restrictions:

Age: _____ Race: _____

B. Family

Are you currently in a relationship? _____

How many domestic violence relationships have you had? _____

Do you have children? _____ If yes, how many? _____

C. Emergency Contact

Emergency contact: _____

Emergency contact phone number: _____

D. Religious and Ethnic Information

What ethnicity do you consider yourself? _____

How else do you identify? (Okay to leave blank): _____

What is your religious affiliation? _____

How involved are you with your religious affiliation (check one):

None Some/irregular Active

How important are spiritual concerns in your life? _____

E. Status

Employed Unemployed Student Disabled Veteran

Some HS HS Diploma GED Some College

Advanced Degree Currently Enrolled in School

Other Training: _____