

THE LOSS, RECOVERY, AND REINVENTION OF SELF
FOLLOWING EXPOSURE TO INTIMATE PARTNER VIOLENCE: A CONCEPTUAL
FRAMEWORK FOR THE PROCESS OF TRANSFORMATION

BY

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This dissertation is first and foremost dedicated to the brave and amazing women who willingly shared their stories for my inquiry. Their desire to improve the lives of other women who are victimized by intimate partner violence, despite their own losses and life circumstances was admirable at least, altruistic at best. Their tragic life experiences, incredible resilience, ability to survive and flourish, and wisdom about living have changed me in ways that cannot be easily forgotten. Without them, this work would be non-existent. Like the women whose stories are in this dissertation, I too, am reinvented, and continue to be everyday of my life.

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ABSTRACT

Research with survivors of intimate partner violence has primarily focused on the outcome of leaving because it has been difficult for researchers in this area to determine which outcomes, if any, are the right outcomes to study. Changing the focus away from leaving and onto healing and recovery, or transformation, would help shift the burden of responsibility for leaving (or not leaving) away from survivors and create a more appropriate outcome focused on empowerment and healing. The purpose of this inquiry was to examine the process of transformation that survivors of IPV go through as they reclaim their lives from an abusive partner. This dissertation presents the findings of a qualitative, constructivist inquiry with 16 survivors of intimate partner violence. Grounded theory analysis revealed a conceptual framework for the process of transformation that includes a four stage process as well as the context within which the process occurs. The stages include 1) loss of self, 2) shifts in thinking, 3) reclaiming self, and 4) reinventing identity. This conceptual framework provides an ecological view of survivors of IPV that addresses some of the major criticisms of qualitative process of leaving studies. This paper will provide an overview of the history of IPV, the scope and incidence of IPV, a review of the empirical and scholarly literature on the outcome of leaving, the methodology and findings from the inquiry, and implications for practice, policy, and research.

CHAPTER ONE

Overview and History of Intimate Partner Violence

Intimate partner violence (IPV) has been referred to in the literature as domestic violence, wife abuse, and more recently intimate terrorism. While the terminology changes, the definition of IPV remains reasonably consistent. From a feminist theoretical framework, IPV is defined as a pattern of behaviors (i.e. coercive control) used by one partner in an intimate relationship to exert power and control over the other partner (Almeida & Durkin, 1999). Common tactics used by perpetrators of IPV include emotional abuse, verbal abuse, economic abuse, sexual abuse, and physical violence. Unfortunately, IPV is a social problem that has gone largely unacknowledged until the last 30 years. Even now with its widespread recognition, IPV continues to be underreported for several reasons including feelings of shame and guilt among victims, the prevalence of victim blaming attitudes in society, inadequate police and criminal justice response, and sexist attitudes that devalue women and perpetuate women's reduced status and power in society. Among the general population, a primary question about IPV is "why do women stay?". The answers to this question have become evident through the countless and horrific stories told by individual survivors in their efforts to gain safety and access resources.

Researchers in the area of IPV have examined several questions related to outcomes for survivors but the primary focus has been on the outcome of leaving. How do women leave? Why do women leave? Why do women go back? What internal and external factors are related to leaving and returning? At least 30 studies have examined either the psychological process of leaving an abusive partner or the role that external circumstances play in the outcome of leaving, but few published studies have recorded the ways that women assimilate their experiences of abuse and move through the process of healing. Furthermore, there is little research that

describes the ways in which women take back their lives and heal through rediscovering and/or reinventing their identities, finding and maintaining safety, and increasing feelings of self-efficacy after prolonged exposure to verbal, emotional, and physical abuse. The goal of this study is to understand the ways that survivors of IPV reclaim their sense of self, safety, and feelings of self-efficacy following exposure to violence by an intimate partner. This study ventures away from the traditional focus on the outcome of leaving and focuses on the process of healing and transformation. Because the process of transformation likely begins within the context of the relationship, for this inquiry, the act of leaving is relatively insignificant except in the ways that it helps women gain safety and empowerment and promotes the process of transformation. Identification and understanding of a process of transformation could help practitioners and communities develop individualized responses that emphasize safety and empowerment, and move women forward with healing and in their lives. Individualized responses might then be more considerate of the unique needs of individual survivors and allow for intervention strategies that are more consistent with individual survivors' needs, regardless of whether or not they have a desire to leave their partner.

In this inquiry, the author hopes to discover a process of transformation that female survivors of IPV go through following exposure to intimate male partner violence. A feminist theoretical framework will guide the inquiry as the author seeks to understand the multiple ways that individual survivors of IPV construct their experiences with the process of transformation. Consistent with the feminist methodological framework's emphasis on discovering women's unique experiences and increasing women's power in their lives and in society (Cook & Fonow, 1986; Olesen, 2000; Ramazanoglu & Holland, 2002; Reinharz, 1992) participants are regarded as experts over their own lives and experiences with intimate partner violence.

Intimate partner violence is often used interchangeably with the term domestic violence but there are some theoretical and conceptual distinctions between these definitions which will be addressed at length later in this chapter. Intimate terrorism and situational couple violence are relatively new terms that have recently garnered attention in the IPV literature (Johnson, 1995; Leone, Johnson & Cohen, 2007). Johnson (1995) argues that violence between intimates can be categorized as either intimate terrorism (IT) or situational couple violence (SCV) and are distinguished by the aggressor's motivation (Johnson, 1995). Intimate terrorism is "embedded in a general pattern of power of control....[which] effectively entraps victims in the relationship by creating an overwhelming sense of fear and by diminishing victims' personal resources, financial resources, and contact with support networks" (Leone et al, 2007, p. 427). Situational couple violence "does not exist within a context of control but is enacted as a means of controlling a specific situation...often a disagreement that escalates into violence" (Leone et al, 2007, p. 427).

Because this inquiry is guided by a feminist theoretical framework and is primarily concerned with violence that occurs between intimate partners and violence that is intended to intimidate and control (like IT), the term intimate partner violence will be used. Here, IPV will be defined using a definition of *domestic violence* developed by Almeida and Durkin (1999).

Domestic violence is the patterned and repeated use of coercive and controlling behavior [intended] to limit, direct, and shape a person's thoughts, feelings and actions. An array of power and control tactics is used along a continuum in concert with one another. These tactics include: physical abuse, emotional abuse, economic abuse, threats and intimidation, isolation and entrapment, sexual abuse and exploitation, control and abuse of children, and isolation through job relocation and language barriers. (p.313)

Although this definition uses the terminology “domestic violence” and does not include terminology specific to intimate partners, it will be used in this inquiry because it is consistent with feminist explanations of IPV, and it provides a succinct, yet comprehensive view of the deliberate and systematic behaviors used by abusive male partners to gain coercive control of their intimate female partners.

History of Intimate Partner Violence

Violence against women is evident in many forms in modern society. From more explicit forms of violence like rape, prostitution, IPV, and female genital mutilation, to other legal, yet equally destructive forms of gender oppression like pay inequity, gendered communication, pornography, and forced subordination within religious institutions and family systems, all forms of sexism and violence against women serve to control women and maintain their lower status in society. Sexism and violence against women are nothing new. Feminists attribute violence against women primarily to patriarchy, which evolved out of the rise of Christianity and then several events that occurred between 3100 to 600 B.C.E (Lerner, 1986). Legally (and morally), it became acceptable for men to treat women as property and as a result, violence against women increased. Numerous cruel practices evolved out of the devaluation of women including “femicide, rape, battering, torture, widow burning, veiling, foot-binding, witch burning, chastity belts, clitoridectomies, and infabulation” (Wilson, 1997, p. 252). Today, feminists continue to attribute sexism and violence against women to the patriarchal structure of society and men’s efforts to maintain power and status over women. Intimate partner violence is no exception.

Like other forms of violence against women, IPV has also been documented for thousands of years (Lerner, 1986). Historically, several laws have protected the right of husbands to “possess” their wives and to punish them through the use of physical force. One of the earliest

laws regarding marriage was proclaimed by Romulus, founder of ancient Rome, which “obliged... married women, as having no other refuge, to conform themselves entirely to the temper of their husbands and the husbands to rule their wives as necessary and inseparable possessions.” (as cited in Dobash & Dobash, 1979, p. 35) In eighteenth century France, “a woman could be beaten if she behaved shamelessly and caused jealousy, was lazy, unwilling to work in the fields, became drunk, spent too much money, or neglected the house” (as cited in Dobash & Dobash, 1979 p. 56). Under English common law, husbands were given permission to “correct” or “chastise” their wives as long as “correction was confined within reasonable bounds” (as cited in Dobash & Dobash, 1979, p. 61). While this law gave men permission to use physical force, it was also supposed to limit the amount of force used but it was too vague for women to have any real protection from abuse or for them to be able to take any legal action. Many feminists have referred to this law as the “rule of thumb”, but there has been considerable debate over its actual existence.

Not only have women been subjugated by the laws of men, they have also been subjugated by religious ideologies. “The idea of original sin was used to subjugate women to the authority of the church, state, and men. Original sin was a misogynist interpretation of other creation myths that predate the book of Genesis by at least seven thousand years.” (Wilson, 1997, p. 258). According to St. Augustine, women were to be considered temptresses and inherently evil, and therefore they deserved to be beaten (Wilson, 1997). Sadly, Christianity and other religions continue to be a source of oppression for women and scripture continues to be used by abusive partners (as well as others) to justify wife abuse (Pyles, 2006).

Feminists have gained the most recognition for their involvement in IPV prevention and intervention efforts. Feminist activism is documented as far back as the 1600s when women in

Europe began demanding access to formal education (Freedman, 2002). Early feminist activists and writers argued that women were not inferior to men, were as rational as men were, and that their lives could be enhanced by a formal education (Freedman, 2002). In 1692, Mary Astell, an English woman wrote “For God has given Women and well as Men intelligent Souls, why should they be forbidden to improve them” (as cited in Freedman, 2002, p. 49). The debate over women’s education continued into the 1700’s when women began to call for access to other rights they had been denied. In England, Mary Wollstonecraft, John Stuart Mill, and Harriet Taylor began championing for women’s property and voting rights. In 1792, Mary Wollstonecraft published *A Vindication of the Rights of Woman* where she opposed the inferior position of wives to husbands.

Like Wollstonecraft, Harriet Taylor and John Stuart Mill also wrote about the inferiority of women. In 1851 Taylor published a paper entitled “Enfranchisement of Women” and in 1869 Mill published his book *The Subjection of Women*. Taylor and Mill both wrote about the cruel “slave-like” treatment of wives by their husbands and challenged the patriarchal structure of marriage and society (Mill, 1869; Taylor, 1851). Mill led the first campaign for increased punishment for batterers Mill (1869) also challenged ideas about women’s natural inferiority as well as the patriarchal structure of marriage. Other men who joined the struggle against “wife abuse” included W.E.B. Du Bois, William Lloyd Garrison, and Frederick Douglass (Wilson, 1997). Early forms of punishment for batterers included rituals of public shaming (originally used to shame women), whipping posts, and occasionally prosecution, however, much like today, survivors of prosecuted men would often later withdraw their complaints because of financial dependence on their husbands and request his release (Gordon, 1988; Wilson, 1997).

In addition to confronting child abuse, these first wavers began pressing what were then radical issues including women's equality, temperance, prohibition, women's suffrage, divorce, and birth control. Many feminists used stories of wife abuse in their campaign for divorce, however, freedom from abuse in marriage was not a central issue for the first wave feminists, in fact, "first-wave feminism, expressing its relatively elite class base, helped construct a femininity that was oppressive to battered women by emphasizing the superiority of women's peacefulness, feminist influence made women loathe . . . their own aggressiveness and anger" (Gordon, 1988, p. 276). Though IPV was not a major issue of first-wave feminists, these early activists worked with Mill and his followers to campaign for the criminalization and punishment of wife abuse.

At the same time feminist activism was organizing in Europe, another organized attempt to challenge IPV came from the Societies for the Prevention of Cruelty to Children (SPCC) (Wilson, 1996). These agencies originally focused on child abuse but many women whose children were abused revealed to social caseworkers that they too were experiencing abuse at the hands of their husbands (Gordon, 1988). These first family violence agencies initially attempted to avoid intervening between husbands and wives but battered women's lack of resources and lack of protection by the police garnered the attention of agency workers (Wilson, 1997). Early workers helped to provide battered women with money, safety, and housing and in some cases tried to reform battering men (Wilson, 1997).

These combined efforts helped to make wife beating effectively illegal in the American Colonies during the 1870s (Gordon, 1988) giving courts the ability to punish batterers. Unfortunately, public discussion of wife abuse during the 19th century was almost nonexistent, and women, being denied access to education and having little means of financially supporting themselves and their children, were unlikely to report the abuse to police and even less likely

testify in court against husbands that were arrested. Divorce was rarely considered as a viable option because it would bring almost certain economic hardship and of course, a negative social stigma. Consequently, men's brutality continued and women were left with few, if any ways to redress the violence.

As the first wave of feminism began to die out in the early 1900's, several major things happened that would influence the resurgence of feminism in the 1960's. Margaret Sanger opened the first clinic to offer information about contraception in 1916 in New York (Freedman, 2002). Sanger was prosecuted for creating and distributing information on birth control which violated state law banning the distribution of lewd literature (Cooper & Cooper, 1973). Sanger argued that birth control would reduce crowding in the slums and help prevent abortions (Donovan, 2000). She published two books that influenced the feminist movement including *Woman and the New Race* (1920) and *My Fight for Birth Control* (1931). Sanger wrote: "No woman can call herself free who does not own and control her body. No woman can call herself free until she can choose consciously whether she will or will not be a mother" (as cited in Rossi, 1973, p. 533).

In 1949, Simone de Beauvoir, a French author, published *The Second Sex* in which she argued that Western culture has designated certain qualities as feminine and masculine and then assigned negative connotations to those qualities that are feminine (de Beauvoir, 1957). De Beauvoir describes the oppression of women and then accuses women of being complicit in their subjugation (de Beauvoir, 1957). Her book caused women to rethink what it meant to be a woman. Shortly after de Beauvoir's book was translated and released in the United States, another book, *The Feminine Mystique* (1963) by Betty Friedan became popular among women and feminists. Friedan, who later founded the National Organization for Women (NOW), wrote

that the “American Dream” was stifling for women whose needs took a backseat to the needs of their children and husbands and urged women to find work outside the home. NOW, founded in 1966, had a different “American Dream”, one that included the equality of women and men at home as well as in the work force (Zinsser, 1993).

One of the most well known feminist activists of this time was the founder of Ms. Magazine, Gloria Steinem. Steinem, a New York journalist, became an iconographic figure of feminism and her magazine became the movement’s voice (Brownmiller, 1999). Steinem and her “sisters” faced many of the same issues as their foremothers. These activists confronted equal rights issues but also challenged the patriarchal structure of society and its negative consequences on women. Several of the issues challenged by this group continue to exist today. Women’s labor is one such issue. “The invisibility of women’s labor lies at the heart of feminist critiques of work and family.” (Freedman, 2002, p. 123) For women, household labor was not recognized as work and wages for paid labor were not enough to live on. These issues surrounding women’s unpaid labor and gender-based pay inequity have changed little during the last 60 years and have detrimental effects on the economic status of women and children, placing them at a significant disadvantage to men.

Violence against women is also a major feminist issue. Feminists argue that the patriarchal structure of society encourages violence against women specifically sexual violence and wife abuse. In a speech given to a group of men in 1983, Andrea Dworkin pled with them to take action to end rape and other forms of violence against women:

[Rape] is happening right now as I am speaking. And it is happening for a simple reason . . . [m]en are doing it because of the kind of power that men have over women. The power is real, concrete, exercised from one body to another, exercised by someone who

feels he has the right to exercise it, exercised in public and exercised in private. It is the sum and substance of women's oppression. (as cited in Buchwald, 1993, p. 14- 21)

“The brilliant, visionary strategy of radical feminism was to conceptualize sexual violence as a key link in the pattern of male domination and to attempt to put an end to it for all time.”

(Brownmiller, 1999, p. 194) In her book, *Sexual Politics* (1970), Kate Millett called rape a “weapon of the patriarchy”. Then Susan Brownmiller's 1975 landmark book *Against Our Will*, established that rape was not a crime of passion, but rather a crime of violence, about power and control (Brownmiller, 1975). Even though rape was not eradicated as was hoped, the movement made monumental progress in establishing rape crisis centers and changing the way rape victims were treated and rape perpetrators were prosecuted. Today, rape continues to be considered a political crime against women.

Intimate partner violence was also a major issue challenged by the feminist movement. Feminist theory has contributed enormously to the understanding and treatment of wife abuse and is responsible for several laws that criminalized wife abuse and changed the way perpetrators were treated by the criminal justice system. The movement was also responsible for consciousness raising groups which led to the establishment of the battered women's movement. The battered women's movement campaigned successfully for the criminalization of wife abuse and later helped to establish mandatory arrest of perpetrators which, at the time, was a huge victory for activists in both movements. Other victories include the establishment of shelters for battered women and their children and a slow progression away from blaming victims for their attacker's behavior. Like rape, wife abuse was also seen as a tactic used by men to dominate women.

Unfortunately, the advent of the second wave of feminism and the battered women's movement of the 1970s garnered little attention from the social work profession. In fact, social workers have been criticized for their failure to recognize and address IPV (Pagelow, 1981), for blaming the survivor (Bass & Rice, 1979), and for failing to intervene appropriately even if it is addressed (Davis, 1984). The unrelenting and diligent efforts of feminist social work researchers have helped to increase the awareness of and attention to IPV by the social work profession. Today, the National Association of Social Work (NASW) now clearly identifies IPV as a major social problem for girls and women and has developed practice guidelines for social work clinicians for dealing with IPV and its victims/survivors (NASW, 2002).

Scope of the Problem

The emergence of battered women's shelters during the 1970s brought an outpouring of women who were being physically and sexually abused by their husbands. Early shelters were often run out of activists' own homes and space for survivors and their children was severely limited. Although activists knew that IPV was widespread, the full extent of the problem was still unknown. Today, experts are still working to uncover the prevalence of IPV and several national studies have revealed that men's use of violence against their intimate female partners is a problem of enormous proportions. It is estimated that three million women are physically assaulted by a husband or boyfriend every year (Collins, Schoen, & Joseph, 1999) and nearly 25 percent of women are raped by an intimate male partner during the course of their lives (Tjaden & Thoennes, 2000). In addition to physical and sexual violence, men also use stalking and harassment to frighten and control their partners. Annually in the United States, more than a half million women are stalked by an intimate partner (Tjaden and Thoennes, 2000). Tragically, men's use of violence against intimate female partners often escalates to homicide. Intimate

partner homicide is the leading cause of death for pregnant women (Horon & Cheng, 2001), and in 2000, more than 33 percent of all female homicide victims were killed by a husband or boyfriend (Rennison, 2003). These statistics are staggering, as are the effects that IPV has on women, children, and on society.

Effects on Women, Children, and Society

Women who have been battered suffer from a variety of physical injuries ranging from bruises and scrapes to more severe injuries like broken bones, stab wounds, burns, gunshot wounds, hearing loss, and sexual assault injuries. Many of their injuries are permanent and disfiguring. Despite their gruesomeness, women's physical injuries and scars provide merely a glimpse of the internal hell survivors describe after prolonged exposure to IPV. Prolonged exposure to ongoing physical, emotional, and sometimes sexual violence creates psychological and emotional reactions that may include decreased self-esteem, increased anxiety, increased substance abuse, increased levels of depression and suicide, post-traumatic stress disorder (PTSD), eating disorders, sleep disturbances, and an increase in overall mental health problems that persist even after women escape the relationship (Dutton-Douglas & Painter, 1993; Housekamp, 1994; Housekamp & Foy, 1991; Jones, Hughes, & Unterstaller, 2001; Kemp, Rawlings, & Green, 1991; Walker, 2000; Wilson, Silberberg, Brown, & Yaggy, 2007).

Intimate partner violence also has a significant effect on women's employment but only a handful of research studies have examined this overlap and few have been published. In one study conducted by EDK, Associates for The Body Shop (1997) interviewed 7,000 women who had experienced IPV. Nearly 40% of participants reported that the violence impacted their work performance in the form of tardiness, absenteeism, keeping a job, and career advancements (EDK, 1997). Other researchers have reported similar findings. Shepard and Pence (1998)

interviewed women living in a battered women's shelter and found that 58% of the participants were working at the time of their abuse and all reported that the abuse seriously compromised their work performance in the form of absenteeism and tardiness. When women leave or lose their jobs they become increasingly (if not completely) financially dependent upon the abusive partner which then decreases their access to resources and decreases their ability to leave the relationship. Women's lack of economic security has been identified as the primary reason why women who want to leave an abusive relationship stay, and why women who have left, return (Barnett, 2000). Furthermore, several studies show an inverse relationship between women's individual income and the severity of their experiences of abuse (Tauchen, Witte, & Long, 1991; Pan, Neidig, & O'Leary, 1994; Magdol, Moffitt, Capsi, Newman, & Fagan, 1997; Farmer & Tiefenthaler, 1997). Women who earn more money have better access to resources and more power in their lives which makes increasing women's economic security a necessity in the community response to IPV.

Women are not the only victims of IPV. Researchers estimate that in 30% to 60% of families who experience IPV, the children are also abused (Appel & Holden, 1998; Edleson, 1999). For children, both witnessing IPV and actually being a direct target of the violence are believed to cause considerable trauma which can lead to PTSD, depression, aggression, behavioral problems, and emotional problems (Coohey, 2007; Edleson, 1999; Maughan & Cicchetti, 2002; Rivers, Maze, Hannah, & Lederman, 2007;). Maughan and Cicchetti (2002) suggest that the parent's change in or lack of responsiveness to the child, or increased neglect as she becomes preoccupied with pleasing her partner to prevent further violence may cause more harm than being exposed to the violence. However, because IPV and child abuse commonly

occur in the same families, separating out which of these is more harmful to the child has been difficult for researchers (Cohen et al, 2006).

Witnessing violence against their mothers may make children fearful of losing her or the abuser, who may be their father or another significant adult in the house hold. Children may assume (sometimes correctly) that their mothers will die and that the abusers will go to jail (Rivers, et al, 2007). Children may also be confused about who the actual victim and perpetrator are if they see their mother defend herself in a way that appears aggressive (Rivers, et al, 2007). While there is no evidence to support the notion that little girls who grow up witnessing violence against their mothers are at an increased risk of becoming victims of IPV, research does indicate that some boys who are exposed to IPV during their childhood develop an identification with the perpetrator, putting them at an increased risk for becoming abusive in adulthood (Bevan & Higgins, 2002; Ehrensaft, Cohen, Brown, Smailes, Chen, & Johnson, 2003).

The recent recognition of the overlap between IPV and child maltreatment has increased the presence of child protective service workers in families where IPV is present. Controversy abounds over whether or not witnessing abuse is grounds for the removal of children. Mothers who are not abusive, and who in fact do everything within their means to protect their children from the abuser, are punished for not having the resources to safely leave an abusive partner. Removal of the children actually gives the abuser increased leverage over her as she works to meet the goals outlined in her reunification plan. He can easily sabotage her efforts by preventing her from leaving, preventing her from attending required counseling appointments, and preventing her from using the phone. Likewise, children suffer the trauma of being removed from their homes and their parents, especially the non-abusive parent. Under these

circumstances, perpetrators suffer few if any consequences, and continue to dodge any accountability for their behavior.

Societal costs of IPV are also severe. Businesses suffer severe financial losses from IPV that appear in employee turnover, lost productivity, increased health care costs, as well as heightened absenteeism, tardiness, administrative costs, and litigations. According to the U.S. Centers for Disease Control (2003), survivors of IPV lose an estimated 8 million paid work days every year and health care related costs exceed \$5.8 billion. The National Safe Workplace Institute Survey averaged jury awards from litigations for inadequate security at \$1.2 million nationally (as cited in Soloman, 1995), which does not include out of court financial settlements. While calculating the exact costs of IPV to businesses is difficult, these initial estimates provide a sense of the significant economic impact IPV exacts in the workplace.

Other costs are reflected in the establishment and maintenance of shelters, counseling services, legal services, and case management for survivors and their children. Batterer intervention programs (BIPs) also take their financial toll on society and criminal justice interventions like the mandatory arrest and prosecution of batterers, court tracking programs, and protective orders place increased demands on courts and (BIPs). Less visible and less talked about costs include the perpetuation of women's reduced status and power in society and in the family, and ultimately, the continuation of all forms of violence against women. Moreover, society's failure to offer widespread prevention programs for high risk children is likely contributing to the intergenerational transmission of violence, creating future generations of men who will abuse their intimate partners.

Frameworks for Viewing Intimate Partner Violence

Intimate partner violence has been and continues to be defined in various ways according to different groups and different terms have been used to describe it. Psychologists, sociologists, and criminal justice professionals have used the terms “family violence” and “domestic violence” to describe violence that occurs between family members (sibling abuse, elder abuse, child abuse, and spouse abuse). Alternatively, feminist activists have used the terms “wife abuse”, “spousal abuse”, and more recently “intimate partner violence”, to describe violence that occurs only between intimate partners. Although the primary focus has been on male to female initiated violence, the term intimate partner violence can also be applied to violence perpetuated from female to male, as well as violence that occurs within gay and lesbian relationships.

Some of the earliest reports on “domestic violence” came from the psychological and psychiatric perspectives. These authors characterized survivors and perpetrators in ways that continue to perpetuate myths about domestic violence today. During the early 1960s when sociologists and psychologists were just beginning to study family violence, Snell, Rosenwald, and Robey (1964) published an article relating the characteristics and behaviors of women who were beaten by their husbands. The authors described “the wife beater’s wife” as being “cold” and “rigid” and blamed the wife’s “nagging” for provoking his attacks (Snell et al, 1964). Other early studies characterized perpetrators as psychotic (Faulk, 1974), plagued by neurological disorders (Elliot, 1977), or as addicts (Shainess, 1977). All of these descriptions relieve abusive men of responsibility from their behaviors.

In a more recent psychological publication on survivors of IPV, Young and Gerson (1992) attempt to illuminate the psychological process that women go through as they leave and then return to abusive partners by suggesting that women are masochistic. The authors provide a

different definition of relational masochism which is different from masochism that deals with sexual gratification from injury. According to the authors, relational masochism “looks beyond the early definitions and is strongly influenced by an object-relations and attachment theory perspective of early childhood interactions with parents” (Young & Gerson, 1992, p. 31).

Essentially, the authors suggest that women become involved with abusive men as a result of childhood relationships with their parents or caregivers. Even feminists would agree that life experiences can create circumstances for women that make them more vulnerable to IPV; essentially, this is one of the primary reasons sexism is so devastating for girls and women.

However, Young and Gerson’s (1992) definition of relational masochism still blames women for “choosing” battering men because they do not acknowledge the environmental context of rigid, socially imposed gender roles (like the ones that prescribe passivity, dependence, and marriage), nor do they acknowledge women’s socialization within a patriarchal system of oppression, violence, and fear where men are considered to be both women’s primary enemies *and* chief protectors, simultaneously.

As attention to intimate partner violence has increased, some psychologists have incorporated sociological and feminist views into their psychological understanding of victim/perpetrator behavior (O’Leary, 1993), yet there is still a tendency to pathologize. Several studies have been conducted with battered women that indicate elevated MMPI profiles (Rhodes, 1992; Rosewater, 1985), however, critics claim that these symptoms are a *result* of prolonged abuse rather than the cause of it (Dutton-Douglas & Painter, 1993; Herman, 1998; Housekamp, 1994).

Although the psychological perspective has changed somewhat over the past two decades, its primary focus on individual psychopathology remains much the same. Recently,

Dutton and Bodnarchuck (2005) describe batterers as they are viewed through a psychological lens citing research that indicates that as many as 80 to 90 percent of batterers suffer from personality disorders (Dutton & Bodnarchuck, 2005). According to these studies, batterers are mostly categorized as either borderline or psychopathic (Dutton & Bodnarchuck, 2005; Dutton, Saunders, Starzomski, & Bartholomew, 1994; Edwards, Scott, Yarvis, Paizis, & Panizzon, 2003; Gottman, Jacobson, Rushe, Short, Babcock, La Taillade, & Waltz, 1995; Holtzworth-Munroe & Stuart, 1994; Murphy, Meyer & O'Leary, 1993; Tweed & Dutton, 1998). Undoubtedly, many men who abuse female intimate partners suffer from personality disorders, but it is equally important to recognize that many abusive men do not. While a clinical diagnosis may help practitioners understand why some individual men batter their female partners, it does not explain why men's use of violence against intimate female partners is such a pervasive problem globally, nor does it explain why violence against female partners is more severe and more socially accepted in countries where women are less valued and have fewer rights than they do in the United States (Amnesty International, 2008).

Critics of the psychological perspective on IPV report that it fails to consider gender and power inequity (Yllö, 1993) or that women suffer more severe, life threatening injuries than men who are battered because men are physically stronger and can inflict more serious injuries (Steinmetz, 1997). Furthermore, the psychological theorists' tendency to pathologize survivors and perpetrators has been highly criticized because it blames the survivor for the batterers' abusive behavior and relieves batterers of responsibility for their abusive behavior.

Ten years after the first psychological studies on IPV were published, two of the most influential sociological scholars on the topic of IPV published articles addressing "family violence" (Gelles, 1974; Straus, 1973). Straus (1973) and Gelles (1974) approach IPV from a

general systems theory perspective and study all forms of violence within the family, not just the incidence of wife abuse. According to general systems theory, family violence is viewed as a product of dysfunctional patterns of interaction instead of the result of individual psychopathology (Gelles, 1993), therefore, no one person in the family is faulted for the violence. Rather, the family system and their interactions with each other are faulted for increased levels of violence (Carlson, 1997; Johnson, 1995; Straus, 2005). From this perspective, victims (children, women, and elders) are viewed as contributing to their victimization by way of personality traits and interactional patterns.

More recently, sociologists who study family violence have categorized violence between intimate partners as “common couple violence”, “mutual combat”, and “wife abuse” (Loseke & Kurz, 2005; Yllo, 2005). Wife abuse is described as one-way violence and is defined in much the same way that feminists define IPV. Although wife abuse is still viewed as an interactional dynamic, men are faulted for the interactional intimidation of women (Lloyd, 1999) and Loseke and Kurz (2005) caution “it is a grave error to speculate that battered women are implicated in this interactional dynamic” (p.41).

Other sociological theories have been used to explain IPV as well. In conjunction with social learning theory, sociologists have developed the concept of intergenerational transmission of violence (Margolin, 1988; Mihalic & Elliot, 1997; Widom, 1989). According to this concept, a person is more likely to be a perpetrator or victim of violence if violence was present in his or her family of origin (Margolin, 1988). Several authors have indicated a connection between the use of violence by male batterers and violence in their family of origin (Hotaling & Sugarman, 1986; Straus, Gelles, & Steinmetz, 1980; Rosenbaum & O’Leary, 1981), however, Rosenbaum and O’Leary (1981) found that women who were survivors of spouse abuse were no more likely

to have witnessed violence between their parents than women in two control groups. On the contrary, there is empirical evidence to support the idea that men who grow up watching fathers be abusive to their mothers are at an increased risk of becoming abusive towards intimate partners later in life (Bevan & Higgins, 2002; Kaufman & Zigler, 1987). Intergenerational transmission of violence may be more useful in predicting children who are at risk of becoming perpetrators, than it is at predicting victims. While this research cannot accurately determine causality, Kaufman and Zigler (1987) estimate the rate of intergenerational violence to be about 30%.

Sociological perspectives on family violence certainly offer insight into the dynamics of family violence. However, much like psychological perspectives on IPV, sociological perspectives have been exceedingly criticized by feminist scholars and battered women's advocates because they deemphasize wife abuse by referring to it as *family* violence, they fail to incorporate the importance of gender and power in society, and they blame survivors for the perpetrator's violence (Yllö, 1993). Sociological theories also fail to address the fact that women suffer more severe, life threatening injuries than men who are battered because men are physically stronger and can inflict more serious injuries (Steinmetz, 1977).

Feminist Theory and Intimate Partner Violence

Feminist theory has been applauded for its focus on advocacy and empowerment as well as its ability to both explain and reduce violence against women (Gelles, 1993). Furthermore, feminist theory has yielded consistent empirical support for its proposal that patriarchal standards and gender inequity cause violence against women.

Feminism has been interpreted differently by different groups in history. Today, feminist ideology is a mix of several theories developed from the ideas and writings of early feminist

authors and activists. Feminism has been most commonly characterized as liberal, radical, or socialist (Ness & Iadicola, 1989; Ryan, 1989; Saulnier, 1996;). Understanding each of these ideological perspectives will help to illuminate current feminist theory and practice.

Liberal feminism is used to describe feminists who believe that women are restricted as a group and that their rights are violated by society's unequal treatment of them (Jaggar, 1983). Liberal feminists do not recognize the patriarchal structure of society (Ness & Iadicola, 1989), instead, they argue that the unequal distribution of resources inhibits women's ability to reach self determination (Jaggar, 1983). The basic premise behind liberal feminism is that women should have the same rights as men. Specific issues taken on by liberal feminists have included the right to education, economic access, citizenship rights and political equality, reproductive rights (the right to control their own bodies), and access to social services to help bridge the economic gap between men and women (Saulnier, 1996).

Radical feminism first emerged during the second wave movement when many of the civil rights activists turned their attention to the status of women. Radical feminists were primarily responsible for the initial development of a feminist theoretical framework because "the academic roots and intellectual nature of the New Left meant that the women who came out of that tradition were predisposed to consider theory as essential to politics" (Grant, 1993, p. 18). Unlike liberal feminists, radical feminists believe that patriarchy, an institutionalized system of male dominance, is responsible for the subjection of women. According to Grant (1993), radical feminism is based on six fundamental assumptions:

1. The personal is political. Women's personal problems are a result of political issues.
2. Women are an oppressed class and patriarchy is at the root of their oppression.

3. Patriarchy is based in psychological and biological factors and enforced through violence against women.
4. Women and men are fundamentally different.
5. Society must be completely altered to eliminate male supremacy.
6. All hierarchies must be eliminated. (Grant, 1993, p. 32)

Radical feminists have attacked rape, pornography, sexism, abortion rights and men, because radical feminists argue that men use their supremacy to maintain the unequal status of women. They are often opposed to the institution of marriage and have suggested that women should withdraw from men both personally and politically (Saulnier, 1996).

Socialist feminism emerged from the application of Marxist theory of class oppression to women's oppression (Rubin, 1974). Marx believed that society was governed by the economic interests of the ruling class. Socialist feminists assert that the marginalization of women is essential to maintain capitalism (Young, 1981) and that capitalism itself is an advanced state of patriarchy (Saulnier, 1996). Capitalism separates the wage work of men from the domestic work of women creating a system where men are the only beneficiaries of women's labor (Saulnier, 1996). Because women in a capitalist society are forced to be dependent upon men, they continue to be oppressed.

More recently, feminist theory has been influenced by postmodernism. Ven Den Bergh (1995) suggests that postmodernism questions "theories and epistemological frameworks that are based on assumptions of underlying structures and truths" (as cited in Cearley, 1998, p. 6). Postmodernism rejects the existence of a single truth suggesting that multiple realities of truth exist. By deconstructing supposed truths and belief systems, the underlying assumptions and inconsistencies can be exposed (Derrida, 1981). Postmodernists claim that terms such as

“oppression” and “gender” are social constructs that are not always constructed in the same way and that actually inhibit women's freedom because making claims of oppression strengthens the dichotomy between “oppressor and oppressed” (Butler, 1990). According to Flax (1990) the basic tasks of postmodern feminism are:

1. To articulate feminist viewpoints of society.
2. To analyze how women are affected by the social world.
3. To examine the role of power and knowledge relationships in shaping the ways women think about the social world.
4. To imagine ways in which the social world can be transformed (Flax, 1990, p. 5)

Despite the diversity among feminists and feminist theory, the basic underlying assumptions about gender inequity hold true for most ideological perspectives. According to Taylor and Whittier (1993):

Feminist ideology today continues to be a mix of several orientations that differ in the scope of change sought, the extent to which gender inequality is linked to other systems of domination, especially class, race/ethnicity, and sexuality, and the significance attributed to gender differences. (p. 534)

Criticisms of feminist theory: Like most theories, feminism has not gone without criticism. The feminist movement has been criticized as being a movement by and for middle class white women (Adams-Sawyer, Adams-Sullivan, Brown-Manning, DeLaCruz, & Gaines, 1986; hooks, 1981; Shaw & Lee, 2001). bell hooks, an African American feminist writer and academician, suggested that feminism’s primary agenda is the achievement of equality of white women of a privileged class with white men of a privileged class and ignores the issue of white privilege (hooks, 1981). hooks writes that the central goal of feminism is to give white women

access to the wealth and power of the ruling class and that “[i]t is this opportunistic appropriation of feminist thinking that consistently corrupts feminist politics, sending the clear message to disenfranchised poor and working-class women and men of all races that the feminist movement is not for them” (hooks, 2001). Shaw and Lee (2001) have attempted to challenge this critique. While they agree that historically, racism has been present in the feminist movement and the lower class has been underrepresented, “much work has been done to transform the women’s movement into an inclusive social movement that has relevance for all people’s lives” (p. 17).

Feminists challenge traditional psychotherapy: Feminist practice interventions first appeared in the late 1960’s as an alternative to traditional psychotherapy with women (Cearley, 1998). Second wave feminist activists questioned the ability of traditional therapy to respond to women’s unique experiences. Several authors including Jean Baker Miller, Carol Gilligan and Nancy Chodorow helped to establish that women had unique developmental experiences and issues. In her book, *Toward a New Psychology of Women*, Miller (1976), attempts “to lay out a framework for understanding the psychology of women” (Miller, 1976, p. ix). Miller (1976) addresses women’s subordination and how inequality affects the other aspects of their lives.

Gilligan (1982) examined the moral development of women in contrast to that of men and developed the idea that women are more inclined toward an ethic of care. She concluded her book by saying:

The failure to see the different reality of women’s lives and to hear the differences in their voices stems in part from the assumption that there is a single mode of social experience and interpretation. By positing instead two different modes, we arrive at a more complex rendition of human experience which sees the truth of separation and attachment in the lives of women and men and recognizes how

these truths are carried by different modes of language and thought. (Gilligan, 1982, p. 173-174)

Chodorow (1989) argued that psychoanalysis cannot make universal claims concerning the psychological development of both men and women and characterizes Freud's work as only sometimes describing how women develop in a patriarchal society. She argues that psychoanalysis must take into account the cultural and historical conditions of the present time.

Contemporary feminist practice is based on several assumptions that reflect feminist theory. These assumptions have been outlined by Bricker-Jenkins and Hooyman (1986) in their book *Not for Women Only: A Social Work Practice for a Feminist Future*.

1. An end to patriarchy: history needs to be reclaimed through demystification and demythicization; women's perspectives and experiences must be validated and valued; transform personal and social relationships and put an end to all systems of subordination and privilege.
2. Empowerment: power must be reconceptualized as limitless, collective and transactive; helping relationships must be egalitarian, problem-solving, and inclusive.
3. Process: viewed as equally important as product; must be non-oppressive, culture-building, educational, democratic, non-judgmental, nonlinear, dynamic, and developmental.
4. The personal is political: the idea that personal problems and conditions have historical, material, and cultural dimensions; that we are all connected with each other and there are no personal, private solutions; that failure to act is to

act; that personal growth is achieved through political action; that as we change ourselves, we change the world.

5. Unity in diversity: the idea that no person is free until all are free; respecting diversity and seeing it as a source of strength; conflict is inevitable and peace is achievable; the elimination of false dichotomies and artificial separations.
6. Validation of the nonrational: Healing, spirituality, nonlinear thinking, the existence of many truths, and recognizing that problem definition is a subjective process.
7. Consciousness raising/praxis: renaming and recreating reality, liberation is achieved through one's own actions and self-reliance, valuing rugged collectivism; the infusion of consciousness and values into the world; and revolution is viewed as a process not an event. (Bricker-Jenkins & Hooyman, 1986, p. 10-11)

Valentich (1996) suggests that feminist practitioners should pay particular attention to certain aspects of the therapeutic encounter. First, the relationship between worker and client should be egalitarian in nature and thought of as a partnership or sisterhood and the assessment should examine the woman's social history and interactions, instead of focusing on the identification of individual psychopathology (Valentich, 1996). Bricker-Jenkins (1991) reports that the language employed in feminist practice should be political and include terms like "advocacy", "empowerment", "liberation" and "transformation" and avoid the use of terms used to pathologize. Finally, the client should determine the length of contact and have the ability to return if she desires (Valentich, 1996). These therapeutic techniques are in stark contrast to traditional psychotherapy and have been somewhat controversial among helping professionals.

Feminist explanations of IPV are considerably different from psychological and sociological explanations. Feminists use the term intimate partner violence instead of family or domestic violence because feminists define IPV as violence that occurs exclusively between intimate partners and is committed primarily by men against women. Feminists define IPV as a pattern of verbal, emotional, physical, and sexual violence used by one partner to intimidate, frighten, and control the other partner (Wilson, 1997). It is often cyclical and usually escalates over time in severity and frequency. Feminist theorists analyze intimate partner violence as it relates to gender and power in society (Yllö, 1993). From a feminist perspective, intimate partner violence is just one of many tactics of social control used by men to dominate women. Feminist theorists argue that family system theorists fail to analyze family violence within the context of the patriarchal system of which it is a part (Lenton, 1995). According to Dobash and Dobash (1979)

[T]he correct interpretation of violence between husbands and wives conceptualizes such violence as the extension of the domination and control of husbands over their wives.

This control is historically and socially constructed. The beginning of an adequate analysis of violence between husbands and wives is the consideration of the history of the family, of the status of women therein, and the violence directed against them (p. 15).

In this dissertation, IPV is viewed and defined within a feminist conceptual framework and, consistent with that framework, the operational definition of IPV relied on here is Almeida and Durkin's (1999) definition as it occurs between intimate partners (provided earlier). While IPV can occur in heterosexual relationships as male to female perpetrated or female to male perpetrated violence, national studies on IPV indicate that women are far more likely than men to be the victims of IPV, are more likely to suffer severe injuries (Rennison, 2003; Tjaden &

Thoennes, 2000), and are more likely than men to be killed by an intimate partner (Rennison, 2003; Tjaden & Thoennes, 2000; Walker, 2000). For these reasons, this dissertation will focus on women as survivors of IPV and men as perpetrators.

Criminal Justice Response

Although the criminal justice response to IPV came mostly at the urging of feminist activists, the criminal justice system has responded to intimate partner violence by creating interventions that are predominantly based on social exchange theory. Social exchange theory (Blau, 1964) has been used by sociologists to explain “family violence”. A basic assumption of social exchange theory is that human interaction is guided by the pursuit of rewards and the avoidance of costs and punishments (Blau, 1964). As applied to intimate partner violence, people use violence against their partners when the costs of violence do not outweigh the rewards (Gelles & Cornell, 1985). For example, if a man uses violence against his partner without suffering any consequences, such as arrest, and his partner changes her behavior to comply with his requests (to avoid further violence), then the benefits of using violence outweigh any consequences he has suffered. The use of arrests, jail time, and community service are intended to deter the perpetrator from using violence in the future. Unfortunately, the current criminal justice interventions seem to lack effectiveness with many perpetrators and there is evidence that arrest may only be effective with certain populations (Sherman, 1992).

Two particular criminal justice strategies that are widely utilized by states for reducing IPV are mandatory arrest and mandatory prosecution of perpetrators. Mandatory policies on arrest and prosecution have received a significant amount of attention in the IPV literature. Several states began implementing mandatory arrest laws during the 1980s. Before mandatory arrest, police were given the discretion of making an arrest or not. Mandatory arrest policies in

cases of IPV removed police discretion and required police to arrest the perpetrator. Supporters of mandatory arrest believed these policies would control police behavior, provide survivors with immediate safety from current violence, reduce the overall number of domestic violence incidents, rectify the discriminatory treatment of women by law enforcement, make police services available on a more equal basis (Stark, 1996), and help guarantee batterer accountability (Goldman, 1991). Additionally, it was believed that mandatory arrest would reconceptualize the problem of domestic violence and change society's attitude towards it (Zorza & Woods, 1994).

Following the implementation of mandatory arrest, mandatory policies on the judicial level began to emerge. Not only were states requiring that police arrest perpetrators, but now district attorneys were required to proceed with prosecutions despite protestations from victims. Mandatory prosecution removed victim preference about pressing charges and placed the onus of responsibility onto the state. Supporters of these no-drop policies offer several compelling arguments for their use including that: (1) IPV should be treated as a crime against the state as well as the victim; (2) mandatory prosecution policies discourage unsympathetic court personnel from dismissing cases without justification; (3) mandatory prosecution limits the number of dropped cases; (4) mandatory prosecution deters intimidation or violence used by the perpetrator in an attempt to get the victim to drop charges; (5) mandatory policies increase the conviction of batterers and therefore increase the deterrent effect and; (6) society will benefit from the identification and conviction of batterers which will prevent them from re-offending (as cited in Mills 1998 p. 56).

While these arguments are certainly compelling, mandatory policies have been the subject of harsh criticism. Mills (2003) argues against the use of mandatory policies because she believes they remove victim choice which is disempowering and sometimes jeopardizes

women's safety. Furthermore, research on the effectiveness of mandatory policies offers mixed results providing little empirical evidence to support their continued use (Buzawa, Austin, Bannon, & Jackson, 1993; Ford & Regoli, 1993; Maxwell, Garner, & Fagan, 2001; Sherman, 1992; Sherman & Berk, 1984).

Mandatory policies have obvious benefits for survivors, yet these policies can also make leaving more difficult for women who want to leave. Often, women who live with an abusive partner are not allowed to work, making them financially dependent upon their partners. When men are arrested for IPV they are prevented from attending work while they are in jail and many abusers lose their jobs as a result. This loss of income generally creates major financial problems for survivors and their children who continue to have to pay for housing, bills, groceries and other costs of day to day living. Women with hopes of collecting child support and/or alimony when they leave are often discouraged by his loss of income because it almost guarantees poverty for themselves and their children.

Additionally, mandatory arrest policies may not be empowering to survivors. Many survivors call the police simply because they want the police to come out and stop the specific episode of violence, not because they want him to be arrested. When police officers arrest perpetrators despite survivors' protestations, women are discouraged from using the police as a resource. Women are also discouraged from using the police when mandatory arrests backfire and survivors are arrested for defending themselves (Zorza & Woods, 1994). When women become fearful of the police, they no longer view the police as a resource to reduce the violence or help them escape the relationship. The problems these policies can create for survivors are only compounded by the multitude of other barriers to leaving that survivors confront. These will be discussed at length in chapter three.

Practice Strategies and Interventions

Several strategies have been developed to protect survivors and reduce the occurrence of IPV. Many survivors now have access to shelters, treatment groups, restraining orders, police, and prosecutors. The most widely accepted practice interventions for batterers and survivors are based on a feminist model. The term “coercive control” is used by battered women’s advocates to describe the system of controls that batterers use to control their female partners (Yllö, 1993). The “Power and Control Wheel” developed by the Duluth Domestic Abuse Intervention Project (Pence, 1985) explains this system of controls by showing the interconnections between the use of physical violence and other tactics of control including coercion and threats, intimidation, emotional abuse, isolation, minimization, denial, blame, using the children, using male privilege, and economic abuse. The coercive control model “identifies violence as a tactic of entitlement and power that is deeply gendered, rather than as a conflict tactic that is personal and gender neutral” (Yllö, 1993, p. 57).

Clinical practice interventions with survivors of IPV have incorporated various strategies including individual, family, and couple’s counseling as well as group treatment and shelter services. Unfortunately, researchers have had difficulty determining which of these interventions, if any, are most helpful to survivors. There are various reasons for this difficulty. First, desired outcomes have been based on the desires of practitioners, policy makers, police, and the courts, rather than on the individual desires of survivors. This has made it difficult to determine whether or not practice interventions are effective at achieving the “right” outcome because there is no consensus about what the “right” outcome is.

Second, initial literature on intimate partner violence focused on the individual psychopathology of survivors and held women accountable for their partners’ use of violence

(Faulk, 1974; Snell, Rosenwald, & Robey, 1964). These pathologizing views about survivors were deconstructed by feminist activists who successfully shifted the blame and, inadvertently, most of the research onto battering men. Consequently, researchers have either avoided evaluating practice interventions with survivors or have primarily focused either on what factors are the most influential on a woman's decision to leave the relationship, or on the effectiveness of particular practice interventions at reducing symptoms associated with battering and trauma.

Other problems with identifying and studying best practice interventions have been discussed by researchers in this area. Tutty, Bidgood, and Rothery (1996) reported that research studies on best practice interventions with survivors of IPV often suffer from methodological errors like small sample sizes and the lack of random assignment to intervention and control groups. Additionally, Lundy and Grossman (2001) point out that the variety of assessments and measures used by researchers makes generalizations across interventions difficult and that researchers have used poorly conceptualized interventions. This had created some difficulty determining what components of the intervention were beneficial.

In an effort to improve interventions with survivors, many researchers have attempted to address the cognitive process that women go through as they "recover" from their exposure to IPV. These studies, often referred to as "process studies" (Anderson & Saunders, 2003), are abundant in the IPV literature. Generally, process studies suggest that women progress through a multitude of stages as they become involved with an abusive partner, figure out ways to "manage" the violence, and then struggle to achieve and maintain non-violence (Anderson & Saunders, 2003). However, most process studies focus primarily on the internal processes that take place as a woman prepares to leave an abusive partner and they identify leaving as the final stage of the process. Leaving is a commonly evaluated outcome in both qualitative and

quantitative inquiries (Anderson & Saunders, 2003) because researchers have had difficulty determining which outcomes are the right outcomes to study.

Like other studies with survivors of IPV, process of leaving studies have primarily focused on the outcome of leaving. However, the primary focus on leaving is problematic because it fails to address the unique needs of individual women, especially those women who are not ready to leave or who choose to work to end the violence within the context of the relationship. Additionally, it fails to address post-separation issues for women who do leave. Furthermore, it blames those women who choose not to leave, or who lack the external resources needed to leave safely, for their failure to do so and for the continuation of their partner's use of violence. This faulty thinking has two major underlying assumptions: that leaving is the only way for women to escape violence, and that women who do not leave have some individual pathology that makes them *choose* to endure the violence. This dissertation will explore the presence of an alternative outcome, transformation, which focuses on reclaiming a sense of self, safety, independence, and personal power. Transformation will be suggested as a more appropriate outcome because it assumes that all women desire to be free from violence apart from their decision to stay or leave.

CHAPTER TWO

Recovery

Overview

The term “process of transformation” is being used by the author to describe how survivors of IPV reclaim their lives following exposure to IPV. Because there has been no conceptual definition of “transformation” in the IPV literature, the recovery literature will be used to provide additional insight into the development of a conceptual framework for the term transformation. The literature that describes recovery from mental illness and recovery from trauma is especially helpful because these conceptualizations of recovery resemble the author’s conceptualization of transformation more closely than other concepts found in the literature. In an effort to better conceptualize the author’s employment of the concept of transformation, this chapter will review the concept of recovery as it has been conceptualized within the literature. The historical origins of what has been called recovery will be explored as well as the many ways that recovery has been adapted and conceptualized by various groups throughout history and into the present.

Historical Origins of Recovery

Rooted in the medical model, recovery is most commonly used to describe the process by which a person regains their physical health after illness or injury. The medical model was adopted by other professional groups and used to develop treatment interventions for people suffering from alcohol and drug addiction (Rush, 1943), social maladjustment (Richmond, 1917) and more recently, mental illness (Carpenter, 2002). Recovery has been conceptualized in the literature in various ways. Some authors suggest that recovery occurs in stages and describe it primarily as an internal process (Baxter & Diehl, 1998; Young & Ensing, 1999). Others suggest

that the recovery process is influenced not only by internal factors, but also by the external environment within which an individual lives (Jacobson, 2001; Kotake-Smith 2000; Ochacka et al, 2005). Although there is no universal definition of recovery, one recent definition of recovery describes it as the process of re-engaging in life and regaining a sense of self and purpose (Anthony, Cohen, Farkas, & Cagne, 2002).

Substance abuse counselors were among the first professionals to adopt the term recovery. Alcoholism was one of the earliest forms of substance abuse to be recognized as an addiction and treated as such (White, 2005). Prior to the late 18th century, chronic drunkenness had been conceptualized as a problem resulting from poor moral character (White, 2005). However, as alcohol consumption rose during this era, attitudes about alcoholism shifted and alcoholism became recognized as an illness or disease (White, 2005). This shift to the medical model of illness and recovery explains why the medical term “recovery” became associated with alcohol and drug addiction.

Addiction recovery continues to be described as a process that requires medical supervision. However, as opposed to idea that medical personnel alone are responsible for an individual’s recovery, the addict’s sustained participation in his or her journey back to health is now included (White, 2005). Peer based mutual aid groups have become popular recovery programs for people suffering from addictions. Alcoholics Anonymous (AA), established in 1935, represents most modern peer-based intervention and support groups and has become the standard by which these groups are measured (White, Boyle, & Loveland, 2004).

Historically, the term recovery has not been used among mental health professionals because recovery from mental illness, as defined by the medical model, rarely occurred (Carpenter, 2002). Most individuals were placed into mental asylums involuntarily and few ever

left. The first shift in thinking about recovery from mental illness was prompted by Clifford Beers (Friedman, 2002). In 1908, after several years of voluntary hospitalizations for depression and anxiety, Beers published *A Mind That Found Itself*, an autobiographical account of the abuses he suffered and witnessed during his hospitalization in two mental institutions (Friedman, 2002). In 1909, Beers founded the National Committee for Mental Hygiene, an organization that he hoped would “fight to improve care and treatment of people in mental hospitals, work to correct the misimpression that one cannot recover from mental illness, and help to prevent mental disability and the need for hospitalization” (Friedman, 2002, p. 1). The National Committee for Mental Hygiene brought about several positive changes in legislation and funding that affected mental health services (Freedman, 1967; Friedman, 2002).

The last two decades have seen additional shifts in thinking about the concept of recovery from mental illness. During the 1980s more consumer survivors followed in the footsteps of Beers and published their personal accounts of recovery from mental illness. In 1982, Houghton became one of the first of many consumer/professionals to publish a personal account of recovery from a mental illness in a professional journal. Their unique stories of recovery provided hope to other consumers with mental illness that recovery, although defined differently, was achievable (Leete, 1989; Deegan; 1988; Houghton, 1982). These consumer/professionals also provided mental health professionals with an alternative view of recovery. Carpenter (2002) discusses this paradigm shift and offers implications for the social work profession. She explains how, through the lens of the medical model, recovery was viewed as a state or result to be achieved and was treated primarily with medications and psychotherapy. Recovery represented the point at which a person suffering from a psychiatric illness experienced a cessation of symptoms related to their illness (Carpenter, 2002). Moreover, patients who experienced any

regression in improvement were considered to have relapsed. Through the new paradigm, recovery is viewed as an ongoing process of discovery in which consumers assume responsibility for their own recovery and work to achieve personal success (Carpenter, 2002). Consumers are supported in traditional and nontraditional ways as they attempt to redefine who they are and make their life meaningful, regardless of whether symptom relief is ever achieved (Carpenter, 2002).

Today, recovery from mental illness is described as a “complex, dynamic, and enduring process rather than a biological end-state described by an absence of symptoms” (White, et al, 2004, p. 1). This re-conceptualization of recovery is helpful in conceptualizing the process of transformation for survivors of IPV in the way that it views recovery as a process of discovery and offers clients support in a variety of ways. It is not helpful in that it places the responsibility of recovery onto individuals without considering what external factors influence the recovery process. Additionally, placing the responsibility of recovery onto individual survivors blames women for their partners’ abusive behavior by suggesting that they can stop the abuse, and perpetuates the myth that women do not leave abusive partners because they have some individual psychopathology that prevents them from doing so. It also ignores the institutional, cultural, societal, and relational barriers that work collectively to prevent women from leaving abusive partners, much as sexism works to maintain women’s lower status.

The term recovery has also been used by mental health professionals to describe the process of healing after exposure to a traumatic event. In the trauma recovery literature, recovery has generally been understood as a process that begins after exposure to a single traumatic event. Herman (1997) describes recovery from trauma as the progression through three distinctive stages that include the establishment of safety following the trauma,

remembrance and mourning of who they were before the trauma and assimilation of the experience into their new selves, and finally reconnection with ordinary life.

Understanding recovery from trauma is helpful in the conceptualization of the process of transformation because survivors of IPV are often exposed to ongoing violence and abuse and the process of transformation probably happens in stages similar to those described by Herman (1997). However, due to their unique circumstances, survivors of IPV may experience the recovery process somewhat differently from the way that Herman (1997) describes the process. Unlike survivors of single traumatic events, survivors of IPV need not have escaped the source of the trauma to begin the transformative process. In fact, research on the process of leaving (Anderson & Saunders, 2003; Dobash & Dobash, 1979; Khaw & Hardesty, 2007; Landenberger, 1989; Mills, 1985; NiCarthy, 1987; Taylor, 2002) and how survivors of IPV experience treatment (Shamai, 2000) indicates that a certain amount of recovery and healing takes place within the relationship, and well before survivors begin to contemplate leaving. Indeed, a certain amount of recovery within the relationship may be needed for women to begin the process of reclaiming self, safety and power. An analysis of the process of leaving studies (provided in Chapter 3) indicates that most women undergo some kind of shift in thinking long before they begin to think about or plan leaving. This shift generally happens after women come into contact with some outside source of information (friend, book, therapist, pastor, etc) that gives them insight into their partner or relationship, giving them the ability (or permission) to externalize their feelings and see the abusive partner as responsible for his abusive behavior (Landenberger, 1989; Merritt-Gray & Wuest, 1995; Mills, 1985; Perelli, 2005; Sev'er, 2002; Wuest & Merritt-Gray, 1991). An altered perception seems to spark a new beginning for how women see and

respond to their partners' abusive behavior, and how they view themselves in relation to their partners, thus beginning a process of recovery or transformation.

Survivors' experiences of recovery from IPV are also different from survivors of single traumatic events because survivors of IPV who leave or divorce their partners have the added dimension of having lost an intimate relationship. Like all women who divorce, survivors of IPV experience a number of losses like losing the hope of having an ideal marriage and losing their status as a wife (Varvaro, 1991). Additional losses include loss of their home or familiar living space, loss of social status, loss of economic security, and the loss of married friends or other social support systems (Baum, 2006; Turner & Shapiro, 1986; Varvaro, 1991). Furthermore, despite having escaped from a partner who was abusive, many survivors still grieve the loss of the relationship (Turner & Shapiro, 1986). Guilt is often another emotional consequence of divorce, at least initially. Overall, women and girls have been found to experience higher levels of guilt than men and boys (Baumeister, Stillwell, & Heatherton, 1994); resulting partially, if not primarily, from gender socialization and cultural expectations. Because women are inclined to these feelings already, initiating a divorce is likely to result in feelings of guilt (Baum, 2006), and separation guilt has been found to thwart the development of new intimate relationships and create problems with setting boundaries (Baum, 2006).

The experiences described above may all influence the ways that survivors of IPV experience the process of transformation, as do each woman's unique life circumstances. For these reasons, defining a set of clear and predictable stages in the transformative process might prove to be difficult or impossible. However, Ochacka et al (2005) provide a more comprehensive conceptual framework for understanding recovery that allows for all of these variances to be considered.

A New Conceptual Framework for Recovery

Ochacka et al (2005) describe recovery as a nonlinear, complex, and multidimensional process that includes successes and setbacks, and is experienced by the person as a negotiation between internal processes and external circumstances. This negotiation is a “dialectic process in which each individual continually tries to make sense of and respond to the dual realities of what is going on inside of themselves and the external circumstances within which she/he lives” (Ochacka et al, 2005, p. 317). Ochacka et al (2005) describe four components of recovery that will be used to guide the sub-questions of this inquiry. The first component described by the authors is the drive to move forward (Ochacka et al, 2005). The authors believe that “every human being is involved in his/her own personal growth and life struggle...[and] the drive to move forward, the motivation for survival to live in spite of struggle, is a critical life element among all people” (Ochacka et al, 2005 p. 317). Specific components of the drive to move forward include hope and optimism, determination, faith in a higher power, and an awakening (Ochacka et al, 2005).

The second component of recovery described by Ochacka et al (2005) is called the spiral of life struggle. The authors contend that life is a series of happenings, and that there is “a constant struggle between positive times of personal growth and negative times of setback” (Ochacka et al, 2005, p. 318). They argue that recovery is much the same, therefore cannot be viewed as a linear process. Instead, recovery is described as a nonlinear, spiral of events that occur within the context of life struggle. (Ochacka et al, 2005).

The third component of recovery described by Ochacka et al (2005) is the context of life struggle. The authors contend that recovery is influenced by an individual’s two main realities: “reality of the self and the reality of external circumstances” (Ochacka et al, 2005, p. 318).

These dual realities require individuals to be involved in an ongoing negotiation between their internal and external circumstances (Ochacka et al, 2005). In their study, “participants emphasized the importance of social support, responsive services, appropriate housing, work, and income as external circumstances that facilitate recovery” (Ochacka et al, 2005, p. 318). On the contrary, participants reported that not having access to the above mentioned resources hindered the recovery process (Ochacka et al, 2005).

Negotiating the self and external circumstances is the final component of recovery described by Ochacka et al (2005). The authors describe this component as the process by which individuals attempt to make sense of and respond to the dual realities of their internal and external circumstances. The ability to negotiate these realities may give individuals a sense of control over their lives and help them to prevail despite adversity (Ochacka et al, 2005).

Ochacka et al’s (2005) four components of the recovery process are similar in concept to the stages of leaving described in the qualitative research as well as the quantitative research on the external circumstances/factors that influence the outcome of leaving. Their conceptual framework (Ochacka et al, 2005) is also congruent with the authors’ ideas about the process of transformation for survivors of IPV as well as feminist assumptions about how women’s internal realities are heavily influenced by their external realities (mainly their reduced power in society and in intimate relationships with men) and the difficulties women face trying to negotiate these. Thus, Ochacka et al’s (2005) framework for recovery will be used in this dissertation to conceptualize the process of transformation for survivors of IPV.

CHAPTER THREE

Literature Review

Despite increasing knowledge of IPV, the reasons underlying why some women stay and others leave continue to elude researchers. Survivors of IPV who leave an abusive relationship are at a significant risk of returning. In fact, nearly half of all attempts to leave an abusive partner result in a return to the relationship (Campbell, Rose, Kub, & Nedd, 1998; Griffing et al, 2002; Hilbert & Hilbert, 1984; Martin et al, 2000; Strube, 1988). Many women leave several times before they are able to make a final exit from the relationship (Walker, 1984). A permanent decision to leave and not return to the relationship usually involves internal changes including personal growth and an altered perception of the problem (Davis & Taylor, 1996; Farrell, 1996; Kirkwood, 1993; Landenberger, 1989; Mills, 1985; Sev'er, 2002). Although most women living with an abusive partner eventually leave (Campbell, Miller, Cardwell, & Belknap, 1994), some women choose to remain in the relationship (Eisikovits, Buchbinder, & Mor, 1998; Gortner, Berns, Jacobson, & Gottman, 1997; Herbert et al, 1991; Wuest & Merritt-Gray, 2008). Abusive relationships have numerous deleterious effects on women's emotional, psychological, and physical health (Anderson, Saunders, Yoshihama, Bybee, & Sullivan, 2003; Housekamp & Foy, 1991; Roberts, Williams, Lawrence, & Raphael, 1998; Sullivan, Basta, Tan, & Davidson, 1992), and staying in an abusive relationship increases the likelihood that these consequences will be more severe (Sutherland, Bybee, & Sutherland, 1998; Walker, 1984).

Researchers studying IPV have used various human behavior theories to explain how and why women make the decision to stay with or leave an abusive partner. The most commonly cited include Battered Women's Syndrome and Learned Helplessness, The Investment Model, the Transtheoretical Model of Change, Social Learning Theory, and Feminist Theory analyses of

patriarchy and sexism. This chapter will review these theoretical explanations as well as provide an empirical review of the barriers to leaving and qualitative studies on the process of leaving and healing from an abusive intimate relationship.

Theoretical Explanations

Battered Women's Syndrome and Learned Helplessness. Battered women's syndrome describes a category of PTSD that results from exposure to IPV (Herman, 1992). Symptoms of PTSD and battered women's syndrome frequently include hypervigilance, exaggerated startle response, intrusive thoughts and replaying of traumatic events, a state of emotional numbness, and/or anxiety and depression (Herman, 1992). These symptoms can impede problem solving skills, create feelings of hopelessness and being trapped, and affect a woman's overall ability to respond effectively to her life circumstances (Anderson et al, 2003; Cascardi & O'Leary, 1992; Fiore-Lerner & Thomas-Kennedy, 2000; Jones, Hughes, & Understaller, 2001; Lewis et al, 2006).

Learned helplessness is used to describe survivors whose thinking and behaviors have become restricted as a result of long-term exposure to IPV. Walker (1979) related Seligman's (1975) theory of learned helplessness to "battered women" and argued that survivors learn from unsuccessful past efforts that their responses will not produce a desired outcome. Battered women's syndrome and learned helplessness have been used successfully (and unsuccessfully) as a legal defense for many survivors of IPV who have been tried for killing an intimate partner in self-defense. These theories help to illuminate the psychological and emotional consequences of IPV for victims and the difficulties survivors face before, during, and after leaving; they also create a double-edged sword for survivors.

Battered women's syndrome and learned helplessness have been harshly criticized by feminist theorists who dispute the usefulness of these "diagnoses" (which are not recognized in the DSM-IV) for survivors and argue that they pathologize survivors of IPV in much the same way that using white, male standards of mental health to define what constitutes "healthy" pathologizes women (French, Teays, & Purdy, 1998; Stout & McPhail, 1998). Alternately, they suggest that survivors' cognitions and behaviors may look pathological to outsiders but should really be regarded as strengths because they keep women alive in the face of ongoing verbal, emotional, and physical attacks (Bowker, 1993; Gondolf & Fischer, 1988; Kirkwood, 1993; Lempert, 1996). While survivors may have little to no power over an abusive partner's behavior, they are neither helpless nor powerless, and describing them as such is misleading and disempowering.

Investment Model. Rusbult's (1980) Investment Model of Commitment asserts that intimate relationships work when both people are fully committed to making it work (Sprecher, 1998). This model suggests that an individual's satisfaction with the relationship, quality of alternatives to the relationship, and investment size are all positively associated with their commitment to the relationship. Rusbult (1980) also identified two major variables as being linked to relationship commitment: equity and social support (Rusbult, 1980). A fair, or equitable relationship resulted in higher levels of commitment, as did social support from friends and family that commended the relationship. Rusbult's (1980) Investment Model has been used in the IPV literature to explain how women make the decision to leave (Choice & Lamke, 1997; Rhatigan & Axsom, 2006; Rhatigan, Street, & Lowe; 2003; Rusbult & Martz, 1995; Strube, 1988) and proposes "that battered women make rational relationship decisions based on the relative cost-reward ratio inherent in their relationships and the broader social community in the

same manner as others do” (Rhatigan & Axsom, 2006, p. 154). Rhatigan and Axsom (2006) suggest that the Investment Model is a non-pathologizing theory that is especially useful for predicting survivors’ staying and leaving because it “accounts for a large amount of data examining diverse empirical factors associated with battered women’s stay/leave decisions” (p. 153). The approach of this theory is particularly helpful because, unlike traditional psychological theories on survivors’ decisions to stay or leave, this theory attempts to account for the influence of external barriers on the internal cognitive processes. More recent research on the investment model has not supported Rusbult’s original findings. Truman-Schram, Cann, Calhoun, & Vanwallendael’s (2000) study that examined women’s perceived alternatives and commitment to the relationship found that neither variable predicted staying or leaving for the women who participated, which would indicate that survivors’ decisions to stay or leave are more complex than a cost-benefit analysis alone.

Transtheoretical Model of Change (TMC). Research on how people change indicates the semi-linear progression through stages (McConaughy, Prochaska, & Velicer, 1983; Prochaska & DiClemente, 1982; Prochaska, DiClemente, & Norcross, 1992). The Transtheoretical Model of Change (TMC) conceptualizes behavioral change as a five stage process including pre-contemplation, contemplation, preparation, action, and maintenance (Proschaska & DiClemente, 1982). In recent years, several researchers have used the TMC to describe survivors’ readiness for and cognitions about leaving an abusive partner. Brown (1997) suggested the stages of change model as an alternative outcome to leaving because focusing on the outcome of leaving fails to acknowledge critically important changes that survivors of IPV make without leaving the abusive partner. She also argued that the outcome measure of leaving misses the cognitive and behavioral changes that survivors make in preparation for overcoming the abuse and suggests

that researchers begin to examine the incremental changes and use these to evaluate survivors' progress. Because TMC articles on the process of leaving categorize the process into specific identifiable stages, the research articles using TMC to describe leaving an abusive partner will be reviewed in-depth later in this chapter.

The Transtheoretical Model of Change is useful for helping researchers and clinicians understand the internal cognitive processes that women go through as they attempt to free themselves from violence, thereby helping them to develop interventions that are appropriate to the stage of individual survivors. Research that has explored the stages of change model with survivors of IPV (Brown, 1997; Burke et al, 2001; Khaw & Hardesty) has been scrutinized for not exploring the role that abusive partners play in the women's decision making (Anderson & Saunders, 2003). It has also been scrutinized for not addressing the multitude of internal and external barriers that constrain survivors' decision making (Anderson & Saunders, 2003).

Social Learning Theory. Social learning theory (Bandura, 1973) has been widely used to explain the social phenomenon of IPV (Mihalic & Elliot, 1997) but has been primarily used to explain the intergenerational transmission of aggression from abusive male parents whose male children grow up to be abusive towards their intimate partners (Herrenkohl, Herrenkohl, & Toedtner, 1983; Kalmuss, 1988; Kaufman & Zigler, 1987). Sex-role theory, which falls under the "umbrella" of social learning theory, has been used to suggest that sex-role socialization teaches males and females socially appropriate ways of behaving depending on their gender (Coleman & Straus, 1986; Walker, 1984). Accordingly, women are socialized for the roles of wife and mother and are taught to be passive, dependent, nurturing, relational, and to take care of the needs of others. Alternately, men are socialized to be dominant, aggressive, the head of the household, and use whatever means necessary to maintain power and control (Walker, 1984).

Empirical findings about this theory's validation as a legitimate explanation for intimate partner violence are conflicting. Neither Hotaling and Sugarman (1986) nor Walker (1984) found empirical support for sex-role theory interpretations of IPV. On the contrary, Coleman and Straus (1986) examined gender roles in a nationally representative sample of American couples and found IPV to occur less frequently among couples that had more equal relationships and more frequently among couples with rigid, traditional gender roles. Sex-role theory certainly provides another layer of understanding about how so many people of the same gender can exhibit such similarities with one another and, if true, would provide a foundation for understanding why women are victimized at a higher rate than men, and why men are aggressors at a higher rate than women. Sex-role theory does not account for IPV perpetrated by females to males, or IPV among gay, lesbian, or transgender couples.

Feminist Theory. Feminist explanations for why women stay with abusive partners generally include an analysis of patriarchy and sexism and the resulting consequences for women. Feminist researchers have identified countless barriers to achieving nonviolence that have been categorized into five levels including institutional, cultural, societal, relational, and individual levels. Institutional barriers include majority beliefs that have become part of the structure of our society. A primary and relevant example of institutionalized sexism is gender based pay inequity. Women's reduced ability to achieve economic security outside of marriage (Anderson & Saunders, 2003; Farmer & Tiefenthaler, 1997; Stout & McPhail, 1998) means that many women marry and remain married for financial security. Indeed, several studies have found women's employment and personal income to be the strongest predictor of whether or not a woman will leave (Aguirre, 1985; Anderson & Saunders, 2003; Lesser, 1990; Rusbult & Martz, 1995; Strube & Barbor, 1984). Social policy on IPV is another example of

institutionalized sexism. Although the criminal justice response to perpetrators of IPV is improving, men who beat and/or rape their wives receive far less punishment than men who beat and/or rape strangers (Barnet, Miller-Perrin, & Perrin, 2005; French, Teays, & Purdy, 1998; Gillespie, 1990; Jones, 2000; Stout & McPhail, 1998). Alternately, women who are arrested for defending themselves against an abusive partner suffer more severe punishments than men who are repeatedly arrested for abusing their intimate partners (French et al, 1998; Gillespie, 1990; Jones, 2000). The underlying message is clear and survivors likely factor this into their decision making.

Other examples include social service agencies such as child protective services (CPS) and The Department of Human Services which monitors and disperses Temporary Assistance to Needy Families (TANF). Maternal blame, or holding women primarily responsible for children and their well-being, seems to be a major problem facing survivors who become involved with CPS (Kopels & Sheridan, 2002; Munro, 1999; Stanley, 1999; Stout & McPhail, 1998). Child protective service workers who become involved with cases of IPV often penalize non-offending survivors by requiring them to complete a barrage of classes and counseling sessions to maintain or regain custody of their children, while abusive partners are often left out of the treatment planning (Beeman & Edleson, 2000; Edleson, 1998). Survivors are further penalized when they are charged with failure to protect (Beeman & Edleson, 2000; Kopels & Sheridan, 2002).

Temporary Assistance to Needy Families should be a resource to survivors who want to leave but are faced with the prospect of poverty. Women need access to affordable housing, quality child care, health insurance for themselves and their children, and dependable transportation (Anderson & Saunders, 2003; Barnett, 2000, Rhodes & McKenzie, 1998). Unfortunately, TANF benefits do not provide women with the necessary resources to escape

violence and do not move women out of poverty due to their meager benefit levels (Davis, 1999; Kintzel, 2002; Kurz, 1998; Lyon, 2002; Raphael & Tolman, 1997).

Cultural barriers refer to socially transmitted patterns of behavior and beliefs. The most influential cultural barriers to leaving an abusive partner include traditional and rigid gender role socialization, traditional views of marriage and family, religious beliefs about marriage and divorce, and life-long indoctrination into a patriarchal system that devalues women (Barnett, 2001; Stout & McPhail, 1998; Zoellner, 2008). These cultural values are problematic in many ways and for many people, but this socialization can be deadly for women who willingly accept these devalued, rigid roles when they are imposed by an abusive partner. In addition to biblical scriptures that are often used to subjugate women within the family and within the church, survivors who seek help from church leaders or family members are often told to pray harder and to be more obedient; many times they are discouraged from divorce (Alsdurf & Alsdurf, 1989; Pyles, 2006).

Cultural values and beliefs obviously vary widely around the globe, but cultural values can vary between and among groups and individuals. For example, it has been widely documented that African American women experience and respond to IPV in different ways than their Caucasian counterparts. African American women's responses to IPV must be evaluated within the context of their race, culture, and history of oppression in the United States. African American women who experience IPV are less likely to call the police or request help from social service agencies than their Caucasian counterparts (Bent-Goodley, 2003; West, 1999) out of intense loyalty to their family and extended family and fear of betraying their race (Wilson, 1997). Social, structural, and cultural factors make African American stay with abusive partners longer than Caucasian women putting them at an increased risk of physical and emotional health

problems (Lawson, Rogers-Rose, & Rajaram, 1999). Staying longer also subjects her to increased levels of violence. African American women are more likely to be killed or sustain serious injury as a result of IPV (Fagan, 1996; Hampton & Yung, 1996). Cultural expectations and negative racial stereotypes for African American women make them more likely to engage in the use of physical violence against their partners and more likely to use physical violence out of retribution for his abusive behavior or in self defense (Goetting, 1991). However, cultural values and beliefs cannot be generalized to every person who belongs to a specific cultural group as cultural beliefs can be uniquely individual, regardless of group membership.

Societal barriers to achieving non-violence vary among communities, but in general, these barriers include the lack of shelters or shelter space, the lack of affordable (and safe) housing, the lack of employment, and the lack of community demand for holding abusers accountable. Professional helpers also create community barriers for survivors. It is not uncommon for professionals who come in contact with survivors to disbelieve survivors' stories or to become frustrated with survivors who do not leave or who keep returning to abusive partners (Davis, 1984; Davis, 1987). A considerable amount of misinformation about IPV still permeates social as well as professional circles (Postmus & Pyles, 2004). These myths about IPV make it harder for women to ask for help.

Abusive men create countless relational barriers to leaving for their partners, especially men described by Jacobson and Gottman (1998) as "pit-bulls". These men are driven by their fear of abandonment and are emotionally dependent upon their partners (Jacobson & Gottman, 1998) so they create circumstances that make it very difficult for their partners to leave. They tell their partners they are "ugly", "fat", "worthless", "stupid", "nagging bitches" and that no one else would ever want them. They sabotage their partners' efforts to attend college, achieve career

goals, and gain employment because these achievements improve women's economic security, thus increasing women's ability to leave. Abusive men often threaten to kill their partners, the children, the pets, and/or their partners' parents or friends, especially when survivors begin making preparations to leave. And survivors know abusive partners are capable of doing so from past demonstrations of violence towards them or others. Many abusive men deny their partners access to bank accounts, steal their partners' identification and other important legal documents (especially for immigrant women), and refuse to put their partners' name on the title of their homes and/or cars. Abusive men strategically plan and create obstacles to anything that might enhance their partner's ability to leave. In extreme cases of intimate terrorism, women report being denied food, water, and medical care (Gillespie, 1990; Johnson, 1995; Jones, 2000; Kirkwood, 1993; Sev'er, 2002). They tell stories of being locked in closets or bathrooms while the abusive partner is at work, or being locked in their houses from the outside. These women are hostages in every literal sense of the term.

With a broader knowledge of the contextual variables that make leaving an abusive partner so difficult, it is now possible to consider the individual barriers to leaving because individual barriers can only be understood within the context of how they are shaped and influenced by the institutional, societal, cultural, and relational barriers. Women report numerous individual level barriers that prevent them from leaving an abusive partner and/ or influence their decision to return to an abusive partner after having left. These include fear of their partner, fear of losing their children or of not being able to protect their children during visitations, hope that the partner will change, guilt for separating the children from their father, a sense of having failed a relationship, lack of social and emotional support, and religious beliefs about divorce (Anderson & Saunders, 2003; Pyles, 2006; Sullivan, Tan, Basta, Rumpitz, & Davidson, 1992;

Zoellner, 2008). Furthermore, as a result of the abuse many survivors develop emotional and/or psychological problems which can manifest as depression, anxiety, eating disorders, substance abuse and PTSD (Anderson & Saunders, 2003; Anderson et al 2003; Bell, Goodman, & Dutton, 2007; Housecamp & Foy, 1991; Kemp, Rawlings, & Green, 1991; Kubany, Hill & Owens, 2003), all of which diminish survivors' problem solving capabilities and coalesce with a countless number of barriers at all of the other levels.

Mounting evidence suggests that shame plays a major role in survivors' abilities to achieve nonviolence (Aldarondo & Kantor, 1997; Barnett, Martinez, & Keyson, 1996; Buchbinder & Eisikovits, 2003; Kalmus, 1984; Kesner & McKenry, 1998). Feelings of shame prevent women from telling others about the abuse (Buchbinder & Eisikovits, 2003; Giles-Sims, 1998). As women obey their socially imposed "responsibility" to maintain the marriage and family, they relinquish bits of themselves with hopes of ending the abuse. The more of themselves they give up, the more vulnerable they become to abuse (Barnett & LaViolette, 1993; Buchbinder & Eisikovits, 2003; Fiene, 1995). Feminist researchers have been leery about engaging in research that addresses the ways women's family-of-origin experiences contribute to their vulnerability to IPV, anticipating the possibility of increased stigma, shame, blaming survivors for their circumstances, and failure to acknowledge the socio-political context of sexism and violence against women (Dobash & Dobash, 1992; Rosenbaum, Cohen, & Forstrom-Cohen, 1991; Yllö, 1993).

Their fears are not unfounded as numerous examples of this exist in the sociological and psychological literature discussed in Chapter One. However, a major argument from feminists about sexism and the continuum of violence against women is that women's lifelong experiences within a system of patriarchy and oppression, not only makes them more vulnerable to violence,

but also make achieving non-violence more difficult (Stout & McPhail, 1998). Essentially, the argument is that women's past and present conditions work together to influence the ways that women respond to and manage their current life circumstances.

Accordingly, internal circumstances that result from rigid gender socialization need to be identified and addressed. For example, shame is an internal circumstance for women that is highly influenced by gender socialization (Gilligan, 1982; Brown, 2006). While men externalize feelings of anger and hostility, women internalize feelings of shame and self-blame (Gilligan, 1982; hooks, 2003; Nichols, 1992). Much like the argument in opposition to acknowledging women's childhood experiences, failure to acknowledge girls' and women's gender socialization and how this contributes to a woman's feelings of shame and self-blame also ignores the socio-political context of violence against women because rigid gender roles create unwanted identities that increase shame (Brown, 2006). Moreover, not acknowledging and addressing past circumstances and internalized feelings impedes a survivor's ability to externalize her feelings about what's happening to her and to stop blaming herself for her partner's abusive behaviors. Understanding shame and its origins can be a powerful tool for all women, but could be exceptionally helpful to survivors of IPV. Researchers must be mindful and take care to ensure that internal factors are viewed within the context of their relationship to external factors.

Evidently, there are no simple solutions to helping women achieve nonviolence. Although the barriers at each level may be remarkably similar for many survivors, the variations and interplay of these barriers for individual women make every survivor's circumstances unique. At first glance, it might seem plausible to intervene primarily at an individual level with survivors of IPV, but an in-depth analysis clearly indicates the need for broad spectrum interventions that address barriers at every level.

Empirical Review of the Process of Leaving Studies

While the term transformation has not been previously used in the IPV literature to describe survivors' experiences with abuse and healing, the idea that survivors of IPV undergo a process of cognitive, emotional, and behavioral changes as they are exposed to and then recover from violence is nothing new. The construction of victimization and leaving as processes began with Stark, Flitcraft, and Frazier's (1979) article in which the authors argued that women who sought medical treatment for injuries from IPV were further victimized by the medical response they received. The authors suggested that this response contributed to the process of becoming a "battered woman" (Stark et al, 1979). Following this conceptualization, qualitative studies concerning the process of victimization and leaving began to surface (Ferraro & Johnson, 1983; Mills, 1985). Process of leaving studies examine the internal cognitive processes that survivors of IPV go through as they become involved with an abusive partner, learn to manage their partners' use of violence, make the decision to leave the relationship, and then "recover" after leaving (Burke et al, 2001; Davis & Taylor, 2006; Giles & Curren, 2006; Khaw & Hardesty, 2007; Kirkwood, 1993; Landenburger, 1989; Farrell, 1996; Merrit-Gray & Wuest, 1995; Mills, 1985; Moss, Pitula, Campbell, & Halstead, 1997; Patzel, 2001; Rosen & Stith, 1997; Sev'er, 2002; Wuest & Merrit-Gray, 1999; Wuest & Merritt-Gray, 2001). Currently, there are more than 30 published qualitative research articles or doctoral dissertations that have examined either external predictors of leaving and/or the internal cognitive processes survivors of IPV go through as they make the decision to leave an abusive relationship. Fifteen of those studies identified specific stages that describe a process of victimization, a process of leaving, and/or a process of healing from an abusive relationship (see table Appendix A). An empirical review of the methodology and findings of these studies will be presented to provide an understanding of the

current state of knowledge in this area and a foundation for the purpose and methods of this inquiry. The empirical review will be based on Anastas' (2004) criterion for establishing credibility and trustworthiness in qualitative research. According to Anastas (2004), credibility is addressed by having a clear research question, the effective use of theory and prior research to inform the question and methods, providing a description of the relationship between the researcher and researched, adhering to ethical research standards, and documenting the methodology. Trustworthiness of findings are addressed by keeping field notes, triangulating other data sources, using multiple coders, creating an audit trail, including participants' voices, and conducting member checks.

Mills (1985) published one of the first qualitative studies examining the ways that women cope with abusive husbands. Mills used a purposive, convenience sample and interviewed ten women who were current or past residents of a shelter for survivors of IPV. Interviews lasted one to two hours in length and consisted of several open-ended questions about the women's experience with IPV. The author identified five stages of coping with an abusive husband: 1) entering the relationship, 2) managing the violence, 3) experiencing a loss of self, 4) re-evaluating the relationship, and 5) restructuring the self (Mills, 1985). According to Mills (1985), all of the participants in her study reported entering the abusive relationship during a time in their lives when they were particularly vulnerable, citing a need for intimacy and having less clear judgment than normal (Mills, 1985). The second stage, *managing the violence*, was characterized by the development of coping strategies for dealing with the violence and abuse and included strategies like denial, minimization, and placating the abusive partner. The third stage, *experiencing a loss of self*, is the result of prolonged exposure to verbal, physical and emotional abuse, in combination with the coping strategies employed during stage two. The loss

of self happens in two primary ways, the *loss of identity* and the *loss of the observing self*, where women became “numb” to their emotions. *Re-evaluating the relationship* is the fourth stage described by Mills (1985) and is described as the cognitive process of remembering the “insights” they have experienced during the course of the relationship that have contradicted the abusive partners’ definitions of the circumstances. These insights help to build a foundation of knowledge that assists women in evaluating the reality of their circumstances and identifying alternatives. The re-evaluation of the relationship led eight of the ten women interviewed to exit the relationship (Mills, 1985).

Restructuring the self is the final stage identified by Mills (1985) and is described as a stage where women who have been involved with abusive partners and left, begin to use their experiences with an abusive partner as a way for “interpreting the past and discussing future plans” (p. 116). Mills identified two predominate views of the self during this stage: survivor and victim. Some of the women were able to describe themselves in a positive light following their experiences with IPV, and their restructured identity served as buffer to prevent future victimization, while others became focused on their flaws, and their restructured identity as a victim increased their vulnerability to future victimization (Mills, 1985).

Mills’ (1985) publication has several methodological flaws that contribute to a lack of credibility and trustworthiness of findings. Mills (1985) does not specify a theoretical framework or research design, and her position is not clearly identified. Also, she does not provide a description of data analysis techniques, she provides no rationale for her sampling strategy, and there appear to have been few measures taken to ensure trustworthiness of findings (multiple coders, member check, prolonged engagement, field notes, etc...). Despite its methodological flaws, Mills’ (1985) work helped to conceptualize victimization by an abusive partner and

leaving an abusive relationship as a lengthy process contingent on a multitude of factors, rather than as a single event.

Landenberger (1989) conducted a mixed methods study with a nonprobability sample of 30 survivors of IPV to discover the ways that being involved with an abusive intimate partner influences women's decision making. She used a cross-sectional sample design and divided the sample into three categories defined by the length of the relationship: 1) less than one year, 2) one to five years, and 3) more than five years. Quantitative methods included the collection of demographics and the use of The Index on Spouse Abuse that measured the severity and frequency of violence while qualitative methods were informed by the phenomenological framework (Landenberger, 1989). Qualitative data analysis was informed by grounded theory (Glasser & Strauss, 1967) and the constant comparison of data.

Through data analysis, Landenberger (1989) identified a four-phase process of how women become entrapped in and then recover from an abusive relationship. These stages include: 1) binding, 2) enduring, 3) disengaging, and 4) recovering. Findings did not indicate any substantive differences in the process of entrapment and recovery between the three groups of women. Landenberger (1989) described these stages as progressive, cumulative, and multidimensional. *Binding* is described as the initial involvement with the partner and development of a relationship. This stage is characterized by the woman's desire to be involved in a loving, intimate relationship and the recognition of early warning signs that indicate the partner might be abusive. The warning signs, however, are seen by the women as a problem with the relationship, not with the partner.

Enduring is the second stage identified by Landenberger (1989) and is described as a stage in which the woman is working to find solutions to end the violence and blocks out

negative aspects of the relationship. She usually accepts full or partial blame for her partner's abusive behavior and makes an effort to cover the abuse. Also during this stage, women engage in strategies to reduce the violence, like placating the abusive partner. Placating the partner usually leads to a loss of self and feelings of worthlessness or hopelessness (Landenberger, 1989).

The final two stages, *disengaging* and *recovery*, describe the process of leaving and healing (Landenberger, 1989). Disengaging is described as a stage where women begin to identify with other women who have been abused. They often begin seeking outside help from friends, family, counselors, or others who can offer support. During this stage, many women reach a "breaking point" with the abusive partner, their sense of self begins to reemerge, and they often make a decision to leave the relationship. Following their exit from the relationship, the women reported going through a process of recovery, which Landenberger (1989) described as women's initial adjustment after leaving, their struggle to survive, a period of grieving the loss of the relationship, and the search for meaning.

Although her initial sample was divided into three groups based on the duration of time in an abusive relationship, findings did not indicate substantive differences between the three groups. Instead, data analysis revealed that the women fell "naturally into categories defined by the process of entrapment and recovery" (Landenburger, 1989, p. 222). The author addresses issues of reliability and trustworthiness through audio-taping interviews, triangulation of data, mixed methods, independent coding, and using participants' responses to provide examples of data from each category.

Kirkwood (1993) published a book with her findings from a qualitative inquiry to explore the complexity of leaving an abusive partner and healing from exposure to IPV. Kirkwood's

(1993) inquiry was informed by a feminist methodological framework and she used purposive, convenience sampling to recruit a diverse group of 30 women who had been previously involved with an abusive partner, but had been out of the relationship for at least one year. She conducted pilot interviews to inform interviewing strategies and decided to interview participants twice, in semi-structured interviews where the interviewer used a topic guide and much flexibility to aid in the discussion. Data analysis techniques were not addressed except that they were informed by feminist methods of analysis which develop and change over time (Kirkwood, 1993). Credibility was sufficiently addressed by using prior research to inform the question and methodology, providing the theoretical framework being used to guide the inquiry, stating her position, and describing the relationship between the researcher and the researched. Trustworthiness was addressed by using multiple coders, keeping field notes, and including participants' voices in the report of findings.

Kirkwood (1993) describes many complexities of the processes of victimization and healing and recovery. Participants' descriptions of emotional abuse, and the short and long-term effects it had on them, were profound and compounded by the strategies used by abusive partners to maintain power and control. Kirkwood (1993) identified two major stages for women who become involved with an abusive partner, *moving inward* and *moving outward*. *Moving inward* is identified as one of the major ways that survivors are affected by the emotional abuse and is described as participants' loss of personal control and power to the abusive partner. Later, women developed an awareness of the effects of the abuse on themselves and their children and transitioned to *moving outward*, where they worked toward regaining power and control in their lives.

The complexities of individual women's lives and how those affected the process of moving outward, which included *securing independence* and *healing*, made up the remainder of her findings. The women in Kirkwood's study described several obstacles to securing their independence: *finding housing and economic resources, obtaining medical aid, obtaining protection* from further abuse, and the *impact of drastic changes in their circumstances*. Kirkwood (1993) also identified several obstacles in the healing process that included *the impact of abuse and leaving, media representations and their impact on healing from abuse, and the need for a language of abuse* (Kirkwood, 1993).

Merritt-Gray and Wuest (1995) conducted a feminist, grounded theory analysis with 13 rural survivors of IPV. The authors' questions and methods were informed by prior research literature as well as a theoretical framework. Participants were recruited through professional and lay helpers in the community who distributed letters to potential participants. Women who self-identified as being survivors of abusive partner relationships were able to return an information sheet requesting additional information about the study and be contacted by phone by a researcher. The first six women participants were interviewed twice. After their first interview, the researchers completed transcription and data analysis and then went back to them for a second interview to verify the researchers' emerging theoretical framework (Merritt-Gray & Wuest, 1995). The researchers then conducted theoretical sampling to identify an additional seven participants. Efforts to increase the study's trustworthiness included audio-taping interviews, using multiple coders, conducting a member check, keeping a field log, providing a thick description of participants, using participant responses in the report, and the triangulation of additional data sources.

Data analysis using constant comparative method produced a framework for the process of leaving (Merritt-Gray & Wuest, 1995; Wuest & Merritt-Gray, 1999; 2001; 2002). The authors identified a central process they called *reclaiming self* as well as a four stage process for how reclaiming self was achieved (Merritt-Gray & Wuest, 1995, Wuest & Merritt-Gray, 1999; 2001; 2002). In their first publication, the authors addressed the first two stages of the process, *counteracting the abuse* and *breaking free*. In their subsequent publications they addressed the final two stages of the process, *not going back* and *moving on*. Counteracting the abuse is the first stage identified by the authors and begins with the onset of abuse. This stage is made up of three components: relinquishing parts of the self, minimizing the abuse, and fortifying defenses. During this stage, women described feelings of humiliation and shame resulting from their partners' power and control strategies, and also from having to relinquish important parts of their identity. Women's attempts to minimize the abuse included strategies like placating the partner ignoring provocation, agreeing, avoiding, and fighting back. Eventually, women began fortifying defenses by distancing, creating a safe physical space away from the partner, experiencing a caring relationship elsewhere, and making a plan to leave (Merritt-Gray & Wuest, 1995).

Breaking free is the second stage identified by Merritt-Gray and Wuest (1995) and is described as a transition where survivors begin to explore possibilities for exiting the relationship while simultaneously holding on to hope that the abusive partner will change. Breaking free was described as a long process characterized by cycles of leaving and returning and emotionally disengaging from the partner. The activities survivors engaged in during this stage were described as a "necessary step in developing readiness" (p. 409) for making a final exit from the relationship. The authors identified social support as a critical element for survivors in this stage

because social support increases survivors' ability to maintain the separation (Merritt-Gray & Wuest, 1995).

After leaving the relationship, survivors described difficulty with and strategies for maintaining the separation or, *not going back* (Wuest & Merritt-Gray, 1999). Survivors channel a vast amount of their energy into establishing boundaries, ensuring their safety, and providing constant justification for their decisions. Not going back often required accessing community resources like shelter services, support groups, financial assistance, legal assistance, housing assistance, protective orders, and support from family, friends, and formal helpers. Importantly, Wuest and Merritt-Gray (1999) suggested that due to the added demands and responsibilities of caring for children, women with children have a significantly tougher time not going back than do women without children. As a group, survivors reported that sustaining the separation required placing themselves and their children at risk of escalated violence, breaking socially expected gender roles, and "paying the price" both financially and emotionally for the loss of income, loss of belongings, and intrapersonal losses (Wuest & Merritt-Gray, 1999).

During the final stage of *moving on*, women were engaged in examining their past experiences, searching for reasons why it happened, redefining themselves as survivors instead of as an abused woman, and relegating their experiences with abuse to the past so that they could move forward (Wuest & Merritt-Gray, 2001; 2002).

Farrell (1996) conducted a qualitative, phenomenological inquiry with survivors of IPV to explore the lived experiences of healing with women who had been involved an abusive intimate partner. The author interviewed seven women who all identified themselves as having been involved with an abusive partner in the past, but as currently being out of an abusive relationship for at least one year or longer. The author used criterion sampling and recruited

participants from a community program that provided housing, education, and counseling to survivors of IPV. The researcher took various efforts to ensure trustworthiness of findings including prolonged engagement, triangulation, a member check, thick description, multiple interviews that were recorded and transcribed, referential adequacy, an inquiry audit, and the inclusion of additional data sources. The author used Gorgi's (1985) method of phenomenological data analysis which revealed four major themes related to healing: 1) flexibility, 2) awakening, 2) relationship, and 4) empowerment (as cited in Farrell, 1996).

Rosen and Stith (1997) conducted a qualitative, grounded theory analysis to examine the ways that women disengage from abusive partners. The purpose and methods of the inquiry were informed by prior research and a theoretical framework. The authors used purposive, theoretical sampling to recruit 22 women who had been previously involved in an abusive dating relationship. All but two of the participants had ended their relationships with the abusive partner prior to participation in the interview. Twelve women were interviewed once and ten of the 22 women were selected to be interviewed a second time to increase the researchers' understanding about specific topics (Rosen & Stith, 1997). The researchers used field notes, multiple coders, and participants' voices in the research report to help ensure trustworthiness of findings.

Data analysis was conducted according to the constant comparative method and revealed a *disentanglement process* (Rosen & Stith, 1997). The disentanglement processes are described as interrelated and include *seeds of doubt, turning points, objective reflections and reappraisals, self reclaiming actions, paradigmatic shifts and last straw events, and leave-taking, healing and moving on*. *Seeds of doubt* refers to the feelings that women experienced early in the relationship that indicated that something was wrong or that gave them doubt about the partner or the sustainability of the relationship. *Turning points* refers to participants' descriptions of an external

or intrapersonal event that caused them to shift their thinking and movement towards readiness to leave. *Objective reflections and reappraisals* refers to women's descriptions of developing a more objective view of the relationship and then re-evaluating their circumstances from that more detached standpoint. These reflections led to *self-reclaiming actions* which are described as the actions that participants took to gain or regain control over their circumstances (Rosen & Stith, 1997).

Paradigmatic shifts and last straw incidents was the final component of the disentanglement processes. Paradigmatic shifts are described as shifts in the women's perspectives that led them to make a decision to leave, and last straw incidents are described as the final abusive incident that pushed women on the brink of leaving over the edge (Rosen & Stith, 1997).

The final process, *leave-taking, healing, and moving on* is described by Rosen and Stith (1997) as the final act of leaving followed by the experiences of healing and recovery from an abusive relationship. For many of the women who participated in their inquiry, this was a time of fear, grief, shame, depression, and loneliness. Many women had to deal with boyfriends who continued to pursue and/or harass them after they had called it off. As women moved into healing and recovery, they processed their experiences, tried to make sense of what had happened to them, and reconnected with others and with themselves (Rosen & Stith, 1997).

During the same year, Moss, Pitula, Campbell, and Halstead (1997) published findings from a qualitative study that used a feminist methodological framework to explore the experiences of terminating an abusive relationship. The authors recruited African American and Caucasian women who had terminated a relationship with an abusive partner using purposive, snowball sampling. They were able to recruit 30 women through local women's organizations

and posters displayed on college campuses. The sample consisted of 13 Anglo American women and 17 African American women. Data was collected through semi-structured interviews using open-ended questions (Moss et al, 1997). Trustworthiness was addressed by using multiple coders, asking two participants, one from each ethnic group, to participate in a member check, and using participants' voices in the final report.

Open-coding produced three phases of terminating abusive relationships: *being in*, *getting out*, and *going on*. The authors did address contextual differences between the two groups of women, but they did not find substantive differences in the ways that the two groups of women experienced the phases of terminating an abusive relationship. Being in was made up of three sub-phases: enduring the abuse, recognizing the relationship as unhealthy, and becoming a new person with improved self-worth and the ability to improve their circumstances (Moss et al, 1997). Getting out was described as the time immediately before and immediately following leaving the relationship and was made up of three components: *catalysts* for leaving, *responses* from social institutions that were not helpful at any stage along the way, and *difficulties* the women faced after leaving (Moss et al, 1997). Going on referred to the time after the physical separation from the relationship and was described as a time when women were "restructuring and rebuilding" themselves and their lives without the partner. Going on was made up of three components: *losses*-especially the loss of self, grieving the loss of the *idealized commitment*, and the belief that *it's never over* - that successful termination might not really be possible (Moss et al, 1997).

Moss et al (1997) addressed contextual variables between the two groups by describing the intersection of race and IPV and reporting the additional complications faced by African American participants in their study. In addition to the barriers that both groups of women faced,

African American women reported an unwillingness to use the police because of racist police attitudes and a sense of racial loyalty, where calling the police felt like a betrayal, not only to their partners, but also to their race (Moss et al, 1997). Cultural differences between gender roles also influenced African American women's experiences with IPV and the responses they received from the community and helpers, particularly the expectation that African American women be strong and in control. According to Asbury (1993), a passive, weeping victim is viewed as being weak and is not acceptable behavior for African American women (as cited in Moss et al, 1997). These contextual variables influenced women's decisions and choice of coping strategies, but did not change the overall descriptions of the stages.

Moss et al's (1997) study contributed to the understanding of women's internal cognitions about the process of leaving as well as the difficulties they faced in leaving. The authors also helped to illuminate the contextual differences between Anglo and African American women's experiences with IPV and leaving.

Patzel (2001) conducted a qualitative inquiry with survivors of IPV to identify how women make the decision to leave and the inner strengths and resources of survivors that assisted them in leaving an abusive partner and not returning. Her purpose is clear and her questions and methods are based on a review of prior research. Patzel (2001) used purposive sampling to recruit ten women who had been previously involved with an abusive male partner but self-identified as being out of the relationship for six months or longer. Survivors participated in semi-structured interviews that were recorded and transcribed for data analysis.

Patzel (2001) addressed trustworthiness of findings by using direct quotations to include participants' voices, conducting a member check, and using multiple coders. Data analysis using the constant comparison method identified a five stage process of leaving an abusive

relationship. The first stage is called a *turning point* and refers to a point in time when women begin to think about the relationship in a different way. During the second stage, women experience a *realization*, where they developed an awareness about the reality of their circumstances. *Reframing* is the third stage in the process of leaving identified by Patzel (2001) and is described as the women's redefinition of the relationship as violent. The fourth stage, *agency*, refers to the activities, actions, and influences that motivated and supported women preparing for change. *Self-efficacy* is the fifth and final stage and refers to the belief in one's ability to take action (Patzel, 2001).

Sev'er (2002) authored a book that reported her findings from a qualitative inquiry aimed at understanding the lives of women who had escaped an abusive relationship. The inquiry was guided by feminist research methodologies that influenced the design, planning, sampling, data collection, and data analysis. The author used purposive, snowball, and convenience sampling to recruit a diverse sample of 39 survivors of IPV that were interviewed over the course of more than two years (Sev'er, 2002).

Sev'er (2002) presented a conceptual picture of how women experience violence, leave the relationship, and then heal after leaving. The author identified two groups of women who seemed to experience victimization and leaving differently. The first group she described as *naively caught*, having had little to no exposure to victimization during the course of their lives prior to their involvement with an abusive partner. These women described *shock* at the partners' initial "explosions", *disbelief* that their partner could do such a thing, *despair* that the partner's violence is repetitive and that he is not who she thought she married, and *secrecy* to protect themselves from shame and embarrassment and because they did not know where or whom to turn to for assistance. In the final stage, *breaking out*, these women seek help from

family, friends, and counselors, and usually go through courses of leaving and returning before making a final exit from the relationship. Sev'er (2002) suggests that these women are likely to stay the longest.

In comparison, the other group identified by Sev'er (2002) was women *caught in a labyrinth*. These women often had a history of exposure to physical and/or sexual violence as children and as adults. Unlike the shock and denial expressed by the first group, this group expressed unavailability and resignation instead. These women were described as using verbal and physical aggression towards their partners as strategies for managing or coping with the violence. They were also less inclined to the secrecy of the first group, making them more likely to seek institutionalized help (Sev'er, 2002). The author describes women *caught in the labyrinth* less willing to tolerate the abuse, which leads them to leave sooner than women naively caught. However, these women were also more likely to have grown up in poverty and still be impoverished, which made them quick to seek out another relationship for financial security. The financial need for a partner made these women more susceptible to once again becoming involved with abusive partner (Sev'er, 2002).

Sev'er (2002) also developed a Post-Violence Adjustment Model that centers on survivors' appropriation of a sense of self and self worth. She describes the model as a wheel, with self respect and self acceptance as the hub, and the other components of the model as the spokes. Assuring physical safety is described as one of the most important components of adjustment because so many women found themselves struggling against increasing and/or escalating acts of violence and abuse and adjustment was only possible if women were able to achieve and maintain a safe environment. The remaining components included finding a way to deal with the past, reassignment of blame, re-establishing (or just establishing) social networks,

creating or reclaiming opportunities and establishing economic well-being, reestablishing relationships with children, setting roots, and reformulating gender expectations (Sev'er, 2002).

Sev'er (2002) used numerous strategies to address methodological credibility and trustworthiness of findings. Her question and methods are informed by theory and prior research. She described her methods in detail, kept field logs, addressed her position and relationship to participants, and kept an audit trail. Trustworthiness was addressed through the use of multiple coders and the inclusion of participants' voices in the final research report,

Giles and Cureen (2006) conducted a qualitative, grounded theory inquiry to discover how women define their recovery from IPV. The authors interviewed ten survivors of IPV, ages 27 to 74, but did not specify a sampling strategy except that they specifically interviewed only women who had left an abusive partner, which was based on the assumption that recovery can only begin after exiting the relationship (Giles & Cureen, 2006). Through a grounded theory analysis, the authors identified a five phase psychosocial process they called growing through adversity, that included 1) *falling for love*, 2) *taking control*, 3) *securing a base*, 4) *making sense of it*, and 5) *being myself*. The phases identified indicated that, for participants in their inquiry, recovery began before they left the abusive partner (Giles & Cureen, 2006).

Falling for love was described as the stage in participants' lives when they were engaged in some kind of major transition or crisis, making them especially vulnerable to an abusive partner (Giles & Cureen, 2006) including a lack of life experience, naiveté, adherence to traditional gender roles for women, and the desire to be involved in an intimate relationship. As their partners became increasingly abusive during this phase, the women reported confusion, embarrassment, guilt, shame, and increasing social isolation (Giles & Cureen, 2006).

Taking control, the second phase identified by Giles and Cureen (2006), describes participants' recognition of a problem and their development of strategies for managing or surviving in the relationship despite the violence. Women tried to keep the peace by being silent, compliant, staying away when they could, and emotionally withdrawing from the abusive partner. They also battled against the loss of self-esteem, and many engaged in courses of leaving and returning (Giles & Cureen, 2006). Later, they began to realize that the partner would not change and that the relationship was unsustainable, so they began seeking resources and social support. They also began to consider alternatives to staying in the relationship (Giles & Cureen, 2006).

Phase three, *securing a base*, describes the period of time just following leaving an abusive partner, when women faced emotional and financial difficulties related to separation and exposure to IPV; they also experienced an escalation of violence and decreased safety (Giles & Cureen, 2006). Participants described strategies they used to achieve and maintain safety for themselves and their children that often included accessing formal support systems in their communities (Giles & Cureen, 2006).

Making sense of it refers to the fourth phase of recovery described by Giles and Cureen (2006) as participants' continued struggle to achieve and maintain safety and emotional healing, but also sought to make meaning out of their experiences, let go of self-blame, and take personal responsibility for their contributions to the failure of the relationship. Additionally, women described a search for self and identity, either because they had developed these prior to entering into the relationship, or because they had lost these as a result of the relationship. This phase was also marked by participants' exploration of personal values, and possibilities for their futures, as well as increased social connections and making a place for themselves (Giles & Cureen, 2006).

The final phase identified by Giles and Curren (2006), *being myself*, describes participants' orientation toward the future and their ability to see their experiences with IPV as part of the past. Women engaged in setting and committing themselves to long-term goals, and reported having a more developed sense of self and increased purpose and meaning in their lives. Women also described the importance of seeing the bigger picture, which had prompted their involvement in political activism (Giles & Curren, 2006).

Overall, Giles and Curren's (2006) phases of growing through adversity are consistent with the stages that have been previously identified in other process of leaving studies. Giles and Curren (2006) address the issue of credibility through the use of prior research to inform their question and methods. They provide an adequate description of their methods but they do not provide enough information on the theoretical framework used to guide their inquiry and data analysis is described in detail. Trustworthiness was addressed by audio-taping and transcribing interviews for data analysis and using participants' responses in the research report.

Davis and Taylor (2006) conducted a feminist, qualitative inquiry with the purpose of determining survivors use of informal social supports and what factors enhanced or limited their effectiveness. Because data analysis revealed several additional findings, the focus of this paper was on the women's stories about healing and recovery from abusive relationships. The authors used purposive, convenience sampling to recruit 26 women from a women's health center and through radio advertising (Davis & Taylor, 2006). Data analysis techniques were not described except that every stage of the inquiry was guided by feminist principles. The authors described women's experiences with healing and recovery as an *inner journey* that encompassed women's inner processes, and an *outer journey* that described their journey with others. The inner journey consisted of seven components: 1) *naming the process or game to self*, 2) *rejecting the myths*, 2)

rejecting negative emotions, 3) changing feelings to 'move on', 4) reclaiming self and forming a new identity, 5) living with ambivalence, 6) rejecting the cycle of transgenerational violence, and 7) mapping out the journey (Davis & Taylor, 2006). The outer journey began by *naming the violence to the perpetrator*, and then moved outwards to include friends and family. The outer journey with family and friends included *sharing their stories* and the importance of utilizing *informal and formal support systems* (Davis & Taylor, 2006). The authors describe the process of healing as “one of partialities”, with no point of arrival because emotional growth is ongoing.

Davis and Taylor’s (2006) findings are consistent with the stages of leaving and recovery that have been identified by other researchers who have examined this process. While the authors describe the process as internal and external, they do not address the external barriers that influence the internal processes, which places the burden of healing and recovery solely on the shoulders of survivors.

A few authors have used the Transtheoretical Model of Change (TMC) proposed by Prochaska and DiClemente (1984) to explore the process of leaving. Burke et al (2001) conducted a qualitative exploration of the TMC by collecting quantitative data on 611 women who were part of larger study on HIV, domestic violence and women’s health. Over the course of two years, the authors conducted qualitative interviews with 78 of the 611 existing participants to determine if women’s descriptions of leaving were consistent with the stages of change identified by the TMC. The qualitative portion of the interviews lasted approximately 20 minutes. Interviews were audio taped and transcribed for data analysis. Burke et al (2001) described using Spradley’s (1979) method of qualitative data analysis which includes coding and thematicizing (as cited in Burke et al, 2001).

Through data analysis, Burke et al (2001) identified five stages of behavior change from 78 interviews with survivors of IPV who were currently in or had recently left a relationship with an abusive partner. The researchers found that the stages they identified from data analysis were consistent with the TMC stages and included 1) *non-recognition* (precontemplation), 2) *acknowledgement* (contemplation), 3) *consideration of options* (preparation), 4) *selection of actions* (action), and 5) *the use of safety strategies to remain free from abuse* (maintenance). Although participants in their study made several comments relating to the influence of external circumstances and the authors describe the internal process as “complex” they did not go on to address the ways that external circumstances influenced the women’s cognitive processes (Burke et al, 2001).

Burke et al’s (2001) research suffers from a couple of methodological constraints. First, qualitative interviews were reported to last only 20 minutes. In this author’s experience, this time frame does not allow for an in-depth exploration of a woman’s experiences with IPV. Additionally, the researchers reported that they examined/analyzed the data looking for codes that related to the stages of change identified by the TMC, which means that coding was primarily deductive and not inductive as prescribed by qualitative methodology. The authors’ use of deductive analysis reduces their trustworthiness because deductive data analysis does not allow findings to emerge from the data.

Khaw and Hardesty (2007) also conducted a qualitative inquiry with survivors of IPV and used the TMC to identify specific turning points that move survivors from one stage of change into the next. Turning points have been described in several qualitative studies on the process of leaving (Farrell, 1996; Landenberger 1989; Patzel, 2001; Wuest & Merritt-Gray, 2001; Rosen & Stith, 1997). Their question was informed by what little research was available on the

application of TMC to leaving and abusive partner (Brown, 1997; Burke et al, 2001). They did not describe a methodological framework or theoretical framework for the inquiry, but described using a purposive sample of 19 mothers who were recruited through a parent education class they had been mandated to attend through divorce court. The women in their study were all Caucasian, with one to four children (Khaw & Hardesty, 2007). Data analysis was conducted using Ritchie and Spencer's (1994) five steps of framework analysis (as cited by Khaw & Hardesty, 2007), which included a priori thematic framework used to examine "turning points" identified in the data.

Khaw and Hardesty (2007) identify four turning points including *the realization* which moved women from pre-contemplation to contemplation; being *pushed to react* which moved women from contemplation to preparation; *regaining control and letting go* which moved women from preparation to action; and the *final exit* which moved women from action to maintenance (Khaw & Hardesty, 2007). Just as the research indicates, many of the women in their study left and returned several times before making a final escape, creating two additional turning points between preparation and action. *Holding back* is described as hesitation about leaving despite having plans to leave and, *leaping* is described as a quick decision to leave because the abuse suddenly became intolerable (Khaw & Hardesty, 2007).

Khaw and Hardesty (2007) do not adequately address the issue of credibility, and the study's trustworthiness is limited because, like Burke et al (2001), the authors used deductive analysis which does not allow findings to emerge from the data. The only other strategies used to address trustworthiness are the use of multiple coders and the use of participants' voices.

Although some researchers might argue that these qualitative studies offer little in regards to "scientific findings" because qualitative findings are not generalizable, the major

philosophical assumptions of the qualitative paradigm do not support the generalization of findings to other populations because the goal is to discover the unique and multiple realities of participants and their descriptions of the phenomena under study. Accordingly, none of the findings from these qualitative studies are considered to be generalizable, as generalizability was not a goal. However, the qualitative design used in these studies certainly produced in-depth knowledge about the internal cognitive processes that survivors of IPV move through as they experience victimization, make a decision to leave, and then recover from exposure to IPV.

Lessons of the Qualitative Process of Leaving Studies

The author of this inquiry conducted a content analysis of stages identified in the 15 research articles that were reviewed in the preceding section of this chapter. From the meta-analysis, the author was able to condense all of the stages identified by these studies into five new categories. These stages include 1) the initial involvement in the relationship, 2) managing the violence, 3) a turning point, 4) leaving the relationship, and 5) healing; each will be discussed briefly to help provide a conceptual framework for the process of transformation.

In the first stage, women begin to rationalize the violence by blaming themselves, minimizing their experiences, denying its existence, or viewing the violence as an aberrant event (Landenburger, 1997; Mills, 1985; Moss et al, 1997; Rosen & Stith, 1997). Women in this stage may work harder to please their partner and improve the relationship. Failed efforts to improve the relationship often result in more self-blame and increased efforts to reduce the violence (Burke et al, 2001; Giles & Cureen, 2006; Landenburger, 1997; Mills, 1985; Moss et al, 1997; Merritt-Gray & Wuest, 1995; Sleutal, 1998). Retrospectively, many women report having seen “warning signs” (Landenburger, 1997) of abuse or having “seeds of doubt” (Rosen & Stith, 1997) about the

relationship. Although women were aware of these, they were often overshadowed by the more positive aspects of the relationship and the women's desire to be involved in a loving relationship.

The second stage, managing the violence, is characterized by the development of multiple strategies to minimize physical and emotional injury and cope with the ongoing exposure to violence promote the process of victimization. These can also be described as survival strategies because they are adapted in an effort to reduce the violence. Unfortunately, the same strategies that might reduce the physical violence for some women, also increase their vulnerability to further abuse. For example, many survivors talk about placating their partner as a tool to reduce the violence. For women with abusive partners, placating often means relinquishing someone or something important to pacify their partner and his continually changing demands. This means giving up friends, family, pets, religious or spiritual beliefs, a job or career, school, a style of dress, dreams or aspirations, and parts (if not most) of their identity (Campbell et al, 1998; Eldar-Avidan & Haj-Yahia, 2000; Giles & Cureen, 2006; Kirkwood, 1993; Landenburger, 1989; Lempert, 1996; Merritt-Gray & Wuest, 1995; Mills, 1985; Moss et al, 1997; Sev'er, 2002; Sleutal, 1998).

After unrelenting exposure to violence, many women described experiencing either a single dramatic turning point (Farrell, 1996; Giles & Cureen, 2006; Khaw & Hardesty, 2007; Patzel, 2001; Rosen & Stith, 1997) or a series of turning points or "insights"(Patzel, 2001; Mills, 1985) into the relationship. The turning point represents the third stage described by researchers and is generally characterized by a major shift in thinking about herself, her partner, and the relationship. However, Eisikovits, Buchbinder, and Mor (1998), whose research was not included in this meta analysis, define the turning point as a series of personal and interpersonal losses that lead women to take steps to end the violence.

Although the actual physical departure from the relationship is the focus of the fourth stage in the process, these studies also address women's actions immediately prior to and following their departure from the relationship. How women prepared to leave and what factors contributed to returning or not returning to their partners are addressed. Preparation for leaving usually includes things like finding adequate housing, securing a sufficient income (Davis & Taylor, 1996; Kirkwood, 1993; Sev'er, 2002), and filing for a restraining order (Moss et al, 1997). It is often characterized by feelings of uncertainty and fear (Giles & Curren, 2006; Kirkwood, 1993; Rosen & Stith, 1997; Sev'er, 2002; Wuest & Merritt-Gray, 1999).

Out of the 15 process studies included in this synthesis, nine identified healing and/or recovery as a final stage (Davis & Taylor 2006; Farrell, 1996; Giles & Curren, 2007; Kearney, 2001; Landenburger, 1989; Moss et al, 1997; Rosen & Stith, 1997; Sev'er, 2002; Wuest & Merritt-Gray, 1999). These studies characterize this final stage as a long and painful journey where women struggle to keep from returning to their partners and work to regain their sense of self, safety, and independence (Giles & Curren, 2007; Kearney, 2001; Landenburger, 1989; Moss et al, 1997; Wuest & Merritt-Gray, 1999; Rosen & Stith, 1997; Sev'er, 2002). This stage seems to be initially characterized by feelings of loss and grief (Moss et al, 1997; Wuest & Merritt-Gray, 1999; Landenburger, 1989; Rosen & Stith, 1997; Sev'er, 2002). Women are able to acknowledge the many losses that occurred within the relationship, especially the loss of self (Landenburger, 1989; Mills, 1983; Moss et al, 1997; Rosen & Stith, 1997). Even though the women reported a need to end the relationship, they were saddened by the loss of their partner and the loss of the "dream" of having a loving relationship with their partner (Moss et al, 1997; Turner & Hoenk-Shapiro, 1986).

Despite the feelings of grief and loss, women also have many positive experiences during this stage as well. These include making meaning, self-growth, improved feelings of self-efficacy, establishing roots, creating a social support network, gaining financial independence, improving relationships with children, and reclaiming the self (Farrell, 1996; Giles & Curren, 2007; Kirkwood, 1993; Landenberger, 1989; Rosen & Stith, 1997; Sev'er, 2002; Wuest & Merritt-Gray, 1999, 2001).

Cumulatively, the 15 process studies included in this analysis provide a foundation for understanding the process of transformation. Most of these studies focused primarily on the outcome of leaving and all but two (Landenberger, 1983; Rosen & Stith, 1997) sampled only women who had left the relationship. This focus on leaving and the process of leaving is problematic for several reasons. First, leaving does not necessarily equate to safety, power, or healing. Helping survivors to reclaim their power, their safety, and their sense of identity will require an understanding of the process through which women take back their lives from abusive partners and what they need (internally and externally) in order to do so. Leaving may or may not contribute to achieving some or any of these goals.

Next, a predominant critique of the qualitative process of leaving studies is that they blame women for their circumstances by not addressing the external factors that contribute to women's inability to leave an abusive partner and they do so by suggesting that leaving is primarily contingent upon internal factors (Anderson & Saunders, 2003). Failure to acknowledge these external factors creates the misconception that survivors have the ability to make whatever choices they want to about the relationship, without barriers or consequences. As discussed above, the external factors identified in the IPV literature suggest quite the opposite. Women factor countless variables into their decision making processes, most of which have been

identified as major obstacles or barriers to achieving leaving and/or nonviolence. It is important for the reader to understand how heavily internal circumstances are influenced by external circumstances. Although a distinction has been made between internal and external circumstances in the literature on IPV and in this dissertation, it is imperative to examine and understand the relationship between the two. Survivors' internal factors are often associated with individual psychopathology. The problem with this is two-fold. First, aside from biological factors like reflexes, genetic traits or diseases, and in-born personality characteristics, internal factors, as used in the IPV literature about survivors, are primarily the result of external factors. For women in the United States, it means they are socialized in a patriarchal society. Women are taught from a very early age that there are rigid gender role expectations for women (and for men) and that there is brutal retribution for noncompliance. They also learn that girls and women are less valued than boys and men and undergo what Morgan (2001) calls the "democratization of fear", where girls and women learn that men are violent, and that they are most often the targets of this violence. Accordingly, women learn to adhere to female gender role expectations that socialize girls and women to be passive, apologetic, pleasing to others (especially men), pretty, nurturing, relational, and to put others' needs first. Many times the retribution for not adhering to these roles *is* violence. This includes violence from men, but also from benevolently sexist women who adhere to socially defined roles for women that are shaped by patriarchal standards of what it means to be male or female. From a psychodynamic perspective, many of women's internal factors (guilt, dependence, shame, concern for abusive partner) are pathologized because they are not viewed from an ecological perspective. Women's internal factors *must* be viewed within the context of women's socialization. Traditional helpers often fail to see that women have merely internalized the patriarchal standards of behavior that

society has all but forced them to adopt. Women are often pathologized for “choosing” abusive partners and then blamed for their circumstances when they are unable or unwilling to leave the relationship.

Additionally, feminist researchers and practitioners have avoided focusing on women’s internal factors in research and in the development of practice intervention strategies for fear of seemingly blaming survivors for their circumstances. Unfortunately, researchers and practitioners who work with survivors of IPV often find themselves walking a tight rope between the development and evaluation of helpful intervention strategies for survivors and blaming and pathologizing them. This can be tricky even when functioning from a feminist conceptual framework, but is nearly impossible when interventions focus exclusively on internal circumstances. However, internal circumstances do not develop in isolation from external circumstances. Feminist theorists have been emphasizing for years that patriarchal socialization and rigid gender role expectations create internal circumstances in men that make them more likely to be abusive and internal circumstances in women that make them more vulnerable to abusive partners and less able to leave (hooks, 2003). If a woman’s internal circumstances make her more vulnerable to abuse and less able to achieve safety from an abusive partner, then her internal circumstances need to be addressed, especially if those internal circumstances resulted from lifelong socialization in a hostile, oppressive, and dangerous environment. Internal and external factors are *not* mutually exclusive categories and neither can be excluded from the dialogue about how to intervene with and empower survivors of IPV.

Additionally, through a feminist lens (Bricker-Jenkins, 2000), a focus on leaving fails to acknowledge the greater social problem of battering, and the institutionalized forms of sexism and oppression and the problems they create for women. Because these interventions fail to

acknowledge or address battering as a social problem, they do not create opportunities or remove barriers for survivors or for women in general. Helping individual women who want to leave is important, but these kinds of interventions will not reduce the overall problem of women's status or violence against women.

Furthermore, a focus on leaving fails to identify and build on the strengths of individuals, groups, or communities and cultures within which these women live. This is exemplified by the fact that women who have experienced battering are most often referred to as "victims" or "battered women" instead of "survivors". Although many women have died at the hands of an intimate partner, women who have been exposed to IPV develop incredible strengths and coping strategies to protect themselves and their children from violence, and may ultimately be what helps women the most in their efforts to achieve nonviolence. Moreover, when researchers, practitioners and community systems define client outcomes without acknowledging, respecting, and incorporating survivors' choices about the circumstances of their lives, they fail to negotiate the power imbalance between themselves and their clients and, consequently, are unable to build collaborative relationships with survivors.

Last, focusing on leaving ignores the uniqueness of each survivor's circumstances and fails to address the individual needs of survivors. Women who express needs inconsistent with this focus are abandoned; which means that a lot of women are abandoned by formal and informal helpers either because they do not have access to the resources they need to leave, or because they have chosen not to leave. Women who remain in the relationship need support and access to resources just as much as women who choose to leave. Eisikovits, Bookbinder, and Mor (1998) argue that "[s]taying can ... be viewed as the choice of a person who is consciously negotiating her reality and actively creating meaning within the constraints of her situational

freedom...women may choose to stay but reject the violence and seek help to end it” (p. 412). Practitioners, police, courts, and health care professionals must be able to provide a variety of interventions that are appropriate to women’s unique needs, and support women in their decisions about their lives and relationships, regardless of their decision to stay or to leave.

Shifting the focus away from the outcome of leaving and onto the process of transformation would be more appropriate for survivors of IPV. Transformation is another way of thinking about the process of recovery for survivors of IPV and is defined in this dissertation as the process through which survivors of IPV reclaim their lives, their safety, and their sense of self from an abusive partner. The term transformation is used because the term recovery is often associated with recovery from substance abuse or mental illness and, in certain circles, has a negative connotation (Ochacka, Nelson, & Jenzen, 2005). Recovery has also been conceptualized as an individualized problem/process (Gorski, 1985; Gorski, 1991), which, as applied to survivors of IPV is problematic because it could be misconceived as blaming survivors for their failure to recover and, therefore, their failure to end the violence. Survivors have no control over their partners’ use of violence or the external factors that frustrate women’s efforts to reduce the violence and/or leave the relationship. For these reasons, the concept of recovery does not accurately or adequately describe the process. Hopefully, this change in focus and terminology will help communities to understand the disadvantages of maintaining a pathological view of women who are battered and instead recognize that survivors have internal strength and resilience and can reclaim their lives from violence. Further, communities and helpers *must* understand that the internal process that survivors undergo is bound to the external factors that either support or inhibit survivors’ internal processes, so achieving nonviolence without community and social support is unlikely.

Focusing on supporting women through the process of transformation will hopefully allow practitioners to develop more appropriate interventions based on the unique needs and circumstances of individual women. This focus would also change the way that community systems respond to survivors of IPV. Instead of focusing primarily on helping women leave, communities could work to create conditions within which the process of transformation could occur. Leaving may or may not be a part of this process. Changing the primary outcome from leaving to transformation would help to address these issues. Ochacka et al's (2005) conceptual framework for recovery will be used to help this author conceptualize the new term transformation because the components of their framework seem to adequately address many of these issues.

Research Questions

The purpose of this inquiry was to discover the process of transformation that survivors of IPV go through as they reclaim their lives and recover from violence. From the stages identified in the process studies with survivors of IPV, and from the four components of recovery identified by Ochacka et al (2005), five sub-questions were developed. These include: 1) What internal or external circumstances prompt survivors to change their thinking about the relationship? 2) What internal circumstances influence the transformative process? 3) What external circumstances influence the transformative process? 4) How do survivors of IPV negotiate the differences between their internal and external realities? 5) What meaning, if any, do survivors of IPV attribute to their experiences with IPV?

These questions addressed some of the many criticisms of process of leaving studies. Unlike the many process studies that categorized leaving as the last stage in the process and focused primarily on women's physical departures from the relationship, this study's focus was

on the process of transformation, so it addressed women's experiences with an abusive partner, as well as issues of safety, empowerment, and healing. Furthermore, these questions addressed the ways that external circumstances influenced survivors' internal, cognitive processes and their experiences with transformation and healing. Last, these questions allowed women to talk about the benefits and difficulties of leaving and/or returning to an abusive partner without fearing the researcher's judgment about their "failure" to achieve a final exit from the relationship. A secondary goal of this study was to identify some alternative outcomes for researchers and practitioners that are more helpful to survivors than the outcome of leaving.

CHAPTER FOUR

Methodology

Overview

This chapter will provide readers with an explanation of the research design and methods chosen to carry out this study. Readers will be provided with a review of the philosophical underpinnings of constructivist research and how those are aligned with the goals of this study. In addition to a constructivist design, this dissertation will also be guided by a feminist methodological framework. The basic elements of feminist methodology will be presented and a discussion of how these elements will be incorporated into this inquiry will be provided. This chapter will also address key concept definitions, human subjects' protection, sampling, data collection, data analysis, and issues of methodological rigor.

Rationale for Research Design

A qualitative, constructivist paradigm was used for this inquiry based on the purpose of the inquiry, the population under study, and the feminist framework which guides the inquiry in its whole. This purpose of this inquiry is to understand the multiple ways that individual survivors of IPV experience the process of transformation; a constructivist paradigm assumes these experiences or *realities* are multiple and uniquely constructed. Therefore, generalization of findings is not a goal of qualitative inquiry. In fact, the constructivist paradigm asserts that generalizations “cannot provide the description of range or depth necessary to relate a holistic picture of a phenomenon under investigation” (Rodwell, 1998, p. 31). Furthermore, the researcher wanted to gain in-depth understanding of the process of transformation for each of the women that participate in the inquiry. Objectivity was not feasible for this inquiry nor was it desired. The constructivist paradigm assumes that inquiry is value-bound and research can only

be undertaken in an interpretive paradigm “where values and intersubjective shaping are acceptable research issues” (Rodwell, 1998, p. 33). The values of the inquirer shape the context of the inquiry; and consequently, influence the research questions as well as participant responses (Rodwell, 1998). This inquiry is value imbedded in the way that it is shaped by the researchers’ experience with survivors of IPV and her knowledge of the issues.

Importantly, the process of transformation is complex and unique to individual women, so no single explanation will adequately describe the process. According to Rodwell (1998), “[t]he problem under investigation must be context dependent” (p.43) to fit with the constructivist paradigm. In research with survivors of IPV, the contextual aspects of the experience of IPV are important because they “move the search for solutions from individual psychopathology to the broader interplay between individuals and their social context” (Merritt-Gray & Wuest, 1995, p. 410). Furthermore, traditional research methods have either ignored or misinterpreted women’s experiences (Kirkwood, 1993; Miller & Stiver, 1997) and qualitative methods address these issues because they allow women to tell their stories from their perspectives (Kirkwood, 1993).

The literature on the process of leaving and recovery from IPV also supports the use of a qualitative design. Nearly all of the process of leaving studies used a qualitative design. Of the 12 process studies reviewed for the meta-analysis, all of the researchers used a qualitative design (Campbell, et al, 1998; Eldar-Avidan & Haj-Yahia, 2000; Ferraro & Johnson, 1983; Kirkwood, 1993; Landenburger, 1989; Lempert, 1996; Mills, 1985; Merritt- Gray & Weust, 1995; Moss, et al, 1997; Rosen & Stith, 1997; Sev’er, 2002; Sleutal, 1998).

This inquiry will also be guided by a feminist methodology because it places an emphasis on uncovering women’s unique experiences (Olesen, 2000) and “allows for exploration of the

influence of the larger social context” (Wuest & Merritt-Gray, 1999, p. 114). “Feminist approaches to research can be identified largely by their theories of gender and power, their normative frameworks, and their notions of transformation and accountability.” (Ramazanoglu & Holland, 2002, p. 146) Feminist methodology is distinguished from other research methodologies because it conceptualizes male power and patriarchy as critical issues that influence the experiences of women and minorities (Ramazanoglu & Holland, 2002; Cook & Fonow, 1986; Reinharz, 1992). Additionally, feminist researchers challenge the notion that the male experience is universal (Cook and Fonow, 1986) and seek to discover the voices and experiences of women and other disenfranchised groups in an effort to put an end to their oppression (Kelly, Burton, & Regan, 1994).

Hesse-Biber and Yaiser (2004) identify several elements common to feminist research. First, feminist methodology differs from other methods in the way that researchers frame their questions. Questions should be implicitly or explicitly framed by feminist epistemological assumptions. Geiger (2004) argues that: “questions that... presume the accuracy of existing partial, androcentric, or ethnocentric constructions of the lives or situations of women are not feminist” (as cited by Hesse-Biber & Yaiser, 2004, p. 211). Feminist research should be aimed at producing information *for* women and not just *about* women; it should focus on improving women’s lives; and it should focus on women’s subjective experiences and the experiences of other marginalized groups (Hesse-Biber & Yaiser, 2004).

Feminist methodology was implemented in several ways in this inquiry. First, the aim of this inquiry is to produce information that will improve the community response to IPV and increase the safety of and resources available to survivors of IPV. The ultimate goal of the inquiry is to use findings from the inquiry to improve the lives of women. Accordingly, the

researcher provided emotional support, formation, and referrals for needed services to participants during interviews. Second, the overarching research questions as well as the participant interview questions were both shaped by feminist theoretical assumptions. Interview questions allowed women to describe their unique experiences within IPV so that the researcher was able to focus on understanding the subjective meaning of women's experiences.

Power is an important concept among feminist theorists and increasing women's power over their lives and in the inquiry process is an important consideration in feminist inquiry. To address the power imbalance, the researcher employed several strategies. First, participants were able to help determine the best and safest location for the interview to take place. Second, interviews were structured in such a way that the researcher and participant were engaged in more of a dialogue about experiences and meaning instead of just question and answer. Plus, participants had the ability to refuse to answer any question and ask the researcher questions that surfaced. Additionally, participants were paid for their time, because their time is valuable as is their knowledge. Finally, all participants were given a final draft of the research findings for a member check. Participants were able to refute findings, offer alternate explanations, and ask for the removal of any data that they felt might jeopardize their confidentiality or safety.

Key Concepts Definitions

The guiding questions for this inquiry include several key concepts. These concepts include intimate partner violence (IPV), transformation, internal factors, and external factors and will be conceptualized from a feminist framework. Intimate partner violence is defined as a pattern of verbal, emotional, physical, and/or sexual abuse used by one partner in an intimate relationship to isolate, frighten, and intimidate the other partner (Walker, 1979; Wilson, 1997). Although domestic violence and intimate partner violence are often used interchangeably, the

term IPV is being used in place of domestic violence because domestic violence is often used to describe all kinds of family violence. This paper will only address violence that occurs between intimate partners. While some authors have indicated that men and women experience IPV at the same rate (Straus, 1993; Straus, Gelles, & Steinmetz, 1980), researchers with the National Institute of Justice and the Bureau of Justice Statistics have found that women are far more likely than men to be the victims of IPV. Additionally, women are more likely to suffer severe injuries from IPV (Rennison, 2003; Tjaden & Thoennes, 2000) and they are more likely to be killed by an intimate partner (Walker, 2000). For these reasons, this inquiry focused specifically on the experiences of women as survivors of IPV.

Another concept guiding the primary research question is the term transformation. Transformation has not been readily defined in the literature as a concept relating to survivors of IPV. The term transformation was chosen by the author to describe the process of how women reclaim their lives from an abusive partner. The process of transformation is posited to begin at some point during the relationship when a woman's thinking about the relationship changes. This change in thinking could be initiated by either internal or external factors. It could be her own feelings of depression, hopelessness, anger, or fear, an increase in the severity of violence, or increased knowledge that changed her perception of her partner. The process would end at some unknown point when a woman has reclaimed her sense of self, her sense of safety, and her sense of power and self-efficacy. Again, leaving may or may not be a part of this process.

The process of transformation is influenced by internal as well as external factors. For survivors of IPV, external factors play as important a role as internal factors do. A survivor may very well have made the internal, cognitive decision to work to end the violence, but external factors may severely limit a survivor's choices about how to protect herself and how to reduce or

end the violence. External factors may include things like financial security, adequate housing, transportation, affordable (and quality) child care, a physical disability, the amount and dependability of police protection, support from family and friends, shelter availability and any other factors that are external to the woman (Rhodes & Baranoff-McKenzie, 1998; Sleutal, 1998).

Internal factors are identified as circumstances internal to the self. These circumstances could either inhibit or promote the process of transformation and might include things like her individual religious beliefs, self-blame, guilt, fear, love for her partner, mood, attitude, emotional stability or resources, and/or the presence of any psychological problems, such as PTSD, that may have manifested as a result of ongoing exposure to violence (Rhodes & Baranoff-McKenzie, 1998; Cascardi, & O'Leary, 1992; Housekamp, 1994; Housekamp & Foy, 1991). Many women who are battered by intimate partners and fail to leave are blamed for staying because others perceive that survivors “have a choice” about staying. Even if external factors are excluded from the equation, internal factors like the ones mentioned above can be equally immobilizing and beyond her control as can external factors. Importantly, one must recognize that many (if not most) of the internal factors (for example, depression, anxiety, PTSD, guilt, shame, religious beliefs, responsibility to partner) result from exposure to external factors. Women often develop depression, anxiety, PTSD, shame, etc... not only from their exposure to the violence (the relational barriers), but also from exposure to the institutional, cultural, and societal barriers discussed at length in Chapter One.

Sampling

In accordance with the logical characteristics of qualitative inquiry (Lincoln & Guba, 1985; Patton, 2002; Rodwell, 1998) this inquiry utilized non-probabilistic, purposive sampling

methods. Purposive sampling is used in research inquiries when the desired population is rare or difficult to locate. The population of interest for this study was adult women who self-identified as having been involved in an intimate relationship with a male partner who is/was verbally, emotionally, physically and/or sexually abusive. Participants were recruited from a cooperating social service agency in the Midwest whose primary mission is to serve survivors of IPV and sexual assault. After receiving a letter of support from the agency's clinical director (Appendix B), staff members at the agency were provided with a letter about the study and flyers (Appendix C) to hand out to adult female clients who attended individual or group counseling at the outpatient clinic or who resided at their shelter. Eight months into the study, after calls for participation waned significantly, the researcher was given permission to attend women's groups at the agency to introduce herself and promote participation in the study, and to redistribute flyers. Interested women were directed to call a cell phone number listed on the recruitment flyers. Recruitment lasted for 10 months.

Women who called to inquire about the study were first asked about their current level of safety and ability to discuss details about the relationship over the phone. Every woman that called about participation was either separated or divorced from their partner and no women reported major safety issues. After their safety was assessed, each woman was prescreened for eligibility criteria (Appendix D). This included questions about relationship status, length of relationship and separation, frequency and severity of abuse, protective orders, their living situation and the location of the abusive partner, age, the children, and the woman's ability to get transportation to an interview location. Women who reported more severe levels of physical abuse were also assessed for their partners' lethality (Appendix E). Participants were prescreened by telephone to ensure that they met the eligibility criteria. Interviews were conducted with

English speaking women who were 18 years of age or older. Women who met these criteria were then provided with additional information about the goals of the study, the kinds of questions I would be asking, and offered \$25 for their participation.

At the time of the face-to-face meeting, each woman was provided with an informed consent form (Appendix F) that explained the study and provided contact information for the researcher and the University of Kansas Human Subjects Committee. Risks and benefits associated with participation were reviewed prior to beginning the interview and women were given the option to withdraw from the study at any time without penalty.

The final sample consisted of sixteen women who were equally divided into two groups: separated and divorced. Several researchers have written about the “course” or “fluidity” of relationships referring to how survivors move in and out of the relationship over time (Bell, Goodman, & Dutton, 2007; Lerner & Kennedy, 2000). Indeed, studies on leaving indicate that three quarters of women entering shelters report that they will permanently separate from their partners, yet one third return to their partner upon exiting the shelter and 60% return within two months of leaving the shelter (Campbell, Rose, Kub, & Nedd, 1998; Griffing et al, 2002; Martin et al, 2000; Strube & Barbour, 1984). According to these studies, being physically separated from the partner does not mean that a woman is completely “out” of the relationship. Recognizing this relationship fluidity and accounting for how the status of being “in” or “out” of the relationship can change in a matter of days or weeks, I consider eight of the women interviewed as being physically separated from the partner, but not completely “out” of the relationship. These eight women had very recently left a shared residence with their partner, some by no more than a week. Although many of these women made statements about wanting to stay away from the partner and being fearful of him, a few also made statements that indicated

they were still trying to make a decision about what they were ultimately going to do. The remaining eight participants are women who are divorced from an abusive partner and consider themselves to be completely “out” of the relationship, with no chance that they will ever return.

The adequacy of this sample can be further supported by the qualitative research literature on the process of leaving. Women separated and divorced are much more likely to contribute to an understanding of the process of transformation than women who are completely in the relationship. Leaving and returning is one of the ways that women begin to re-establish boundaries with an abusive partner and prepare for the final separation (Bell et al, 2007; Griffing et al, 2002; Khaw & Hardesty, 2007; Strube & Barbour, 1984; Wuest & Merritt-Gray, 1999). According to the research literature on the process of leaving, women do not make attempts to leave until after they experience a shift in thinking about the relationship (Eisikovitz, Buchbinder & Mor, 1998; Farrell, 1996; Landenburger, 1989; Patzel, 200; Rosen & Stith, 1997), which makes it logical to assume that women who have recently left an abusive partner would be more likely to be engaged in the process of transformation than a woman who has *never* left her partner. Additionally, women who have recently left are at a high risk of returning, theoretically making them closer to still being “in” the relationship than being completely “out” of the relationship.

Treating the sample as separated or divorced is also supported by the grief recovery literature. One grief recovery model describes recovery as the movement through five stages that include denial, anger, bargaining, depression, and acceptance (Kübler-Ross, 1973). Consistent with this stage of grieving paradigm, women who are divorced from an abusive partner would be considered as having accepted that their partner is not capable of or not willing to change his abusive behavior and the divorce was their way of terminating the relationship and

moving on with their lives. Divorce is final, whereas women who have only separated from an abusive partner may be considered as angry about their circumstances but still holding onto a sense of hope that their partner will change.

The conceptual framework that I used to guide sampling and to help conceptualize the process of transformation was Ochacka, Nelson, and Jenzen's (2005) new conceptual framework for recovery. The authors define the recovery process as *ongoing* because there is always the drive to move forward; *nonlinear* because it includes movement forwards and backwards in the drive to move forward; *ecologically oriented* because individuals are affected by both internal and external factors; and *dialectic* because individuals are always trying to make sense of and respond to the duality between their internal and external circumstances (italics added by author) (Ochacka et al, 2005). If transformation is conceptualized using this framework for recovery, then the women who will provide the most insight into the process of transformation are those women who are actively engaged in the process or who have completed the process. Empirical evidence supports the notion that survivors of IPV leave and return to abusive partners many times before making a final exit and divorce, making women who are separated or divorced most likely to be able to provide insight into the process of transformation.

Data Collection

Prior to participant recruitment, the researcher sought and received approval from the University of Kansas Human Subjects Committee-Lawrence (HSC-L). To help ensure the confidentiality and safety of participants, interviews were conducted in private office settings behind a closed door. Every woman was provided with a letter explaining the purpose of the study as well as a signed copy of their informed consent form with the researcher's contact information and information about how to withdraw from the study.

Each woman participated in one semi-structured face-to face interview with the researcher. Interviews lasted from one to three hours. An interview guide (Appendix G) was used to help develop the conversation and address key areas related to their experiences with an abusive partner, but women were given the opportunity to tell their stories as they wished. Efforts to reduce the power imbalance and build rapport were made by offering participants something to eat or drink, making casual conversation prior to the interview, arranging office furniture so that the researcher and participant could sit close to each other, without a desk or other physical barrier between them, and answering any questions they had about participation. To further address the power imbalance the researcher discussed the difference between simply answering questions posed by the researcher and actually helping to co-create knowledge and meaning. The researcher had an interview guide but participants were encouraged to speak freely about their experiences and ask questions.

At the conclusion of the interview, interested women were provided with resources, safety plans (Appendix H), and/or additional information regarding their individual needs or circumstances. This information was provided in an effort to increase the women's awareness of their social and political circumstances and increase their feelings of self-efficacy and empowerment. Women who participated were also told that their stories would be used to help practitioners and communities develop more appropriate interventions and responses to help other women reclaim their lives from an abusive partner.

Interview tapes and transcripts will be maintained only by the researcher in a locked filing cabinet. In an effort to maintain participants' confidentiality, women were given a pseudonym for their name. Participants' identities are protected in other ways as well. Any other identifying information has all been changed. Pseudonyms were also given to abusive

partners, friends, and family members who were identified by name. Each participant was mailed a final draft of the findings and invited to participate in a member check where they could review a draft of the final report and provide feedback about the accuracy of the author's coding, interpretations, and conclusions. They could also make suggestions and to request changes in information that could jeopardize their confidentiality. Three women participated in the member check.

Methodology for Data Analysis

Data analysis and interpretation was an ongoing process that occurred throughout the inquiry beginning with interpretations made during the interview about interactions, emotions, and body language (Ramazanoglu & Holland, 2002) continuing throughout the transcription process and data analysis. Field notes were made during each interview to describe participants' affect and body language as well as the context within which the interviews took place. These notes were used during data analysis to minimize distortions resulting from fragmentation of the data and also to allow readers to assess for transferability of findings (Lincoln and Guba, 1985).

Inductive data analysis was chosen because the purpose of this inquiry was to explore a process, not test a hypothesis. Furthermore, the constructivist paradigm assumes that the process of constructing reality is "an inductive/deductive process in which one goes back and forth through information to give it form and meaning" (Rodwell, 1998, p. 27). Inductive data analysis was used to ensure that findings emerge from the data (Lincoln & Guba, 1985).

The computer software program ATLAS.ti (Muhr, 2007) was used to help manage the data. Although there has been considerable debate about the use of computer software programs in qualitative data analysis, Weitzman (2000) argues that computer programs offer many benefits to the qualitative researcher. Software programs can be used for making notes, transcribing field

notes, editing, coding, storage, search and retrieval, data linking, memoing, content analysis, data display, conclusion drawing and verification, theory building, graphic mapping, and report writing (Weitzman, 2000). Computer programs cannot analyze data in the same way that the researcher can, they can only assist in managing the data.

ATLAS.ti was chosen for its specific capabilities and the appropriateness of their application to the kind of analysis the author employed. ATLAS.ti allows the researcher to code and retrieve data, build code-based theories, store various kinds of entries, and has a graphical network builder to help analyze text and codes (Weitzman, 2000).

Data analysis was initially conducted using the basic strategy of constant comparative method as described by Glaser and Strauss (1967). Glaser and Strauss (cited in Lincoln & Guba, 1985, p. 339) described the constant comparison method as following four distinct stages:

1. comparing incidents applicable to each category,
2. integrating categories and their properties,
3. delimiting the theory, and
4. writing the theory. (p. 339)

Transcripts were coded according to Rodwell's (1998) description of the constant comparative method of data analysis which uses three types of coding: open, axial, and selective. According to Rodwell (1998) "open coding labels chunks of data according to categories; axial coding places these categories in relationship within a framework of conditions, context, action/interactional strategies, and consequences; and selective coding determines the core categories around which all the other categories are integrated in order to develop a clear analytic story line which is the precursor to a theory" (p. 154). Data analysis began after the first interview was completed through writing up field notes, listening to the audio files, and

interview transcription. For coding, each transcript was read through in its entirety. Then the researcher identified sections of the interview that contained the richest data or data that directly relates to the research question. Next, individual transcripts were searched for raw units of meaning and then compared across the other transcripts for units of meaning that could be grouped together in subsuming categories or themes (Rodwell, 1998). This coding strategy yielded over 250 codes from 11 of the 16 interviews. Although many of these codes described elements of the process of transformation, many did not. After using this data analysis technique for the first eleven interview transcripts, existing codes and patterns that described elements of the process of transformation were identified by the researcher and the remaining five interviews were coded using selective coding (Patton, 2002), searching only for data relating to the process of transformation.

Data analysis was also performed by going through the transcripts without codes and asking questions of the data (Patton, 2002). The primary questions asked as I moved through the data were these: 1) Is there a process being described? 2) What process is being described? 3) Are the processes being described consistent with processes that other researchers in this area have described? 4) Are the processes being described consistent with the categories and patterns that have emerged from the data thus far? 5) Are any of the women's descriptions inconsistent with the processes described in the literature or with the patterns or codes I have already identified? Initial findings were compared to existing research from the process studies in my meta- analysis. Final coding and the conceptual framework for the process of transformation were also presented to counseling professionals who work with survivors of IPV. (See Codes Appendix I)

Methodological Rigor

Trustworthiness

From the positivistic paradigm, research is judged to be trustworthy based on the criteria of internal validity, external validity, reliability, and objectivity (Lincoln & Guba, 1985). In the naturalistic paradigm, the criteria for establishing trustworthiness are credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). A summary of the steps taken to achieve trustworthiness can be found in Table I below, which is followed by a detailed description of how each of these criteria were met.

Table 2: Plan for Establishing Trustworthiness

| Criteria and Description | Strategy for Achievement |
|---|--|
| <p><i>Credibility</i>- refers to the probability that credible findings will be produced (Lincoln & Guba, 1985)</p> | <p><i>Prolonged engagement</i>-lengthy, purposive intensive contact with the context and the stakeholders connected to the phenomenon or problem of interest for the investigation.</p> <p><i>Persistent observation</i>- refers to an in-depth, focused pursuit of the information found to be salient from prolonged engagement.</p> <p><i>Member Checking</i>- refers to formal and informal testing of the information with the participants for convergent validation.</p> <p><i>Triangulation</i>-refers to the use of additional sources of data. Occurs when one data source is compared with another. <i>Peer Debriefing</i>- consultation with a peer who has knowledge and skills to support the researcher during the inquiry.</p> |

| | |
|---|--|
| <p><i>Transferability</i>- refers to the possibility that findings from within the context of one study can be transferred to, and have meaning in another context (Rodwell, 1998)</p> | <p><i>Thick Description</i>- Describing the context of the interviews and of participants so that others can determine if the findings can be transferred to other settings.</p> <p>Provide the interview guide</p> |
| <p><i>Dependability</i>- addresses the methodological stability of the study and will be addressed through the use of a field journal as well as a methodological log (Rodwell, 1998)</p> | <p><i>Field Journal</i>- A written journal used to explore the essential relationship of the researcher as instrument with the method and results</p> <p><i>Methodological Log</i>- refers to a written log used to record changes in the design and methodology that occur after the study begins. Additional elements recorded in the methodological log include triangulation, records of data collected, records of data analyzed, decision rules, analytic categories, and a dependability audit.</p> |
| <p><i>Confirmability</i>- refers to the extent to which the results are linked to the data (Rodwell, 1998)</p> | <p><i>Triangulation</i>- refers to the use of additional sources of data. Occurs when one data source is compared with another. Additional data sources will be service providers for survivors of IPV.</p> <p><i>Member Checking</i>- refers to formal and informal testing of the information with the participants for convergent validation.</p> <p><i>Direct Quotes</i>- used in the case report to provide examples that will link the author's interpretations and conclusions back to the raw data</p> |

Credibility

Credibility refers to the probability that credible findings will be produced (Lincoln & Guba, 1985). Rodwell (1998) suggests several activities to increase the probability of credible findings. These activities include prolonged engagement, persistent observation, triangulation, peer debriefing, and member checks. Credibility was addressed using several techniques. First, although the researcher was not able to participate in prolonged engagement or persistent observation in this inquiry, the researcher/author has a considerable amount of experience with survivors of IPV. She spent three years working as an advocate and counselor to female survivors of IPV. Although this experience could cause bias, these experiences provided the author with intensive contact with survivors of IPV and extensive knowledge of and familiarity with the issues faced by survivors. To address the issue of bias, and also to increase credibility, participants were asked to participate in a member check where they reviewed a final draft of the research report and provided the researcher with feedback about the accuracy of categories, interpretations and conclusions made by the researcher (Lincoln & Guba, 1985).

Peer debriefing and triangulation were also used to address the issue of credibility. Peer debriefing involves the use of a peer who is familiar with the methodology to offer advice, support, feedback that address the subjectivity of the inquirer (Rodwell, 1998). Dissertation committee members provided the researcher with peer debriefing. Triangulation is described as the use of alternative sources of data (Rodwell, 1998). The researcher presented findings to three master's level counselors that work with survivors of IPV and used feedback from this presentation/interview to assess the credibility of codes and themes she had already identified.

Transferability

Transferability is related to, but different from, external validity (Rodwell, 1998). Transferability refers to the possibility that findings from within the context of one study can be transferred to, and have meaning in another context (Rodwell, 1998). Transferability is addressed by the qualitative researcher by providing a “thick description” of the context of the interviews and of participants so that others can determine if the findings can be transferred to other settings (Lincoln & Guba, 1985). In this inquiry, transferability was addressed by keeping a detailed description of the population of women who participated in the final inquiry, a detailed description of the interview settings, and a copy of the interview guide.

Dependability and Confirmability

Dependability addresses the methodological stability of the study and was addressed through the use of a field journal as well as a methodological log (Rodwell, 1998). For this inquiry, the field journal was used to explore the relationship of the researcher as instrument with the method and results (Rodwell, 1998). Dependability was also addressed through the use of two independent coders who coded two interviews. These coding and themes that were identified by the independent coders were then compared to coding identified by the researcher to help reduce researcher bias. A methodological log was used in addition to the field journal to record changes in the design and methodology that occurred after the study began. Additional elements recorded in the methodological log included triangulation, records of data collected, records of data analyzed, decision rules, analytic categories, and results of independent coding (Rodwell, 1998). This log was used throughout the data analysis and is available for review.

Confirmability refers to the extent to which the results are linked to the data (Rodwell, 1998). Triangulation and member checking both support the confirmability of a study (Rodwell,

1998) and were addressed above as they will be used to address credibility. Additionally, direct quotes were used in the case report to link the author's interpretations and conclusions back to the raw data.

Conclusion

The primary goal of this inquiry was to explore the process of transformation that survivors of IPV go through as they heal from their exposure to violence. This study contributes to the IPV literature in several ways. First it provides new terminology that expands the way that communities think about survivors of IPV which could expand the options available for supporting survivors. Uncovering the voices and experiences of women who have experienced violence by an intimate male partner may help communities create conditions where women feel safe, empowered, and supported as they work to achieve nonviolence in their lives. Furthermore, women's descriptions of their experiences with IPV may help researchers to identify outcomes that are more appropriate and more helpful to survivors than the outcome of leaving.

CHAPTER FIVE

Conceptual Framework for the Process of Transformation

Overview of Findings

A conceptual framework for the process of transformation was developed based on coding categories that emerged from the data. This conceptual framework emphasizes an ecological view of survivors of IPV that situates their experiences of the process of transformation within the context of *evaluating and negotiating life circumstances*. This process of transformation describes the process that women move through as they enter into an abusive relationship, experience a loss of self and power, work to reclaim a sense of self and power, and then reinvent their sense of identity and move forward. The four stages in this process are: 1) loss of self, 2) shift in thinking, 3) reclaiming self, and 4) reinventing identity.

This conceptual framework addresses some of the problems with process of leaving studies identified in Chapter Three. Most notably, it avoids victim blaming because it contextualizes the internal process that survivors go through as they move through the process of transformation. The internal process is important but cannot be understood in isolation from women's greater life circumstances. Individual and relational circumstances significantly influence the process, but so do the societal, cultural, and global circumstances that shape women's lives. Context is significant because it emphasizes the importance of a person-in-environment (PIE) perspective, a perspective that has been absent from most of the qualitative process of leaving studies. Person-in-environment (PIE) is an ecological systems' perspective that is deeply valued by social workers because it provides a more holistic view of people and their problems than do traditional psychological theories of human behavior. Systems' perspectives are particularly useful in conducting assessments and planning interventions

because they address biological, psychological, sociological, and spiritual elements of a person's environment.

Social workers believe that people are affected by their micro, mezzo, and macro level environments. For survivors of IPV, that means that the process of transformation cannot be fully understood apart from the internal and external variables that influence it. In the IPV literature, qualitative process of leaving studies mostly describe stages of an internal cognitive process but fail to incorporate the context of the process, especially women's external barriers to leaving. Presenting *only* the internal components of the process of transformation without examining how the process is affected by external factors, illustrates only a fraction of the many dynamics involved in the process. This fractured view creates the illusion that survivors' choices about staying or leaving are predominately influenced by internal, and therefore, individual, psychological factors which only perpetuate victim blaming attitudes and behaviors. This new conceptual framework provides a more holistic view of survivors as they progress through the process of transformation because it includes a systems' perspective of survivors that includes their internal *and* external circumstances instead of a description of the internal processes alone.

Participant Demographics

The final sample consisted of 16 women who had been involved with an abusive male partner (see Table 3) and was divided into two equally represented groups in the sample. Eight women in the sample identified themselves as being separated but not divorced from the most recent partner who was abusive. The remaining eight women identified themselves as being divorced from the most recent partner who was abusive. Of the eight women separated, four had been legally married, the other four had been living together as married. The sample of women who participated ranged in age from 26 to 58 years old with a median age for women separated

as 41 years old and a median age for women divorced as 45 years old. Twenty five percent of women separated had no high school diploma, 37.5% had earned a high school diploma, and 12.5% had earned a college bachelors degree. This compares with 25% of women divorced having a high school diploma, 50% having earned a college bachelors degree, 12.5% having earned a college master’s degree, and 12.5% having earned a college doctorate. Employment status: 75% of women separated reported being unemployed while 12.5% of women divorced reported unemployment. 25% of women separated reported full-time employment and 87.5% of women divorced reported full-time employment. Two women out of the 16 reported their race as African American. Both African American participants were women separated, not divorced. All of the other participants self-identified as Caucasian. The median number of children for women separated is 1.9 and for women divorced is 1.5. For length of the relationship, women separated had a median length of 12 years married and 1.9 years living together in common law marriage, while women divorced had a median length of time married as 8.5 years. Women separated had a median length of time out as 12.3 weeks and women divorced had a median length of time divorced as 5.6 years (see Appendix J for individual participant descriptions)

Table 3 Participant Demographics

| | Separated | Divorced |
|------------------------------------|-----------------|-----------------|
| Median Age | N=8 41 years | N=8 45 years |
| Housing | | |
| Shelter or TL | 6 (75%) | none |
| Rents or Owns | 2 (25%) | 8 (100%) |
| Highest Education Completed | | |
| No Diploma | 2 (25%) | none |
| HS Diploma | 3 (37.5%) | 2 (25%) |
| Bachelors | 1 (12.5%) | 4 (50%) |
| Masters | none | 1 (12.5%) |
| PhD | none | 1 (12.5%) |

Table 3: Participant Demographics continued

| | Separated | Divorced |
|--------------------------------------|------------|-----------|
| Employment | | |
| Unemployed | 6 (75%) | 1 (12.5%) |
| Full-Time | 2 (24%) | 7 (87.5%) |
| Part-Time | none | none |
| Race | | |
| Caucasian | 6 (75%) | 8 (100%) |
| African American | 2 (25%) | none |
| Median # of Children | 1.9 | 1.5 |
| Median Length of Relationship | | |
| Married N = 12 | 12 years | 8.5 years |
| Living Together as Married N =4 | 1.9 years | no data |
| Median Length of Time Out | 12.3 weeks | 5.6 years |

Although these participant demographics describe many contextual differences between the two groups of women represented in the sample, data analysis revealed no substantive differences in the process of transformation between the two groups. Importantly, these contextual differences have not been ignored in the findings because they certainly contribute to the uniqueness of each woman’s individual experiences with the process of transformation. Contextual differences influenced women’s decision making and ability to leave but did not appear to influence women’s movement through and descriptions of the stages in the process. Contextual differences among participants are acknowledged and addressed under the theme *evaluating and negotiating life circumstances*, which attends to the unique *internal* and *external factors* identified by individual participants, and describes the cognitive process of negotiating discrepancies between the two. Buchbinder and Eisikovits (2003) described similar findings from their qualitative investigation on the relationship between women’s shame and the ability to leave. The researchers interviewed three groups of women: women still in the abusive relationship, women separated, and women divorced, but found no substantive differences between the three groups.

With regard to differences between groups of women, one significant difference that *did* emerge during coding was between women who left because they were escaping a severe, life threatening attack, and women who left because they were fed up with the partner's abusive behavior and had been thinking about and planning an exit from the relationship for a significant length of time. This made the final act of leaving, and the events that led up to it, different between these two groups of women. When severity of violence was considered, women who left to escape death experienced a higher severity of violence than the women who spent a considerable amount of time planning and left when they perceived their circumstances and the timing to be the most optimal (safe place to go, access to money, social support, belongings packed, etc...) for themselves and any children they might have had. These differences will be addressed further in the section describing stage three, *reclaiming self*.

The Context of the Process of Transformation

Evaluating and Negotiating Life Circumstances

Examining the context of the process of transformation allows for consideration of the biological, psychological, sociological, and spiritual dimensions of individual survivors and how each of these influence their process. The process of transformation happens within the context of these dimensions, or life circumstances. Life circumstances include *internal factors*, defined as circumstances of the self, and *external factors*, defined as circumstances of the environment.

In this inquiry, participants frequently described a process of evaluating their internal and external factors, recognizing the discrepancies between them, and then negotiating for the best possible outcomes. While the description of this process held common themes across all of the women's stories, the life circumstances for each woman were unique to her and her life

circumstances. Each woman's individual life circumstances provide a context for understanding her experience of the process of transformation.

Internal circumstances. Commonly cited internal circumstances included feeling obligated to remain married, a desire to leave, a desire to do what was best for the children, love for the partner, fear of the partner, religious beliefs about marriage and divorce, shame and self-blame, depression, anxiety, socially enforced gender expectations, low self-esteem, and her lost sense of self. Survivors may or may not have control over their internal circumstances, especially as they relate to, or are influenced by external circumstances. Several times during our interview Victoria, who was separated from her partner of almost 20 years, talked about times when she "was scared to death of what [her partner] would do" in response to a number of circumstances. She also talked about her internal desire to leave the relationship and how it conflicted with the religious beliefs she held that prevented her from doing so. Religious beliefs are internal, but they are heavily influenced by external factors like culture, society, family, and patriarchy.

Several women talked about how they had wondered if their partners' abusive behavior was something they had caused or provoked, or if the abuse had happened the way they had interpreted or remembered it. Erica, who had been separated from a severely violent partner for three weeks at the time of our interview said, "I would think about [the attack], go over and over it trying to figure out what I could have done to deserve it. There never was anything I could pinpoint though". Another participant, Jasmine had been separated from a partner for five months. During our interview Jasmine still had some difficulty acknowledging that she did not cause her partner's first attack. She described what happened:

We were just talking. We were not even -- our voices were not even raised. We were not even hollering or screaming. It was the calmness in me -- he said he was intimidated. He

said that I intimidated him. And it was the fact that I stood there and looked him in the eye and said, I am not afraid of you. I'm just, I'm not afraid of you (partner's name). And he says that he thought to himself, boy she's going to do something to me. Isn't that weird?

Victoria described her self-talk during the earlier years of her marriage and how she honestly believed that she was responsible for her partner's abusive behavior.

I was ashamed at how he treated me. I was ashamed of the things I felt like I must have done to cause him to react that way. You know, somehow I always thought ok, and of course he would tell me it was my fault, but I thought this must be because I have done something wrong or I am bad or I don't have enough faith.

Marilyn, who had been divorced for five months at the time of our interview, talked about how her love for her partner prevented her from leaving but also that she believed that she contributed equally to the problem. She said:

I knew what my situation was. I knew the danger I was in. I went to counseling. We went to counseling. I tried to change a little but...being as strong-willed as I am...I know that's a major part of the problem, it's just as much a part of the problem as he is. I just would not give in.

In fact, Marilyn reported that she would probably still be married if it were not for her partner's severe escalation of violence.

Other internal circumstances frequently described by participants in this study were an *ethic of care and self-sacrifice*, and *feelings of responsibility for the success or failure of the relationship*. Many women felt responsible for meeting their abusive partners' physical and emotional needs, even at the expense of their own needs and despite their abusive partners' blatant disregard for participants' physical and emotional needs. Women's descriptions of feeling responsible for taking care of the partner are consistent with Gilligan's (1982) Ethic of Care, a feminist, theoretical framework on women's psychological development that describes moral development for girls and women and includes three stages of development: 1) self-survival, 2) self-sacrifice to care for others, and 3) interdependence not self-sacrifice.

Women's descriptions of feeling responsible for the success or failure of their relationships included statements about needing "to be a good woman" and "a good wife" and the sense of failure that came from having to get a divorce. Victoria said, "I thought I could fix him. I thought I could this... if I could be a better woman, a better wife, a better mother, that I could fix him and save our relationship. I was so ashamed that I couldn't make things better. I felt like it was my fault". These statements are consistent with Miller's (1976) feminist, psychological framework that describes women as having a need to be relational and make connections with others, as well as having an innate strength to make relationships work and hold families together. In accordance with Miller's (1976) framework for viewing women, it makes sense that a woman's inability to "fix" the relationship with an abusive partner may create a sense of failure or guilt, especially if the woman has been successful at making other relationships in their lives work.

The internal circumstances women reported seemed to create three major internal barriers to leaving: self-doubt, guilt, and shame. For every woman who participated in this study, these internal circumstances were eventually altered and/or overcome as the result of increased knowledge and awareness and progression through the process of transformation, all of which will be described in detail later in this chapter.

External circumstances. External circumstances most commonly cited were circumstances created by or resulting from the abusive partners' power and control tactics. These included financial insecurity, lack of transportation, few friends, reduced contact with family, threats to kill, no phone, and disabling injuries. Women also cited things like children, pets, a lack of community resources, and a lack of police support. Financial insecurity was reported as one of the most influential external factors because it prevented women from

accessing vital resources like food, clothing, housing, transportation, and attorneys. Other external circumstances (or pressures) that women had internalized included things like societal and religious expectations for women relating to marriage and family.

Morgan had been separated from her partner for two weeks and was staying in a shelter. She had lost her house and car after becoming involved with this man who was abusive and was also an addict. She described some of the external circumstances created by the combination of her partner's physical violence and substance abuse.

I was working at a big hotel and we were living in motel room in a bad part of town. One day I left work sick, I had just got paid so I stopped to cash my check on the way home. When I got home, I was so sick that I fell onto the bed in my coat and work clothes and slept that way for two days. When I finally woke up, he wasn't there. I checked my coat pocket and all my money was gone. I looked in the fridge and there was no food, I called the front office to see if the room had been paid for the week and it hadn't, so I called him. I just knew that he had taken my money again and spent it on drugs. When he answered, I asked him where the money was and he told me that he had paid the room and that he was going to buy some food to bring home. I didn't tell him, but I already knew he hadn't paid the room, I knew what he had done....and I thought, okay, here we go again.

Jasmine described a cognitive evaluation of the costs and benefits of the relationship and circumstances with her partner. Her sense of self-worth, combined with how hard she had worked to make a good life for herself and her children, outweighed any benefits she may have received from the relationship, ultimately led her to leave the relationship. She said:

That night, I processed it and I looked at everything that had happened up to this point; that caused me to leave. I said well when I first got with him he was working. He did go to work. A construction job. And when it ended he didn't try to go find another job. Which I know today is a red flag. The guy who don't want to work really. There's a history of the alcohol and drugs. Another red flag. The abuse to his mother. The fact that he would do something like that to another family member, was another red flag – oh man the list just goes on. And just processing, I said to myself I am unhappy. I'm crying more than I'm smiling. I know I'm not a perfect person, but I'm a good woman. Over time I've learned to be a decent person... I went to work full time. I was a full-time student. My kids were in school. I came home and cooked every day. I kept a clean house. We went to church. I mean overall I hold morals and values. I said, I just don't think this guy deserves me.

Erica experienced severe physical violence by her partner. Among other things, her partner would not allow her to answer the door, talk on the phone, stay up after he went to bed, or leave the house without him. He literally held her captive for two years. In addition to the daily exposure to verbal and emotional abuse, and some “milder” forms of physical violence, Erica had also suffered several incidences of severe physical violence by her partner. One time he broke her nose and refused to take her to receive medical care. Another time when she was pregnant, he beat her stomach with a fully loaded ice chest so severely that she miscarried and almost bled to death on their kitchen floor while he weighed the costs of dropping her off at the emergency room. He had threatened her with guns and told her that he would kill her. During our interview, she described the incongruencies between her internal desire to leave and the external circumstances that prevented her from doing so. She said: “I wanted to leave. I was afraid of him. I hated him. But he had taken my ID, I had no car, no money and no place to go where he couldn’t find me. And I was afraid of what he might do to me if he caught me trying to leave the apartment.” The first time she planned an escape and followed through with it he found her. She recounted why she left and what happened when he found her:

I finally left out of fear. I was sleeping at some friends’ house. He came and found me in the middle of the night. I woke up with him standing over me with a gun. He told me that I had to go home with him. I didn’t have much choice...It’s funny you know, that I left and returned for the same reason.

Incongruencies, however, did not have to occur between internal and external factors. Most of the women described a state of cognitive dissonance between two, conflicting internal factors or beliefs. Victoria relates an example of her struggle between two opposing internal circumstances: knowing that her husband was abusive and having a desire to divorce him, but having deeply rooted religious beliefs that did not support her desire. She says:

I would be talking to my dad and I would tell him that I was going to call my divorce attorney the next day and get the divorce papers in motion. And then I wouldn't call. I was walking that line, dancing that line for years. You know, will it be okay with God if I divorce him? I would sit in a sermon or read a book or listen to my counselor or pastor telling me that it was okay to walk away from Roger and divorce him, But then I would hear a message about forgiveness or how these women would just stand in faith and their crazy partners would be delivered from the devil, and I would feel so guilty.

Victoria's struggle between opposing internal factors was not uncommon. Many women described having both a desire to leave their partner and a desire to remain married, or at least feeling obligated to stay married; both are related to self-preservation. Leaving the partner would help to preserve whatever amount of the self that remained and hopefully regain what had been lost. Alternately, staying in the relationship helps to preserve the sense of self by reducing the shame associated with being "divorced" or "single", both of which invoke associations with unwanted negative identities for women. According to Brown's (2006) Shame Resilience Theory, unwanted identities associated with female gender role expectations are a primary trigger for women's shame. For many women, their feelings of guilt and the fear of judgment about having "taking" their children away from their father was also a source of shame. Julie, who had been divorced for a year from her partner of almost 8 years, had two children with her partner but described an internal struggle she had about wanting to leave her partner when her oldest daughter was their only child. She wanted to protect herself but she also wanted to do what was right for their daughter. She said:

Well I was scared of him. I wanted to leave but I was scared of him. My family didn't know. I was afraid what my family was going to say or think. My kids were...my daughter was attached to him. I mean she was daddy's little girl even though he really wasn't there. I don't know how she got attached to him but she did. So I was just kind of thinking what am I going to do? And then I found out...I was pregnant.

Julie's pregnancy made her decide to stay. Doing what seems to be in the best interest of the children is commonly cited by survivors as a reason for staying (Kopels & Chestnut-

Sheridan, 2002). Many women who live with abusive partners describe a struggle between wanting to leave the abusive partner and not wanting to separate the children from their father, especially if the children are not the direct targets of his violence. They usually do not feel this way forever though. As the violence escalates, most women eventually recognize the effects of abuse on their children and protecting their children from the harmful effects of violence and abuse becomes a primary motivation for leaving (Kearney, 2001).

The Process of Transformation

The process of transformation is made up of many components which have been categorized into four stages 1) loss of self, 2) shifts in thinking, 3) reclaiming self, and 4) reinventing identity (see illustration Appendix K). The stages in the process of transformation are presented as semi-linear, interrelated, and dynamic. The process is described as semi-linear because while some of the stages and components *do* happen in a linear sequence, others do not. For instance, a loss of self has to precede all of the other stages. Without the initial loss of self, none of the other stages occur. Women who have not experienced a loss of self will not engage in reclaiming self. Likewise, a woman who has not experienced a shift in thinking is not likely to be engaged in making meaning and/or reinventing identity. However, other stages seem to be ongoing and cyclical once they begin. A woman may experience a shift in thinking, start reclaiming self, experience another shift in thinking, and then engage in more reclaiming actions. Additionally, this process of transformation did not appear to have a definitive ending point. Carolyn, who had been divorced from an abusive partner for more than 25 years, still made statements during our interview that indicated some level of psychological or emotional processing of her experiences with IPV and the many losses she suffered as a result.

Additionally, the stages and components of each stage are interrelated. As predicted by Social System's Theory (Germain, 1978), changes in one component led to changes in other components. As women moved from ignoring evidence in Stage One, to acknowledging evidence, in Stage Two, the acknowledged evidence led to altered perceptions, altered perceptions led to anger and resentment, anger and resentment led to reclaiming and healing, and healing led to making meaning and reinventing the self. All of these led to *more* acknowledged evidence, *more* altered perceptions, *more* reclaiming and healing, and then *more* redefinition of identity. Women could be engaged in reclaiming, healing, making meaning, and redefining and still be living with their partner. In fact, some women in this study reported movement through all of the stages, at least to some degree, before concluding that they needed or wanted to leave their partners. This was evidenced in both divorced and separated women's narratives. They described several shifts in thinking, months to years of reclaiming, and a considerable amount of evaluation of their beliefs and values before they made a final exit.

The process of transformation is described as dynamic because each of the components can ultimately be subsumed under a major category of *self-preservation*: a powerful, motivating, biological, driving life force (Ochacka et al, 2005). From very early in the relationship women engage in self-preservation strategies. Although outsiders might disagree and classify their behaviors as destructive and/or codependent, if one considers the women's behaviors within the context of women's gender socialization and other internal and external circumstances, all of their behaviors stemmed from a desire to preserve the self. Even during stage one, which is characterized by a loss of self, the strategies women used to appease their partners and reduce the violence were strategies that these women believed would protect them, emotionally as well as physically. Unfortunately, these strategies usually resulted in many losses for the women and

were ultimately coded as *destructive self-preservation*. Destructive self-preservation strategies primarily resulted in reduced power, reduced sense of self, reduced self-esteem, and feelings of self-efficacy and increased shame. Destructive self-preservation strategies seemed to be primarily influenced by guilt and shame. Shame appeared to make women more likely to blame themselves for their partners' abusive behavior, and it prevented women from telling others about their circumstances. Not telling others was a self-preservation strategy to reduce shame, but it increased their isolation, decreased their sense of self, and actually increased their feelings of shame in the long run.

Shame also seemed to make survivors more willing to alter their behavior early in the relationship, which also resulted in an increased loss of self and power. For example, most of the women reported altering their behavior in some way to appease their partner. This meant cutting off relationships with friends and family, quitting jobs, dropping out of school, leaving their church, giving up a separate residence from the partner, blaming themselves for their partners' abusive behavior, and/or not standing up to him during an argument. In the short-run, these strategies may very well have reduced some of the abuse, at least as it was related to these specific triggers for his attacks. Long-term, these self-preservation strategies resulted in increased dependence on the abuser, reduced power in the relationship, increased guilt and shame, and an increased the loss of self.

In the recent IPV literature, shame has been identified as a primary obstacle to leaving an abusive partner (Buchbinder & Esikovits, 2003). According to Brown's (2006) Shame Resilience Theory (SRT), women experience shame in relation to the degree that they feel trapped, powerless, and isolated. In relationships where IPV is present, abusive men employ countless power and control tactics to make sure that their partners are trapped, powerless, and isolated.

According to SRT, shame resilience is improved by increasing women's ability to empathize with others, awareness of personal vulnerability, critical awareness of her circumstances, willingness to reach out to and connect with others, and ability to understand and talk about shame (Brown, 2006). Although focusing on survivors' internal circumstances has been discouraged in the feminist IPV literature because it is blaming, addressing survivors' feelings of shame and increasing their shame resilience would likely reduce the internal circumstances that create barriers to leaving: thus, moving survivors forward in the process of transformation, and improving their sense of self, safety, and power.

Later in the relationship, when survivors began to recognize their losses, they began to implement new strategies to preserve what was left of the self and reclaim what had been lost. These strategies were coded as *constructive self-preservation* because they were directed toward, and usually resulted in increased power and sense of self. It is important to mention that while *constructive self-preservation* strategies help women to reclaim their power and identity, these strategies also frequently increased the severity of the partner's violence and abuse.

In the end, all of the women left out of self-preservation. Women whose partners became severely violent and who believed that he would kill them exited the relationship almost immediately out of fear of death. Alternately, women whose partners were less severely abusive and who did not see themselves as being in imminent danger usually made their decisions to leave after months or years of acknowledging evidence, numerous shifts in thinking, increasing anger and resentment, many attempts to reclaim self and power, and an ongoing struggle to redefine themselves and their beliefs, especially their beliefs about what it means to be a wife, a Christian, and a mother. These women left out of self-preservation too, but their primary sense of loss was related to the emotional and psychological death of self and identity, not an actual

physical death. This would indicate that women with severely abusive partners experience the process of leaving differently than women whose partners who are less severely violent. It does not alter the process of transformation though, which may or may not include a final exit from the relationship.

Stage One: Loss of Self

Loss of Self

Self has been described in several ways in the psychological literature and generally refers to the unique qualities that differentiate a person from others and how these qualities are perceived by the individual (source). Loss of self is the first stage of the process of transformation was experienced in two primary ways. Participants described a loss of their physical and emotional boundaries that included their physical and emotional self, as well as their physical space and important belongings. They also described a loss of self-concept or *identity*: an awareness or understanding of who they were, what their roles were, and what they valued and believed. The loss of self includes two components, *ignoring evidence* and *altering behavior*. This stage provides an overarching category for cognitions and behaviors participants engaged in early in the relationship that resulted in a loss of self. All of the participants talked about losing their sense of self and identity, losing power, and losing self-esteem. Victoria said, “I felt like I was losing myself, like I was being sucked into a big black hole!”. Feelings regarding a loss of self and reduced self-esteem were common statements made by every woman who participated in this inquiry. A loss of self has also been frequently reported in the published research with other survivors of IPV (Landenburger, 1989; Merrit-Gray & Wuest, 1995; Mills, 1985; Sev’Er, 2002).

Carolyn had been divorced from an abusive partner for 25 years and was remarried to a man whom she said was not abusive. She described the loss of self as a primary reason for wanting to leave. During the interview she said:

The reason I left him was because I couldn't live like that anymore. I was going to die out there. I didn't want to be miserable anymore... But there's nothing -- I don't know if there is a word in the English language to describe how empty...how nothing feels. When you feel like you're nothing. That's the closest -- there's no word really to describe the feeling that that is. Something told me, there was a spark in there that said life can be better without all this shit. Just do it.

Ignoring Evidence.

Ignoring evidence is the first component of loss of self and refers to a pattern of thinking and behavior that develops early in the relationship, either when the abusive partner is just beginning to show signs that he could be abusive or when the abusive behavior is still relatively mild and she has not yet suffered any profound losses from the relationship. All but one of the 16 participants reported, in hindsight, having recognized signs of their partners' abusive tendencies early in the relationship. Despite the way that it sounds, ignoring evidence was not necessarily a choice the women made, although it could have been. Ignoring evidence resulted partly from lacking knowledge about what constitutes healthy behavior as an individual and within the context of a relationship. Not knowing what was healthy prevented many women from recognizing the signs of an abusive partner. Ignoring evidence was also related to self-preservation. There were two primary kinds of evidence that women ignored: *internal messages* and *external messages*.

Internal messages. Internal messages refer to the women's internal messages or symptoms that something was wrong with the partner or the relationship. These messages came as emotional reactions to abusive behavior, fleeting or persistent thoughts, recurring dreams, depression, anxiety, or a bad feeling that something was not right, but these messages were often

overlooked or rationalized away. For instance, Michelle, who had been divorced from her ex-partner for 4 years, reported that immediately after marrying her partner she became depressed and cried a lot. During the interview, she described early symptoms of something being wrong but not knowing what it was. She said:

I drew this picture in my journal, a picture of me: I was curled up, sitting inside a box that had a big smile painted on the outside with the nearby paint can tipped over. I was filling this role of what I thought I should be and what I thought was right, but inside I was all alone. I knew it wasn't an easy road, so [I thought] you put on a smile and sacrifice... I did not want to be selfish.

Michelle's drawing of herself indicates that she knew something was wrong, but she was not able to acknowledge these feelings and drawings as being related to her partner's abusive behavior. Instead, she attributed them to adjusting to marriage and living in a different city.

Sophie reported that during her marriage, she kept having a disturbing, recurring dream about one of her dogs. She described it:

I had a dream that our other dog was chewing her leg off. I mean was just like totally chewing herself up. It was making this god-awful mess, and in my dream I was -- it was like I was dreaming that I was asleep or awake but I remember dreaming, I really need to clean that mess up, but it was weird. She wasn't like dying. It was just gross. Disgusting. Bones and blood and skin and fur. And I remember thinking I really need to go clean that up before the boys get up and see that. I've got to protect them but I didn't have the strength to get out of bed and go clean it up.

When she was originally having the dream she did not see it as related to her marriage, that revelation came later in the marriage. Sophie was married for 12 years and had been divorced for 4 months at the time of this interview. In the research interview she said she knew that the dog in her dream was symbolic of her and that the marriage was killing her bit by bit. Having this realization about her dream and its meaning helped her make the final decision to leave because she saw how much she and her children were being affected by her partner's abusive behavior.

External messages. External messages refer to the signs and messages from the partner and from others that indicated that he was abusive, or at least capable of being abusive. These were things like excessive jealousy, friends and parents that did not like him, being rushed into marriage or living together, having her feelings discounted, disrespect towards her and others, hearing his parents or friends say that something was “wrong” with him, and early forms of violence like pushing, restraining her, or slapping her. For both internal and external evidence, women often either dismissed it as misconstrued or misinterpreted, or they rationalized it away by blaming it on stress, life changes, or on their own actions. Many women reported in hindsight they remembered this early evidence and wished they had trusted their instincts. Marianne, who had been divorced for three years but out of the relationship for seven years, told me that her partner was never abusive until she moved in with him a few weeks before their wedding date. After moving in together, he began pushing her around, preventing her from leaving during an argument, and being mean to her five year old daughter. She said that she thought he was stressed out about the wedding and the new responsibilities of having a wife and step-daughter to care for. Looking back, she is able to recognize that the abusive behavior he exhibited prior to the marriage was not related to stress and circumstances, but was a demonstration of his abusive tendencies. She was not able to recognize it back then though.

Unlike most of the women, Carolyn reported that she *did* recognize external evidence but married him anyway. She described her early interest in him and why she married him despite her knowledge that he was abusive.

We had drugs in common, sex in common, and that we wanted to live off the land in common. We wanted to be earth people and move to the Rocky Mountains. God only knows what we would've done had we made it that far but, it was a very short courtship. I knew...that he was abusive when I married him. I did it to get away from my controlling father and mother, whom I thought at the time -- the way I perceived them,

was that they were keeping me from being independent. I was exerting my independence. I was individuating...we all do it...besides, I thought I could handle him.

Although this is somewhat contrary to other women's stories about ignoring, or not recognizing warning signs, Carolyn's inability or unwillingness to recognize the severity of his behavior and consider what it could indicate about the long-term stability and consequences of their relationship is very similar to the other women's stories. *All* of the women minimized or disregarded their partners' abusive behaviors to maintain the relationship and preserve the self.

Altering Behavior

Altering behavior is the second component of the loss of self and describes the actions women take to reduce the violence and abuse. All of the women reported altering their behavior in some way to appease their partner. Women cut off relationships with friends and family, left jobs, dropped out of school, changed churches, gave up their own residences, became more passive, stopped standing up to their partners during an argument, and stopped telling the truth or told their partners whatever they thought would prevent them from getting angry. Altering behavior was not something that happened one time during the relationship. It began early in the relationship and then continued throughout because it was a survival strategy. Women would learn early on what was likely to provoke or prevent an attack and then alter their behavior accordingly. For many women, this thinking and behavior continued even after they were separated or divorced. Sarah, who had been separated from her partner for five weeks described how her thinking and behavior changed after her partner became violent towards her:

The other thing that was really different after [marriage] was that I really weighed the cost of everything, and not in terms of financial but was the emotional cost too high to pay? Was it worth it and how important was it really?...And a lot of my thinking changed in terms of how can I just keep the peace. My focus changed from life being about the family to being about his needs and about him being always first, because then that would... determine everybody else's happiness or ability to do things or get things done.

Victoria remembered a time early the relationship that made her start lying to her partner to protect herself. She described an incident that happened before they ever married, saying:

By this time I had learned that if I didn't say what he wanted to hear he would get frustrated. That was already starting you know. He would ask me what I felt about something, but if I didn't tell him the way he wanted it to be said or didn't say what he wanted to hear, it was like, "well that's not right". Tell me something else...He was controlling and he would say things and call me an idiot. And I remember that's one of those times that first few weeks when I -- the first time I ever lied to him. Because he would ask me questions -- and I don't want to justify lying but...sometimes a person backs you into a corner and you just tell them what you want them to hear... I remember that in the very beginning he asked me something and I felt so... I felt like I had been pounced on because of the way he said it. And so I told him what he wanted to hear. And [then] I was so guilt ridden. It was horrible. Then I went back and I told him. I said, "I lied to you about that"...And of course he made me feel guilty about that.

Janet had been married for 17 years and had recently separated from her partner. At the time of our interview, she had been in the shelter for three weeks. She described how nice her partner had been to her before her mother's death and how drastically he changed after her mother died and she left her mother's house and moved in with him. After a few months of living together, and his increasing verbal and physical violence, she said she wanted to fight back when her partner became abusive but did not because she feared a physical attack. "Well the first time he hit me he'd be calling me a bitch and a cunt and ...stuff that just tore me up. I'd get so mad to where...I'd think, what am I gonna do? *I'm gonna hit him?*....no, well then he's gonna knock the hell out of me, black my eye you know." Although she did begin to fight back later in the marriage, she did not fight back initially.

Morgan also talked about how she had altered her behavior towards her partner to prevent having arguments with him. For the most part, she had stopped talking to her partner fearing that any response would incite violence. What she did not anticipate was him changing the rules, and attacking her for not talking to him. She said:

I had to completely shut down. It got to the point where I would just sit there and... he'd say "well why are you so quiet?". Well you didn't tell me what you want to talk about. Why are you just sitting there? Well you didn't tell me what to do. I mean I just got to that point where I literally shut down. Then he just slapped me one day because I didn't start talking to him.

Several women described circumstances like Morgan's, where they felt trapped regardless of their response or decision. Efforts to reduce the violence often backfired because the partner would change "the rules" when they stopped producing his desired outcome or when he needed an excuse to attack. Alterations in women's behaviors were ongoing because their initial alterations stopped working once their partners figured them out or changed the rules.

Stage Two: Shifts in Thinking

Acknowledging Evidence

Acknowledging evidence is the first component of shifts in thinking. Just as women ignored evidence of their partners' abuse early in the relationship, later in the relationship they began to acknowledge it. There were several kinds of evidence women acknowledged that resulted in women changing their perception and thinking about their partners and relationships. This evidence came in the form of validation and/or information from external sources. It also came from the women recognizing the effects of abuse on their children, personal losses, and escalating violence.

External evidence. External evidence refers to the information and support participants gained from external sources like friends, counselors, pastors, and books. Victoria recounted an experience of having her experiences and feelings validated by a pastor who did not like her partner and who had once refused to let him speak at her church.

[H]onestly I really thought I was losing my mind. I just didn't know what was real anymore. And I thought, 'oh Victoria it's the devil telling you to call her because he's trying to stir up trouble. He's trying to help you keep your husband from fulfilling his calling'. And then one day I had this thought...would he really tell to you to call

someone who...can minister to you? And so my husband was gone one day and I picked up the phone and I called her. And it was kind of like, it didn't hear everything but this light bulb went off in my head. Because everything that I had been thinking she confirmed it. She said, Victoria I know what he's telling you but you know that this is not right. She said, somewhere inside of you, you know that if what you're telling me is true, it's not right. And that's when she said you've got to get out because he may kill you...But I remember after that I just hung onto everything she said for such a long time because I thought, okay I'm not crazy.

Sophie reports a shift in thinking after receiving external validation about her experiences as well. She had been sick for months with an unexplained illness and had visited several doctors and specialists. No one could tell her what was wrong. She finally received a referral to see a mental health counselor who told her that her partner was emotionally abusive. She reported:

[T]hat was the first time I began to realize, he's abusive. I'm being abused. The boys are being abused. And I slowly began to fight my way to the surface. That was in 2004 probably. And then things started to happen pretty fast because I ended up filing for divorce in 2005 and I started going to school and then I knew that it was just a matter of time.

After ten years in an emotionally abusive marriage, Michelle went back to work and met a man through her job with whom she became friends and then later fell in love. She was trying to figure out what to do because even though she and her husband were separated, they were not yet divorced and she felt torn about doing the *right* thing, especially as defined by her religious beliefs. She described having a shift while she was reading a book about relationships. "It was like a little tiny list in black and white, the signs of a controlling versus healthy relationship. And in this new relationship that I am in, I'm seeing all these really good signs...And I'm seeing all these really bad ones just coming at me in my face [with my partner]...so I made the decision to keep [the new] relationship."

Carolyn recalled receiving some validation about her partner's abuse when two friends came to her house one day while her partner was at work. The previous night, they had

witnessed him being abusive towards her in front of a large group of their friends and they were concerned. She recounted their conversation:

[T]hey said, 'Carolyn you can't crawl back in your shell again. You have left enough. You can't keep doing this. You're going to die'. I thought that was pretty profound. Finally somebody noticed and it wasn't my fucking imagination...I was validated at that point, at that dining room table. And this was right before Thanksgiving. So we started making plans for me to leave.

Then she went on to talk about other external influences she had:

And another thing that helped me was the feminist movement...I remember seeing Gloria Steinem...she was on TV all the time with Dick Cavett. ...So I would see them on TV and I would see them interviewed and...--oh, I was reading Marilyn French's the Women's Room-- and that started giving me the language to understand what had happened to me even though nothing in the literature was about domestic violence at all. There was no terminology about being abused by a man, nothing like that. But being second-class citizens and being subordinate and being women and having very few rights you know. That was what I was reading about and that brought it home to me. I realized that's what I was experiencing. And that helped give me the courage to realize I wasn't imagining it, and the two guys who validated my experience helped me to realize it wasn't something I was making up or just feeling sorry for myself.

Effects on children. Women with children often reported shifts in thinking when they recognized that their partners' abusive behavior was affecting their children. Julie reported that her partner was never abusive in front of their children, at least not where they could see or hear it. Then one day he started yelling at her with their daughter in the room. She describes the incident:

So he comes in and calls me a liar...[and] my daughter was right there. I mean this is the first time he blew up like that in front of my kids. He would never yell at me or anything. Whenever he was mad or something he'd come and whisper in my ear or he'd take me to his room to talk to me. He would never fight with me in front of my kids. Well he is screaming at me in front of my kids and my daughter spoke up and ... he called her a little b-i-t-c-h...[He said] "screw you, shut your mouth" and "don't you talk." I was like, ... don't you yell at my kid like that again" and he got mad and he grabbed me and pulled me away from them [to fight]...and I was like whatever. I said, "You just need to leave now. You need to get your stuff and you need to get out of my house. I don't want you here no more. You need to leave." And he said, "No. I am not going anywhere. You need to make me leave. I don't think you can do it. I don't think you are strong enough to make me leave" and I said, "Whatever, that's fine. I am leaving you".

Women went to great lengths to protect their children from the violence, but also to protect them from having divorced parents. It was an internal struggle that nearly all of the women with children faced at some point before finally deciding to leave.

Personal losses. Women also began to recognize and acknowledge the many losses they had suffered as a result of the abusive partner. These losses included things like the loss of self, safety, self-esteem, personal power, financial independence, children, pets, friends, family, and jobs. They also included things like their partner having no respect for their physical and emotional boundaries and not respecting their shared physical space. All of the women reported feeling a loss of self and identity.

Victoria's loss of self was possibly the most dramatic loss of self experienced or described by any of the participants. Her partner had essentially brainwashed her through the misuse of biblical scripture. Victoria described the development of two opposing sides of her brain: The Roger side, that told her things that Roger would say, and created much guilt and shame, and the Victoria side, that acknowledged her feelings, that told her Roger was wrong and tried to protect her from being brainwashed by his verbal and emotional abuse and misuse of biblical scripture. Over time, the Victoria side occupied less and less of her thinking and the Roger side dominated. He would tell her that she did not have enough faith, that everything that went wrong in their marriage was her fault, that the five miscarriages she had suffered were her fault. She would get upset with Roger and leave the house. Then the Victoria side of her brain would tell her that he was lying, that he was wrong, or that he was just being mean. When she would go home to confront him he would talk in circles around her, twist words and stories, and cite biblical scriptures that supported his arguments. She said "I never knew which side of my brain was the truth". Not knowing the truth about her experiences and feelings paralyzed her in

the marriage for almost 20 years. Victoria still feels guilty for wanting to divorce her partner because she feels partially responsible for his abusive behavior.

Sarah described how the verbal and emotional abuse resulted in major intrapersonal losses for her.

He changed my thinking, my self-esteem [went] to squat. I never fell into the mentality that it was my fault because I would tell him, it's not my fault. I didn't do it. I'm not the one that made you hit me. But still the verbal abuse and the emotional abuse...that wore me down. And then I felt like I was a whore...because if I ever really needed something, even if it was just milk and diapers, I knew as long as we made love it could happen. When you donate plasma, one of their screening questions is, have you ever had sex for money or drugs...[I would say] yes, never for drugs (laughing) but I'm married so...[I've had sex for] a Rototiller... a shed...a front loading washer and dryer ...

Michelle talked about a loss of self too. She described a time when she really began to recognize how much of herself she had really lost. She said:

I remember standing in a grocery store -- and this was after I was coming out of the abusive relationship and had established a new, healthier relationship that was at the friendship stage -- and we were on the phone. I'm shopping for my kids and just talking to him. He said, "You know, you should get something that YOU want for supper." I had to stop and think. And then I started crying because I realized I don't know what I like -- in anything. I couldn't even decide on what I wanted for supper! I could decide other things for other people. I could have opinions for other things, other situations, but for me it was like a big void, a big vacuum.

Aside the loss of self and identity the women described, they also described many other personal losses like the loss of freedom and choice. Women lost the freedom to choose how they wanted to dress, with whom they could be friends, where they could work, what time they went to bed, when and where they could grocery shop, and where they went to church. They even lost freedom of choice about the simplest of things like what brand of shampoo and conditioner they could buy. Michelle went on to talk about how happy she felt after she moved into her own apartment and began reclaiming some of these simple freedoms.

[T]he first thing I did, I remember walking through the apartment and almost getting the giggles, feeling a little giddy because I had just done the thing I had always wanted to do

with the toilet paper ... put it on so the sheets unroll from the top. And little things like that, making my own decisions even if it's just toilet paper, gave me a very happy, free, wonderful feeling.

These losses added up over time and increased anger and resentment towards their partners.

Escalations of violence. Another major loss was the loss of safety. For some women, escalating violence was the evidence that resulted in a shift. Women described two different ways that violence escalated: normal escalations and severe escalations. Both forms are used by abusive partners to gain control, but “normal” escalations did not place the woman in imminent risk of death. Normal escalations could include severe levels of violence, but the women did not perceive the violence to indicate impending death. Severe escalations, on the other hand, were described by participants as “being killed” and having escaped, or the belief that they were likely to be killed by their husbands if they did not escape as soon as possible. Marianne had reported ongoing incidents of less severe forms of physical abuse like restraining and shoving but she reports shifting her thinking when the violence escalated to a point that scared her.

It was when he finally wrapped his hands around my throat and...his mom and his dad were downstairs and he and I were upstairs and both kids were there and I thought...he kind of put his hands around my throat and backed me up to where my calves were up against the bathtub and I was about to fall into the bathtub. So I reached up and I slapped him and he let me go and then it was, “You slapped me! You broke my glasses!” And then he was running all through the house telling everybody how I just beat him up and I am thinking, “This is nuts. I have to get out of here.” So he had never put his hands around my throat before so that is when I finally thought, “Okay now this might be escalating to a level that I am not willing to go to, especially in a house full of my family.”

Cathy, who had been divorced from her partner for two years, also describes an escalation in violence that led to a change in the way she thought about her circumstances. One night, after a week of several verbal and physical attacks, Cathy began to think she could not continue living like this. She said:

You know he'd accomplished his goal. I was awake and I was unhappy and I was miserable and no, he didn't get laid but I was just as miserable as he was. So he had accomplished his goal and I am thinking to myself, I can't go on like this. This is three times in two or three weeks that this has happened and it's getting worse each time. Oh my God. What am I going to do? I can't keep this up.

Jasmine reported that she had been physically assaulted one time by her partner and then witnessed him attacking his own mother. She describes the attack and how it changed her thinking.

We were at his mother's house this time. He started throwing things around the house. Picked up a chair, water bottles....I said no way. And I'm standing in the way and so I'm catching not really blows but pushes and stuff. He wasn't swinging at me but the pushing and all that and -- oh yeah, she had the phone. He was trying to grab the phone from her. She was going to call the police and he was trying to grab the phone out of her hand. He was trying to reach around me to get the phone from her, and in that process he pushes me down. She is in a wheelchair. I tumble over her, she falls out of the wheelchair. She can't get up herself. She's on the ground in a wheelchair, in a puddle of water and I'm on top of her. We're soaking wet and he is still a madman. He's still crazy. And I'm like, I kept saying -- I said this, I said we're not going to survive this one.... But it's like when he finally got done, when he snapped back he said something like, you shouldn't have made me do this. I didn't want to do this. And he helped us both up. He helped me up and then he helped her up...[I thought] if he would do this to his mother I don't stand a chance. If he would do this to his mother there is literally no hope for me.

Alternately, women who experienced severe escalations believed that he was trying to kill them and believed that they would die if they did not escape. For Autumn, Morgan, Marilyn, and Erica, the increase in violence was life threatening. All of these women experienced a severe physical attack where they either believed that they would die or began to believe that he was capable of killing them. These attacks led to intense fear of the partner and an immediate, or as immediate as possible, exit from the relationship. Autumn describes the attack that led to her shift in thinking and then immediate exit from the relationship.

I laid down on the bed and that's when he got on top of me and he started strangling me. And I remember the room was dark and there was bars on the windows and there was nobody there to help me...I just remember that I was laying there and he was on top of me and he had his hands around my throat. And I remember I've never been so afraid in all my life. I couldn't breathe. And it wasn't so much the fact that he was choking me

this way, but his body was on top of me pushing my diaphragm in and he had this growl, he had this growl like I'm going to kill you. And I remember the only thing that saved my life was I was thinking to myself I've got to be able to get air here. That's all I was thinking about so I managed to turn like this. To wear my rib cage allowed my body to get air and I could start breathing again. And he was still on me and his hands were still around my throat but I could breathe again. That's when I started breathing and then he got off of me. I remember thinking to myself that this was something entirely different. That is-as far as cut phone cords or smashed thumbs- I was thinking to myself that I was really in trouble. The way I got out that door...[was]he had to walk past me to go into the kitchen to get a pack of cigarettes. And I remember him doing that and he was over there and that's when I ran out the door. I didn't go back.

Autumn ran to a neighbor's house, where the police were called. However, her ex-husband was never arrested for this attack. She packed up her belongings that night and moved to another town to live with her mother, where she still resides. She filed for a divorce that week and, at the time of the interview, had not seen her ex-partner since that night, six months earlier. Autumn reported acute PTSD symptomatology.

Morgan described a similar incident that changed her thinking and made her leave.

[H]e pushes me back on the bed and he told me, you're not going anywhere. He disconnected the phone and he started to wrap me up. And he told me ... you're not going anywhere until I say that you're going anywhere. And so I just laid there and I'm crying...and he's going into this thing and grabbing his head and pacing the floor. And he says, "look at me. I don't know what to do and now I've got you all tied up". And he started talking about committing suicide and if he's going to commit suicide he is into this thing where, I have nothing to lose at this point. He says my kids are gone, I don't have any friends, my mom is dying. And he's going through this whole thing and it's like oh my god and I'm thinking, how I going to get out of this? So I just -- I laid there and it was like oh my god. So I start telling him...because he had told me too, before I commit suicide I'm going to kill you too. He literally told me that. And I cried. And he had picked the phone up and held it over my head, and I just knew he was going to hit me. I knew it in my heart and I just closed my eyes. And he says, -- I don't know what made him stop but he stopped and I heard him say, "I love you". I opened my eyes and that's when he was putting the phone down on the table. And I just went, I love you too, it is going to be okay, we are going to work through this....And I just kept thinking, you have to do whatever you have to do to get out of here...And that next morning he was going to the store to get some cigarettes and that's when I left. I left and that's when I came here and I said "I am not going back".

Marilyn recounted almost 20 years of verbal and emotional abuse and a moderate level of physical violence. She says there was never a time when she did not want the marriage to work and had never really thought about leaving him forever. Then one day her partner strangled her. She described the day she left and filed a protective order against him:

The day I left him my mother told me, Marilyn, this will be the hardest thing you have ever had to do in your life. And it is because I think every day what could have been, and then I have to tell myself it was his choice to make it what it was. *He* chose to quit his job. *He* chose to drink \$350 a month worth of alcohol. *He* chose to smoke marijuana. *He* chose to strangle me. *He* chose to be abusive....This was the fourth time that I have left...I didn't leave for another man [though]; I did it to save my life.

Although Marilyn appropriately attributes her ex-husband's abusive behavior and bad choices to him in this passage, she also sees herself as part of the problem. Marilyn's experiences with IPV differ somewhat from the other women's stories in several ways. One of the most interesting ways it differed was in her reported unwillingness to alter her behavior to appease her partner early in the relationship. During our interview, she described vicious verbal and physical attacks by her partner early in the marriage for her failure to clean the house in a way that he considered to be acceptable. Marilyn reported that she never "caved" and that his attacks only made her less willing to do as he ordered. Then she went on to say that her "strong will" was equally to blame for her partner's violence, that if she would have done what he said, he probably would not have been so violent. Her strong will may very likely have created a situation that resulted in her partner's escalation of violence in an attempt to gain power and control. However, it is interesting that she sees her "strong will" as *equally* destructive as her partner's violence and abuse, or that she even considers having a strong will as a problem at all. The resulting increase in violence and abuse was dangerous and destructive in its own right, but Marilyn's strong will may have also worked to her benefit because it likely prevented her from losing as much of her sense of self as women who did give in and altered their behavior to reduce the violence and

abuse. In the end, Marilyn's recognition of her ex-husband's escalating violence and her strong will to protect herself moved her permanently out of the marriage.

Erica suffered severe, life threatening attacks on several occasions. She was literally trapped in the house by her partner and denied or delayed access to medical treatment after several attacks when she needed it. She described one incident like this:

He beat me up. He let me lay there for five hours. I had blood down to my knees. He drops me off in my car at the ER. They come out and put me in a wheel chair. They take me inside. I had an emergency C-section. If he had taken me earlier, because the umbilical cord was wrapped around like four times, umm [the baby would have probably survived]. We were supposed to go camping with some friends and it was a full ice chest and that's what he beat me with in the stomach. So I mean five hours later it's a wonder I didn't hemorrhage [to death] on the kitchen floor. And even if I do testify...that's all I say, they took pictures and my stomach was black.

She was terrified to leave and terrified to stay. She believed she would die regardless of which choice she made. Erica's next door neighbors actually planned her escape without her after listening to a particularly egregious attack through the walls of their apartment. She described the last time she left and her neighbors' assistance:

He beat me up on a Saturday and he didn't go to work that Monday and a couple [from next door] came over to our [apartment] and said, "We're going to (different city name) today. We're going to the mall." He said, "Okay let's go." Of course I couldn't not go. He wouldn't let me. So I had to go. So we get to the mall and his friend keeps him occupied and she takes me to a store and she says, "Here's \$10 bucks. Bye." And I'm like, "I'm in (city and state name), I don't know where I am." I run to Books-A-Million and call the crisis center there and I went there. So apparently his friend and her, I was... really good friends with her...well I guess they were both tired of ...seeing him treat me that way.

Erica also reported acute PTSD symptomatology, along with the feeling that her ex-partner was always watching her, even though she was in another state, several hours away from him, and she was relatively certain that he had no idea where she was. She currently awaits her ex-partner's trial on felony domestic assault and battery charges. She has been subpoenaed to testify against him as a victim/witness and she is terrified of facing him in court and terrified of

what he will do to her if and when he finds her. She is so fearful of him that, at the time of our interview, she was considering “going underground”: which meant moving, changing her name, changing her social security number, and ending contact with everyone she currently knows, who might accidentally leak information about her whereabouts.

For all of the women who experienced severe escalations in violence, the external evidence translated into a belief that their partners would kill them, overwhelming feelings of fear, and a biological drive to protect themselves. These women exited their relationships immediately (or as soon as they could) following or during their “escape” from the attack and never went back. In the end, these women differed from the other women who participated in two major ways: The final act of leaving was different because it was sudden, with little to no planning, and was influenced by fear and the women’s motivation (or drive) to save their physical selves from death. The remaining twelve women, left out of anger, exhaustion, the possibility of a better life without him, and the motivation to save their emotional selves from death. They left after weeks and/or months of planning, when the circumstances for leaving were the most optimal. These women had located safe places to go, made safety plans, established some form of social support, and increased their financial resources or secured employment. Many had called the police, filed for a protective order or divorce, and figured out a way to pack their belongings. Like the four women who left to save their lives, these twelve women also experienced fear of their partners. They did not however, believe that they were in immediate danger of death like Autumn, Morgan, Marilyn, and Erica did.

An Altered Perception

As the women acknowledged evidence, they developed an altered perception of the partner and the relationship. An altered perception is the second component of reclaiming self, and has three elements: *shifting blame*, *anger and resentment*, and *emotional exhaustion*.

Shifting blame. Acknowledging evidence appeared to lead women who blamed themselves for their partners' violence to stop seeing themselves as the problem and shift blame (appropriately) onto their partner. For many women, the shift in blame came almost immediately following some kind of external validation described earlier. Carolyn's shift in blame happened after her two friends came to visit and validated her feelings by telling her that her partner was dangerous and she needed to leave. Sophie's shift in blame came after her therapist told her that her partner was emotionally abusive and that she was suffering with depression. Victoria's shift in blame came after she talked to the pastor that validated her feelings and experiences and told her she needed to leave.

Anger and resentment. Acknowledging evidence and shifting blame led many of the participants to develop intense feelings of anger and resentment. Carolyn described an event that caused a major shift in the way she felt about her partner and how angry and resentful she became towards him.

So one day, I was-- not one day, I just had started falling out of love with him. I couldn't stand him anymore because of the way he treated me and the way he treated my pets. And he decided he was going to castrate my black cat one day because he didn't want to spend the money to go to the vet. He said, I've heard if you just stick their head in a boot then he can't get out and you can just cut the testicle out of the side...I came home one day...and our roommate had this funny look on his face and he said, "well Bruce castrated spooky today". [Spooky] was never the same after that, psychologically. Physically he was fine but it terrorized him. And I started hating him from that moment on.

Later she described her partner's lack of respect for her and the work she did and how her building anger towards her partner prompted her to make a final exit from the marriage.

I was constantly cleaning with Pine-Sol. I had all these animals so I was constantly cleaning. The good housekeeping house. He would come home from the steel mill with those dirty nasty shoes and boots and drop them all over the carpet. He had no respect for me at all. No respect for any work I did in the home...I came home one day and we had had these creepy people that were friends of his...[who] had been at the house and they were all gone when I got home late that evening and the house was wrecked. The chairs were turned over. There was marijuana everywhere, dirty dishes, cigarette butts, joints, ashes all over the place, empty beer cans, shot glasses, bottles of liquor, nasty sticky shit all over the table, the bathroom was awful. That was like the last straw incident...and I had been planning already. I called my friend...and said, okay, I'm ready to go.

Leslie, who had been separated from her partner for four months talked about getting angry and leaving him after he hurt her dog.

I was just in a drunken, friggin' dope haze- just to numb the reality. So I quit going to work and he started being abusive to my dog. He threw her down the hall and broke her knee. That is what got me out. That is why I moved out. The next day after that... Sunday we went to the vet ... and it cost \$200.00 bucks to get the dog looked at...and the next day I moved out.

For the four women who experienced severe violence and believed they would die, the development of anger and resentment were initially replaced by the biological drive to survive. Although these women made immediate exits from the relationship to save their lives, it did not preclude them from becoming angry and resentful towards their partners. Anger surfaced later, after they were no longer in imminent danger.

Exhaustion. Several women described getting to a point where they were so exhausted by their circumstances that they could not go on in the same way any longer. They were emotionally and physically exhausted by the constant conflict and the inability to resolve it. Marianne said, "I think I just finally got so tired and he had beat me down so much". Morgan described her emotional exhaustion and provided an example when she talked about how her partner would lock her out of their motel room. She said: "he made me go to every hotel room until I found him at least two cigarettes. Because I was not allowed to come back in the room until I did. And

he literally locked the door until I had a least two cigarettes. And I just couldn't do it anymore". Even though Morgan ultimately left out of survival and not exhaustion, she was certainly influenced by it. Janet also described reaching a point where could not do it anymore and said: "I just got fed up with it. I knew it wasn't going to get no better unless he was getting help from Alcoholics Anonymous. I... [just] knew it wasn't getting no better...He's never going to change. Ever."

Several women reported becoming depressed after prolonged exposure to violence and abuse. Cathy talked about how she had considered suicide and homicide before she finally left her partner saying that she could not go on with the way things were but did not see any other way out. She described her thinking one night after a string of attacks:

Well maybe I should go in the kitchen and get a knife and slit my wrists and that way I won't have to deal with this anymore and then *he* can wake up and deal with it. I wonder how he'd deal with *that*. Yeah, that is what I need to do. I thought, "Nah I don't know if you are going to want to do that. Maybe I should go into the kitchen and get a knife and kill him. He's drunk. He's had a couple beers. He's asleep. Maybe I could kill him. Well that is not that good of an idea. What would I do with the body? You know? I have to deal with all that stuff." I stood there for ten minutes trying to decide what I was going to do and I thought, "No. I'll just go to sleep. I deal with it tomorrow," but I stood there for ten minutes trying to figure out what I was going to do and...at that point, [those] were the only two choices.

Fortunately, Cathy's drive for self-preservation ultimately protected her from her partner's violence and helped her leave the relationship: it also prevented her from taking her own life. The drive to preserve the self can have deadly consequences though. Many women who are battered kill their partners, either in self defense, or in a state of hopelessness as a strategy to permanently end the violence (French et al, 1998; Gillespie, 1990; Stout & McPhail, 1998). According to the Bureau of Justice Statistics, approximately 440 men were killed by intimate partner in 2000 (Rennison, 2003). In a recent review of the literature on women incarcerated for killing an abusive partner, Schneider (2003) found that the majority of women incarcerated for

killing an intimate partner did so in self-defense, as a last resort after having sought help through every avenue available or known to them, without success (as cited by Leonard, 2002).

Stage Three: Reclaiming Self

Reclaiming self is the third stage in the process of transformation and is described as thinking and actions that women engaged in to reclaim their physical and emotional boundaries, as well as their sense of who they were. Reclaiming self has three primary components that include: 1) standing up to the abusive partner, 2) increasing social support, and 3) strategic planning. When self preservation strategies that were used in the first stage of the process ceased to be effective and women began to recognize the many losses they had incurred as a result of the relationship, they began to re-evaluate the internal and external circumstances and work towards a better outcome. This meant changing strategies. Strategies used in this stage can also be categorized as self-preservation, but unlike the strategies used in stage one, these strategies resulted in an increased sense of self and power. They also frequently produced an increase in the severity and frequency of abuse because abusive partners often escalated their abuse in response to their partners' efforts to reclaim self.

Standing Up to Him. All of the women who participated in this study described actions they took to reclaim their boundaries and reclaim their sense of self and identity. Women in this stage often fought back verbally as well as physically when their partners would become abusive towards them. Carolyn described how she became enraged and physically aggressive towards her partner when he was abusive.

I hit him because he had me in the corner screaming at me, spitting at me. I remember spit coming out of his mouth he would be so enraged about God only knows what. Because I asked him why he was late for dinner and then he would pick up a plate of spaghetti and throw it against the wall. I mean that's such a cliché, but it's a cliché

because guys do that who are abusive like that. And then he wouldn't let me clean it up. And then he would get mad because I always fought. I would fight back. I wasn't the spineless victim in the corner even though I was only 80 pounds soaking wet. I was not - - and messed up all the time from smoking pot -- I still was going to defend myself. And when he had me up in the corner like that I just slapped the shit out of him. I knocked his glasses off and he couldn't see without his glasses and that pissed him off, not that I slapped him so much probably but because I knocked his glasses off.

Other women fought back too. Julie described an incident with her ex-partner where she fought back physically. He had attacked her while she was pregnant and gave her a concussion.

Amazingly, he ended up going to jail for it. She described the incident like this:

Well I was pissed. So I started saying, "Oh does that make you feel like a man?" I started saying all kind of stuff because I was standing behind his dad. I guess I felt protected. So then I start my whole yelling stuff at him, egging him on, which I never done before so it kind of felt great...And so he is like...he starts screaming irate things to me and everything. So somehow we all end up out in the parking lot and my watch was in his car. I seen it sitting on the dash and my grandpa had gotten me that watch and I wanted that watch back, so I walked towards the car and he is like, "What are you doing?" I said, "I am getting my watch." He says, "No you are not" and he pulls me back from the car and I said, "Look I just want my watch." He goes, "NO!" and he pulls me out of his car and he swings me around by what is left of my shirt and I end up on the ground and I hit my head.

Monica, who left home when she was 13 and had been homeless most of her life since then, talked about one of her partners who was severely violent towards her and how her experience with him led to her fighting back physically with him and all of the other abusive men she had relationships with after him.

I remember lying on the floor and letting him kick me and because of my hatred for him, now it has made me strong to where I will stand up and fight back. I'll take an ass whooping now but you can bet your ass I am going to get one good lick in mother fucker. One good lick and I'll take it and take it well.

Women whose partners were severely violent also fought back, but they used strategies that were more passive aggressive, like "losing" their partners' important documents or "drying his favorite pair of jeans on high heat", because fighting back in demonstrative ways was dangerous and likely to increase the violence.

Women also made ultimatums, threatened to tell others, called the police, filed for protective orders, and threatened him with leaving and/or divorce. Victoria recalled an incident with her partner when she began fighting back.

Well one time he tried to spank me with a belt and I remember grabbing the belt and I said, "I will go the pastor if you touch me with that belt," because I wasn't going to let him do that. I mean he was adamant... he was going to do it and I said, "I will tell. I will not keep it a secret if you try to do that" because that to me was so demeaning.

Later in the interview, she talked about how she called the police and how effectively this reduced the amount of physical violence. It did not however, reduce the verbal and emotional abuse which escalated out of control after that.

Leaving was another way that women stood up to abusive male partners and reclaimed their physical and emotional boundaries. In fact, most of the women reported having left numerous times. For women who had divorced their partners, they reported having left and returned many times before making a final exit from the relationship and divorcing him. Carolyn said, "I probably left that man-- over three years I probably left him 12 times and went back before I was finally gone".

Victoria reported making elaborate plans to leave many times with the ladies she worked with. She described what would happen in her head after she left.

It was like my brain had a switch in it and as soon as...I mean I would say, "I am done. I am done. I am not going to forget this. I am leaving. I am not leaving this minute but I am leaving tomorrow" and then tomorrow would come and I would say well I can't do it today but I'll do it this day...I can't tell you how many days I missed last year because I ...made a plan and planned and that day came and I'd go get my stuff and I'd go back to the apartment and within 24 hours I'd be back home. You know?

Women who were not divorced also reported having left several times before the most recent time they had left. Sarah, who was staying at a shelter with her two small children after

having left during a physical attack, reported that she had not yet decided what she was going to do. She said:

I'd been thinking about leaving for probably six months. You know am I going to have to do this or are we going to -- and I talked to my sister about divorcing him and yeah. And this was just kind of like the bullet out of the gun that started me off and put things in motion. Whether or not we actually end up divorced I don't know. I'm letting him, in terms of our relationship the ball is in his court, but I'm taking the attitude of I'm just going to wait and see. He has got to put up. He's got to walk it not just talk it. And he's got to tell me and it's not just going to happen in a day. A year from now maybe we will talk about us talking. And we might end up divorced and that's okay too, but I have to at least allow him the opportunity to get the help he needs to get better and then I will be able to feel okay about saying, okay we'll get a divorce. And the only reason why I'm even giving him that is because of the children. If it was just me it would be done, over, said and done with. But he is their dad and he is a good dad to them, and a divorce would be a lot different. So if he can make the changes that he needs to, if he can get healthy. But again I'm not holding my breath... he has a lot of work to do so if he does it great, and if he doesn't then I have to let him go. And I can do that. Like I said, the only reason that I'm giving him -- I have already started divorce papers -- giving him the opportunity to do these things is for them. And that's really probably where my whole focus has been, for them, because I can do anything for a minute.

Increased Social Support. Another major strategy that women used to reclaim boundaries and self was by connecting or reconnecting with friends and family. All of the participants talked about how they eventually began to reach out to others and tell them about their partner's abusive behavior. They garnered emotional and financial support from friends, relatives, parents, pastors, neighbors, and co-workers to reclaim their right to have relationships with other people besides their partners. Cathy described how her partner would call her at work and scream at her over the phone so the ladies she worked with asked her about him and offered her a place to stay.

I get to work and I am there about an hour and he calls me on the phone to rip me apart about that I don't need to go to this thing with the church ladies. And they can hear him screaming at me over the phone through the receiver and I got off the phone and those two girls said, "What in the hell is the matter him? How can he talk to you that way? How can you let him talk to you that way?" The tears started and they were like, "You don't need to put up with that. You know you do not need to let anybody treat you that way" and one of them made the classic remark, "Does he hit you?" And I said, "Yeah,"

and those two girls said, “You can’t go home. You cannot go home” and they talked to me for an hour, hour and a half or something like that and convinced me that I couldn’t go home; that I could not go back to him. And that morning...I used to take the Tri-rail which was like a commuter train to work and this lady I had met on the train who was real nice she and her girlfriend, we had visited with them a couple of times and I was talking to her on the train and I was telling her how it was a terrible situation and I was thinking about leaving. She said, “You know you could come to our house.” ...So then I had two choices.

Increase in social support like this helped to reduce survivors’ shame and increase their resources and opportunities, thereby increasing their power and ability to leave.

Strategic Planning

All of the participants reported strategizing for the future. Strategic planning usually included gathering resources and information about their circumstances and their available options. Women did not necessarily have to be planning to leave to be engaged in strategic planning, but many used strategic planning before they left. Before participants decided to leave, they engaged in safety planning. They often had a plan for where they could go in an emergency, who they could call, or how they would act to pacify an abusive partner. When possible (and available), many women also took steps to increase their options and resources by doing things like getting a job, saving money, and finding alternative housing so that they could leave if and when they were ready.

Gathering resources. Sarah described how she made a step by step plan to address the needs of her family. She called around to various shelters in different cities trying to locate a shelter with enough space and access to resources for herself and her children.

Because I knew that we were going to need a place to stay and I knew that we could stay with family if we absolutely had to, so I'm calling the Harbor House and saying, hey can you put me in contact with children's services in (town)? Can you -- you know so they got me the hotline in Texas that put me through to here and I said, hey can we come stay? I am in (state) but can we come stay there? I had the ability to do the footwork for the research sources to be able to make sure that we were going to be some place that I have a support system. I have community resources available...you know those things.

Jasmine described how she had been planning for several weeks to get away from her partner.

I was pregnant by him right before I came here, the day before I came here, I miscarried. And that was very, very painful physically and emotionally. But I had already made plans. I had been making plans for about a month to move without his knowledge. I was calling around and getting information from my family and different places, just planning on getting out there.

Increasing financial security. Many of the women reported taking steps to increase their financial independence so that if they did leave, they would at least have the financial resources to be able to take care of themselves and their children. Other women waited for tax returns or stashed money away for months prior to leaving. Michelle remembered getting a job to help reclaim their sense of self and power but then went to work full-time as part of her planning to leave the relationship.

I'd started a part-time job probably within a year before that. And that's when I started taking 'me' back and saying, "No, you can't." I started having some boundaries. I started to say, "THIS is what's going to happen," and say no to things that were too much for me, just logical things, but I stopped reasoning my concerns away and adopting his. For example, after we separated he wanted me to stay at the house ... "No, I'm not going to take care of that big house. I don't have enough money to make all the payments on everything even if I was working full time." Plus, if I stayed in the house, then our son couldn't go to private school and I did not consider that particular public school an option (because he had problems there). I need to move to one of the suburbs in another county, to one of their schools. I started making all these decisions and just saying no, no, no. There was so much to do, and that's probably what kept me going initially. Thankfully, a part-time job that I had recently taken -- even though they probably didn't feel like they were in a position to have me on full-time -- was offered to me full-time.

Marianne remembers that her ex-partner had told her she could stay home from work after their daughter was born but then she went back to work because he would threaten that he was going to kick her out and she was afraid of what would happen to her if he actually did and she did not have any income.

I loved being home being a mom but he would come home and say things like, "Well you all need to start looking for a job because you won't be living here much longer" and

things like that. That would make me feel like, “Okay what would I do if he did kick me out of here? I don’t have a job. I’ve got two kids.” So I had to ...go back to work.

Marilyn was already working when she decided to leave her partner who was abusive, but she was not making enough money to pay for a good attorney and needed one. Marilyn was fortunate: she had family members who were financially stable and offered to provide her with the financial assistance she needed to secure a good attorney. She said that when she left after he strangled her, she reached out to her family and they reached out to help her.

My family has always – well,...I have a brother who lives in Sacramento who is a very successful businessman. He and I have not been close until after I was strangled and then I called him in. . . like I said it was a God thing. I called him and told him what [my partner] had done the night before and he's the one that got in touch with the Family Safety Center. While I was teaching summer school, the day after I had been strangled, [my brother] was looking up all this stuff for me...I am fortunate. My family does have money...my mother [has] money.

The emotional and financial support of Marilyn’s family’s is not the norm among survivors of IPV. Many survivors of IPV do not have access to family members that can offer emotional as well as financial support. A lack of resources and alternatives may frustrate women’s efforts to achieve safety, but does not prevent them from achieving it. The findings from this inquiry suggest that survivors are anything but helpless. Alternately, they actively engage in planning and resource acquisition in an effort to achieve safety and independence from the abusive partner.

Stage Four: Reinventing Identity

Reinventing identity is the final stage in the process of transformation and refers to the ways that participants pressed forward with their lives despite the trauma and loss they had experienced. Two major things happened during this stage, making meaning and recreating identity. Despite the wide variations in the length of time out of the relationship, all of the women were able to cite examples of how they had made positive meaning out of their negative

experiences with an abusive partner. When asked whether she was able to make any positive meaning out of her experiences with abusive partner, Erica, who had only been away from her partner for about three weeks, said: "It made me stronger and it won't happen to me again". She went on to talk about how she is now able to recognize the signs of an abusive partner and knowing these signs will help her avoid getting involved with another abusive man. In our interview, Morgan talked a lot about making meaning. She believed her circumstances, although bad now, would benefit her and her children in the future. She said:

I think a lot about that. I look at it because I'm starting to look at everything. Everything happens for a reason. My kids are closer to their dad. They have met a brother that they really did not know. They talked to him on the phone. So now they have a good relationship with him. Actually they've met uncles and -- well he only had one uncle on that side of the family -- but they've met cousins that they didn't even know existed. They finally got to meet an aunt that they never even knew they had. So this is a nice experience for my kids. They have things at their dad and stepmother's house that I just could not offer them at the time. So I can't always put myself first because of them. So it's been a great thing and my kids never had to experience the things that I went through in any kind of way, shape or form. So that is a blessing for them, because I used to feel so sick being without them. But then I talk to them on the phone and they're like, mom hi! We went swimming and we went over to aunt Theresa's house. She's got a puppy. And it makes me feel so good. And then I think I had that stuff. I can easily get it back for them again...I want to go back to school. I don't have my high school diploma yet and I'm only three credits away from it... I could easily do that and go on to college. One reason I've been putting this stuff off is because I have to work. And then I need to be there for the kids. But now the kids are older and I'm seeing things in a different light.

Jasmine also talked a considerable amount about making meaning.

I think people look at life individually. Everyone looks at life differently I guess. But my perception of life is that everything plays a part in who we are to become, what we are going to do in our future. And I've always known, even as a child, that I wanted to help people. I just always knew that and I've always been interested in or gravitated toward jobs that help people. And I had a -- I don't know maybe it was in 2002, 2003 -- I was going through a very tough time in my life and I was very connected to my church then. And my pastor and his wife sat down and talked with me. And my pastor said something that I've never forgotten. He just said, you have a destiny and you're going to help hurting women. And he says, but you can't help them effectively unless you've been hurt. So prepare yourself for it. He said that God's going to get you through it. You've got to go through it though. But he said, there are women waiting for you in your future, and when you get delivered -- he said, not *if* you get delivered but *when* you get

delivered, he says you're going to be able to help them. So I don't take it as an accident you know. When I talked to my children today I said you know what, this was all supposed to happen. That's what I believe you know. Because I never knew what it was like. I could look at another woman in an abusive relationship and say you know she is so dumb. Get out. Why doesn't she just leave? He was beating the crap out of her. How come she won't just walk away? It is not that easy. And I never knew that, but today I do.

Even Marianne, who originally reported she could find no meaning by saying: "I can see the good in most things and I just, no, [I feel like] it was many...years of my life just wasted", later revised her statement to say that her daughter was one positive thing that came out of her marriage, so too was the fact that she helped her partner's succeeding girlfriend to escape from him as well, and they had become very good friends.

In addition to making meaning, all of the women cited examples of how their experiences of trauma, loss, and making meaning had led them to acknowledge, re-evaluate, and redefine values, morals, religious beliefs, attitudes, and other aspects of how they defined themselves. Many women acknowledged how their foundational beliefs had made them more vulnerable to an abusive partner in the first place. After having defined and reclaimed who they were prior to their experiences with IPV, they struggled to redefine who they were and what they believed as a result of their experiences and the meanings they made.

Michelle told me during the interview that after she left her partner she decided to start working on re-discovering who she was before she got married. She called it her "I Project".

The first thing I started to do was not just reclaim that physical space -- this is my space, these are my boundaries. But I wanted to reclaim me. I actually called it the I Project. One of the things I did was to read through my journals to find things that made me happy or inspired me. There was a challenge probably within a couple of years earlier where my pastors had said, "Write down your dreams, write down 10 of your most important dreams." I went home to do the assignment and I could not -- it just stressed me because that type of thing was not hard for me before. Ideas, dreams, passion about something ... but I couldn't even write down one. So I was looking for things like that. What were the dreams I had? What made me happy? But I was also looking for things that gave me the clues that something was wrong. Some things jumped out and there

were things that were seemingly crazy at the time, especially in my dreams, but made sense in hindsight. I would highlight them on top of the journal pages so I could find them again. I'd look at my journal and see how many pages there were ... highlighted like flags. It was like my insides were trying to tell me something was wrong. But I also went through photo albums and any time I was doing something that had a good memory, happy memory -- I would take that photo and put it in a new album. I actually have this little photo album and it had "I" on the front. It became my I Project. I would put in that photo and then I would put a little card in underneath that would say who I was in that moment. I knew this was a time that I could connect with me and I felt that happiness or joy or that passion or purpose in what I was doing.

Michelle's description of her "I Project" is similar to the descriptions other women gave about how they worked to reclaim and reinvent their identity, Michelle just made hers into a creative project and now has a clear and documented record of the steps she took and how they affected her.

Marilyn talked about making meaning out of her experiences and the new part of her identity that she had not recognized until after she left. She said: "I am emerging from this. I haven't had time to become the butterfly. I'm still coming out of the cocoon. I can't say I'm stronger because I have always been strong. But I am stronger than I thought I was".

Victoria talked about the struggle to overcome her experiences and reinvent herself in a more positive way. She said:

I have thought about this a lot and I thought I'm a lot further than I was but I still have a ways to go...I want to be a survivor. I want to be an over-comer...because to be an over-comer means I have conquered the bad and it is not going to affect me the rest of my life. Because I don't want to go into another marriage if that ever happens and have these things playing in the back of my mind. And I know that that has to be worked out. I know that you have to process it. But I'm doing much better.... I need to be okay with myself the way that I am so that I would never allow anybody to do this to me again.

She went on later in the interview and talked about how she looks at all that she has experienced in this relationship and how it has changed her view of herself. She said: "[W]hen I look at this I think okay, I am a strong person. I really am a strong person".

Jasmine talked about wanting a total restoration and how important this would be to her sense of self in the future. When asked to explain what she meant by “restoration” she said:

It means I want to be restored in time only. And I am working on that. Through supportive counseling, being better informed, just getting information. And knowing that there’s support in my community, family support, work, friends. Just getting stronger inside. That is powerful to me. Because once I am built up emotionally and mentally I can function. If I am drained, eventually I can't think straight you know. If I'm depressed, I can't accomplish anything but if I get strengthened internally I can function. Then I want to be restored financially, start working again. I'm going back to school.

Carolyn reported continued reinvention of self several years after divorcing her partner who was abusive. She had owned an art gallery and became aware of a battered woman who was killed in a nearby town. She closed up shop and went to protest on behalf of battered women. After that, she became more involved in legislation and social activism regarding intimate partner violence. She described how it happened:

I remember when I changed my mind and decided I needed to go back to school and get my masters. That was when they were doing that demonstration...for...a battered woman yeah. After I did that, after I got a taste of social activism I did not go back to that gallery happy even though it was a beautiful, serene place to be. I knew I had to be more active. And even then I didn't relate that whole thing to domestic violence. Even then I didn't think of it in those terms. I knew he was bad to her and what he did to her was criminal, but I didn't know there [were] shelters, and [that] there was a whole field of study and research that had been done on this. I didn't know that.

Following this experience, she went back to college and earned a Master’s degree that allowed her to work as an advocate and counselor for survivors of IPV.

The meaning that the women made became part of their reclaimed, reinvented identities. They saw themselves as stronger, with more purpose and life direction. They began to have hope about the future and what it held for them, and made goals and plans for their new lives. They began to see themselves as part of the greater “whole” of society, especially in relation to helping other women. They relinquished the old parts of their identity that they thought had made them more vulnerable to an abusive partner in the first place, and that no longer fit with

their altered perceptions, increased knowledge, and new meaning, and replaced them with a new identity that allowed them to move forward in their lives.

Regardless of the many negative consequences that being involved with an abusive partner had on participants, their experiences with IPV and their experiences with the process of transformation provided each woman with an opportunity for making meaning, deepening spiritual connections and connections with others, and experiencing psychological and emotional growth.

CHAPTER SIX

Discussion and Conclusion

Overview

This qualitative exploration of the process of transformation for survivors of IPV was informed by the qualitative studies on the processes of leaving and recovery and Ochacka et al's (2005) conceptual framework for recovery. The primary purpose of this study was to discover the process of transformation for survivors of IPV. Qualitative data analysis revealed a conceptual framework for the process of transformation that includes a four stage process of transformation and the context within which it occurs. Stages in the process of transformation include 1) a loss of self, 2) shifts in thinking, 3) reclaiming self, and 4) reinventing identity. These stages are described as occurring within the context of women's internal and external life circumstances.

While I originally intended to sample women separated from an abusive partner and women still involved with an abusive partner, I was unable to recruit any women who were still living with an abusive partner (see Methods Coda following Chapter Six). For this reason, I had to establish another appropriate way to treat the sample. An extensive literature review of sampling strategies used by other researchers studying the process of leaving, as well as the literature on divorce, provided me with enough information to substantiate treating the sample as separated and divorced. However, findings did not indicate substantial differences in the process of transformation between women separated and women divorced. Rather, differences in the final act of leaving emerged between women who experienced moderate levels of violence and

women who experienced severe levels of violence. In hindsight, sampling according to severity of violence would have likely produced results that could further illuminate differences between these two groups.

As I reflect on my findings and the resulting conceptual framework, I am moved to reconsider my use of the term *transformation*. While the term transformation seemed appropriate at the outset of this inquiry, my findings do not support the continued use of the term.

Transformation describes a change or alteration; a conversion from one state of existence to another. Although transformation may represent a component of survivors' experiences, the term is inadequate to describe the processes that emerged from this study. My conceptual framework for the process of transformation really describes a model of recovery, healing, and moving forward. All women are transformed by violence and it is true that women transform in response to violence. Transformation does not however, fully embody the challenges and changes that take place for survivors of IPV. Transformation does not describe the work that women do to recover their losses, to achieve and maintain safety, and to reclaim their lost sense of self and identity. Nor does it capture survivors' evaluations and alterations of the ideas, values, and beliefs that provide the foundation for their identity.

One hypothesis going into this study was that healing and recovery began before leaving. The notion that recovery begins before leaving, despite ongoing exposure to violence and abuse, is contrary to recovery models based on the exposure to a traumatic event. It is also contrary to several of the process of leaving and recovery models reviewed in Chapter Three (i.e. Burke et al, 2001; Giles & Curren, 2006; Landenburger, 1989; Merritt-Gray & Wuest, 1999; Mills, 1985; Sev'er, 2002; Wuest & Merritt-Gray, 2000). Findings from this study indicate that healing and recovery begin during Stage Two, with shifts in thinking about the partner and the relationship

and then progression to Stage Three, when women begin reclaiming their sense of self and identity. If women are capable of beginning the process of reclaiming and healing within the relationship, it seems plausible that women could continue along the transformative process within the relationship. It is unclear whether achieving freedom from violence is necessary to continue movement through the stages of transformation. Considering the struggle that women go through to reclaim boundaries and self in the relationship, continued exposure to violence and abuse would likely suspend or at least delay women's progression through the stages, especially if the violence is ongoing and severe.

These research findings provide exciting contributions to the intellectual dialogue on IPV as they relate to the current state of knowledge on IPV, the process of leaving, women's shame, and how women heal from the experience of IPV. These findings also contribute to the literature on healing and recovery from trauma and loss. This chapter will highlight certain findings and provide a discussion about their relevance to the current state of knowledge on IPV and recovery, as well as to feminist rhetoric about women's development. Additionally, implications of these findings for social work practice, policy, and research will be offered.

Limitations

The purposive, convenience sample for this study came from a domestic violence agency in a mid-sized, mostly urban city in the Midwest. It is possible that survivors living in rural areas experience the process of transformation differently considering the differences in resource availability between urban and rural cities. The findings from this exploratory study were based on interviews from a small sample of women who, except for one, had all received therapeutic services at the agency from which they were recruited. Female survivors who have not had access to these therapeutic interventions might also experience the process of transformation

differently. Additionally, the sample was not racially diverse. Only two of the 16 participants reported their race as African American. All other participants reported their race as Caucasian. There is a significant amount of evidence that suggests that women from differing racial backgrounds experience IPV in unique ways (Moss et al, 1997; Taylor, 2002; West, 1999). Although no substantive differences in the process of transformation were found between the African American and Caucasian survivors in this study, a more racially diverse sample would help to illuminate possible differences in the process of transformation between racially diverse groups. Findings are further limited by the use of women's self-report and the significant passage of time for women who had been out of the relationship for several years.

These research findings are also limited by the cultural and religious climate of the city and state where the interviews were conducted. The Midwest state where participants lived and were interviewed is permeated by fundamental Christian values and beliefs that encourage, if not enforce, rigid gender role socialization, especially within marriage. Generally speaking, these roles lead women to drop out of college (if they ever attended), get married young, become pregnant, and then stay home to care for their children. All of these expectations, when fulfilled, increase women's financial dependence on male intimate partners. While gender role socialization certainly does not guarantee the development of any of the following, it certainly encourages and enforces this kind of role socialization, which increases the likelihood that a woman will learn to be passive, to submit to their husband's "god-given" authority over their wife and children, and that divorce is not acceptable; either by social/cultural mores or religious expectations. Most of the married participants reported their decisions about staying and leaving to have been heavily influenced by religious values and beliefs that did not support their desires to divorce. These religious and cultural values contributed significantly to women's internal and

external circumstances and their efforts to reduce or avoid shame. Several women mentioned that they would have left a long time ago or would not have stayed as long as they did, had they not been a Christian. Statements like these indicate the need for a partnership between social service agencies that serve survivors of IPV and communities of faith. Knowledgeable women's advocates could help to improve the religious response to IPV by educating religious leaders and religious counselors about what IPV actually is, the devastating effects that IPV has on survivors and children, and how religious communities can better serve and protect survivors and their children, while at the same time holding abusive men accountable within the church community.

Discussion

With regard to the difference that emerged between women who experienced moderate levels of violence and women who experienced severe levels of violence, it appears as though women who suffered from more severe levels of violence left sooner than women living with more moderate levels of violence. According to women's self report on length of stay in the relationship, women who experienced moderate levels of violence stayed approximately 2 years longer (8.3 years) than women experiencing severe levels of violence (6.1 years). If Marilyn is excluded from the latter group (she experienced mostly moderate levels of violence for 19 years), the difference increases from 2 years to 6.5 years, with women experiencing severe levels of violence only staying for an average of 1.8 years. If women who experience more severe levels of violence leave sooner than women who experience low to moderate levels of violence, then leaving may be more dependent upon the biological drive to protect the physical self from death (self-preservation) than on any of the other internal or external circumstances that have been identified as barriers to leaving. However, neither the length of time in the relationship nor the severity of violence experienced seemed to alter the process of transformation, only the final

act of leaving (why and how) was different. Although women who experienced more severe levels of violence were less able to engage in demonstrative acts of reclaiming like calling the police and fighting back because it was too dangerous and doing so would have likely resulted in their death, this group of women still described movement through the same stages. For example, Erica, whose neighbors helped her to escape, had grown angry and resentful with her partner. She had been considering leaving and thinking about how she could do it without him finding her and killing her. Before her final escape, she had left one previous time, though he found her and forced her to return at gunpoint. After that, she started calling her father and ex-husband (who was still a friend) and talking with the female neighbor who lived next door while her partner was at work (connecting with others). She also found and copied her identification (taken and hidden by her partner) so that she would have it when she was able to leave (strategic planning). Erica had repeatedly experienced severe, life-threatening attacks and left abruptly, with nothing, when she was provided with an opportunity to escape. However, she still described movement through all of the same stages of the process of transformation as women who experienced less severe levels of violence.

As briefly mentioned in Chapter Five, the process of transformation can be further understood within Gilligan's (1982) Feminist Ethic of Care stages: 1) self-survival, 2) self-sacrifice to care for others, and 3) interdependence not self-sacrifice. According to findings from this study, destructive self-preservation strategies used by participants early in their relationships usually included some form of self-sacrifice to placate or appease the partner (by meeting his needs or demands) and "fix" the relationship. Later, after shifts in thinking and the recognition of the loss of self, participants recognize that self-sacrifice is destructive and that interdependence is not possible with an abusive partner. This is part of their redefinition of self-

and identity. They transition away from the idea that being a “good” woman means self-sacrifice to the idea that they have value because they are people, and their “goodness” is *not* defined by their ability to self-sacrifice. The similarities of my findings with these and other feminist paradigms (Miller, 1976) reinforce my speculation that rigid gender role socialization creates women who are more vulnerable to IPV and men who are more likely to abuse their intimate partners.

These findings reinforce feminist interpretations of IPV, predominantly the evaluation and negotiation of internal and external life circumstances that provided a context for the stages in the process. Survivors’ descriptions of their internal and external circumstances were consistent with the many forms of sexism and violence against women that have been described from a radical feminist philosophical paradigm which describes a network of systematically related barriers that work together to increase women’s oppression by reducing women’s status, resources, opportunities, and power. Radical feminists suggest a continuum of sexism and violence against women that begins at birth and includes: 1) women’s institutional status, or the exclusion of women from decision making in religious, political, educational, media, and family systems; 2) psychological wounding, which refers to the cumulative result of growing up in a culture that devalues and dehumanizes women; 3) gendered communication, which refers to the ways that language has been used to exclude and oppress women; 4) economic assaults like gender based pay-inequity; 5) controlling women’s bodies and women’s health by neglecting women, pathologizing normal and healthy female functioning, controlling knowledge about women’s health, and reducing women’s reproductive choice; 6) pornography and prostitution; 7) sexual harassment at school and work; 8) intimate partner violence; 9) sexual assault; and 10) femicide (Stout & McPhail, 1998).

Participants descriptions of reduced access to resources and opportunities, reduced power in society, and reduced power in their intimate relationships were all congruent with liberal, radical, and socialist feminist ideology. Many women described having been a victim of physical and/or sexual abuse, sexual assault or rape, sexual harassment, and ongoing exposure to pornography by abusive partners who consumed it regularly and forced them to act it out. They also described an inability to find employment that would provide financial security, a poor criminal justice response to their circumstances with little power to change it, and a negative response (if they were even screened) from medical personnel when they reported IPV. These experiences are all consistent with the continuum of sexism and violence against women reported by Stout and McPhail (1998).

Women also described rigid, gender role socialization and psychological wounding that made them more vulnerable to an abusive partner, more willing to sacrifice their selves to maintain the relationship, and less able to leave the abusive partner. These included benevolently sexist social expectations that require “good” women to be relational, empathic, vulnerable, physically attractive (as socially constructed by patriarchal standards), passive, and responsible for others well-being. They also included achieving and maintaining certain predetermined roles like being a “good” wife, mother, and care-taker. Deviation from any of these expectations resulted in judgment and shame. Judgment certainly came from others, but after years of indoctrination into patriarchy and oppression, judgment and shame mostly came from their own internalized standards and expectations of what it means to be a “good” woman, mother, and wife; all of which were part of their identities.

These findings also relate to the recovery literature and bear a remarkable resemblance to Anderson and Hiersteiner’s (2007) findings from a qualitative inquiry on healing and recovery

with male and female adult survivors of childhood sexual abuse. Participants in their study described healing as nonlinear process and the authors identified three critical elements for recovery from participants' narratives: 1) creating a coherent life narrative, 2) the importance of turning points along the way, and 3) developing connections with others. In the first element, participants described a struggle to make sense of their experiences, reconcile opposing forces, and a move forward in their lives. In the second element, participants described important turning points where they gained new information from outside sources which led to pivotal moments, or turning points in their lives that fostered a desire to move forward, the need to regain power over the direction of their lives, and the strength to confront their perpetrators. The third element emphasizes the importance of developing supportive connections, making spiritual meaning (connections), and recreating the childhood (redefined identity) they never had through their connections with their own children. The similarities of their findings to the process of transformation described in this study could indicate that the process of transformation is not unique to survivors of IPV. Instead, the process of transformation likely describes the life process of healing and recovery. Although the context and elements of the stages that participants described in these findings are unique to their experiences with IPV, the major stages of the process of transformation are not, as they have emerged in other research related to healing and recovery from trauma and loss. The four stages can be used to describe the process of intrapersonal growth and development that most people experience as they move through life, experience loss, struggle with existential crises, gain insight, make meaning, and then reinvent themselves day after day, month after month, year after year.

Implications for Practice, Policy, and Research

The ecological view of survivors and their experiences with the process of transformation can be used to improve the micro, mezzo, and macro level responses to IPV. The conceptual framework for the process of transformation helps to inform micro level practice with survivors because it provides a context of the process of transformation that helps clinicians and survivors understand the countless variables that influence survivors' decisions about their relationships and lives. The context makes it remarkably clear that the process of transformation does not hinge on women's internal factors alone. Although women may experience the stages of the process in similar ways, the context of their life circumstances makes their experiences with an abusive partner and with the process of transformation unique to individual women. Accordingly, intervention strategies need to be vast, varied, culturally appropriate, and as unique as individual survivors are.

Knowledge of the stages in the process of transformation can be used by clinicians to improve and individualize their responses to survivors. If clinicians can determine where women are in the process of transformation then they can develop questions, responses, strategies and interventions that meet survivors where they are, not where clinicians would like them to be. Psychoeducational groups for survivors might be more beneficial if they were broken into stage specific groups with stage specific curricula. Women could then be placed into groups according to their stage in the process, thereby addressing the primary issues they likely sought counseling for in the first place.

Next, this conceptual framework provides new terminology and outcomes that expand the way that communities think about survivors of IPV. Focusing on supporting women through the process of transformation will hopefully allow for the development of community and criminal justice strategies that are more appropriate for survivors. Instead of focusing primarily on helping

women leave, communities could work to create conditions within which the process of transformation could occur. Additionally, communities need to develop an awareness of the losses that result from exposure to IPV and then support survivors as they work to reclaim their sense of self and power. This includes an understanding of why women fight back and how they defend themselves. It means understanding why and how women feel trapped by abusive partners and by their circumstances and see their partners' death as their only *real* escape. If women kill abusive partners as a last resort, after having sought help through every avenue available or known to them, without success, then *learned helplessness* is *not* the problem. The problem is that women have learned there is no help (or very little help), especially from the police and criminal justice system. Police need to understand that fighting back is a common strategy used by survivors during this process, especially when women perceive little to no support or effective intervention from the criminal justice system. Improved criminal justice responses that provide safety, protection, and empowerment for survivors would help reduce the number of women who feel compelled to "defend themselves" because no other help is available, and take their partners' lives in doing so.

When women do kill abusive partners in self defense, survivors would benefit from states adopting the "Model Penal Code" which allows a woman's history of violence of abuse by the abusive partner to be presented and admissible during the trial (Teays, 1998). It also allows the defense to bring in an expert witness who can present the history of violence against women and gender socialization to educate jurors about the differences between male and female gender socialization so that jurors can understand the context of sexism and violence that women are indoctrinated into and how this socialization influences women's responses to IPV (Teays, 1998).

Communities could also help to reduce victim arrests and increase women's safety by improving criminal justice strategies that require responding officers to be trained in assessing and determining who the primary aggressor is, skilled at assessing survivors' safety needs, and effective at strategizing with survivors about achieving and maintaining safety. In some states, survivors are unable to obtain long-term and/or permanent protective orders. For women whose abusive partners use stalking and harassment as a long-term tactic to intimidate and control, an inability to increase their safety will likely lead to increase homicide rates for survivors and perpetrators alike.

Survivors' safety is compromised in other ways as well. Offender tracking programs have become increasingly negligent about reporting violations of probation as the criminal justice response to survivors has been. Offenders often plead guilty to domestic assault and battery so that they can receive a reduced sentence of required counseling and probation. Traditionally, offenders who failed to attend counseling were reported to their probation officers for violating the terms of their probation. When offenders who violate their probation are not promptly reported and arrested, they learn that there are few if any consequences for assaulting their intimate partners. Survivors learn the same lesson.

Changing the focus from leaving to transformation will also help the community and practitioner response to survivors by allowing for the development of interventions appropriate to their individual needs. Survivors benefit from interventions that support them in their decisions and healing, and that also provide options and education on the availability of resources. This is especially beneficial to survivors who are not ready to leave or who have no desire to leave, but who still need access to safety, support, interventions, education, and

resources. As survivors gain access to options, resources, support, knowledge, and power, their ability to create or at least increase safety in their lives is strengthened.

The ecological view of survivors can also be used to develop mezzo and macro level interventions. Data analysis of the internal and external circumstances of the women who participated in this study revealed categories that fit neatly into the “barriers to leaving” categories outlined in Chapter Three. This finding indicates that the problem of IPV cannot be remedied by focusing on individual survivors alone. Instead, communities need to develop community coordinated responses to IPV that address both the individual circumstances and sociopolitical context of women’s status and their experiences. Legislation like the Violence Against Women Act (VAWA, 2005) that increases funding to social service organizations serving survivors and their children would help to address some of the external factors survivors cite as barriers to achieving nonviolence. Likewise, pay equity for women as legislated by the Lilly Ledbetter Fair Pay Act (2009) would help to increase women’s economic security, thereby increasing their power and ability to achieve safety and freedom an abusive partner.

In addition to improving the practice and policy response to IPV, these findings also provide researchers with alternatives to the traditional outcome of leaving. Researchers can use the conceptual framework for the process of transformation to determine a survivor’s stage in the process of transformation and evaluate the relationship between internal and external circumstances and how those circumstances influence a woman’s decision making. Alternate outcomes could include critical awareness, connections with others, safety, physical and emotional boundaries, empowerment, and self-efficacy. These outcomes are also likely to decrease practitioner and community frustration with survivors who never achieve the outcome of leaving. Instead, community systems could focus on supporting women through the process of

transformation and celebrating the incremental changes that occur as women reclaim their sense of self and power and reinvent their identity.

The question remains whether or not survivors of IPV can fully progress through the process of transformation without actually leaving an abusive relationship. Several researchers have indicated that some abusive relationships can become non-abusive over time (Wuest & Merritt-Gray, 2008). If this is true, it would be useful to know if women who remain in the relationship and whose partners become nonviolent, experience the process of transformation in a similar or different way than women who do not. Sampling women who are still involved with abusive partners would be needed to address this question. This population proved difficult to recruit. They may be easier to recruit from places other than a domestic violence agency. Because many couples experiencing IPV attend marital therapy, marriage counselors might have been a better avenue for recruiting this population.

Several important questions relating to women's experiences with IPV evolved out of these findings. Women's shame seems to be a primary barrier to achieving nonviolence. Brown's (2005) Shame Resilience Theory provides extensive insight into women's shame, what triggers women's shame, and what makes women more resilient to shame. It would be useful to know if interventions for increasing shame resilience (Brown, 2005) would benefit survivors of IPV. It would also be useful to know how shame develops and how it is influenced by women's gender role socialization.

Additionally, the emergence of self-preservation as the driving force behind participants' thinking and behavior was unexpected and warrants further exploration. If all of the women ultimately left out of self-preservation, research to uncover the biological dimensions of the process of transformation would be helpful. For women who were fearful that their partners were

going to kill them, barriers to leaving (except for actual physical barriers like locked doors and abusive partners) did not seem to prevent them from doing so, at least not in the immediacy of the threat. External barriers did prevent them from leaving at other times during the relationship, when the violence was less severe and they were not faced with imminent death. If women thought they were going to die, then going to a shelter, feelings of shame over a failed relationship, love for the partner, concern for children, a lack of money, and a host of other barriers did not appear to weigh into their decision making. They left because they had to in order to save their lives. From the research that has focused on the factors related to leaving, we know that external barriers significantly influence the outcome of leaving for most women. However, for survivors who are faced with imminent death or threats of death, the risks of staying outweigh the risks of leaving so significantly, that a decision to make a final exit from the relationship requires little evaluation and negotiation.

Furthermore, women who did not leave out of an imminent fear of death, still reported reasons for leaving that were related to self-preservation: emotional self-preservation, but self-preservation nonetheless. Research on IPV has extensively addressed how women leave and what factors contribute to women's ability to leave. What we do not *really* know for certain is *why* women leave. Most of the process of leaving studies identified a loss of self for participants, either as a stage or as a component of one of the stages. All of the women in this study reported feelings and thinking consistent with a loss of self and identity. They also described thinking and behaviors that related to reclaiming their sense of self and identity. Several women who were not facing an imminent fear of death talked about their decision to leave being precipitated by an evaluation that they had no sense of who they were anymore or they felt like they were nothing. I would suggest that women leave when they recognize that staying in the relationship requires a

complete relinquishment of themselves, either through emotional or physical death. Because the fear of physical death is more urgent (and frightening), women facing severe violence left sooner than women experiencing more moderate levels of violence who are suffering emotional loss of self. The loss of the emotional self is gradual, and is not recognized as readily as a physical loss of self.

Also, because participants' self-preservation strategies played a major role in the loss and reclaiming of self, it would be helpful to know what influences women's development and use of self-preservation strategies, especially destructive self-preservation strategies. Interestingly, women seem to be more willing than men to use self-preservation strategies that are destructive to the self. Do self-preservation strategies differ between men and women? Would a man with an abusive partner engage in the same types of early self-preservation strategies that female participants did? Would men's strategies result in a loss of self like they did for participants of this study? Like women's shame, women's self-preservation strategies are also likely related to gender socialization, which makes understanding male and female gender role socialization a vital component in understanding the etiology of survivors' and perpetrators' behaviors. Without such an understanding, a widespread reduction of intimate partner violence seems unlikely.

Conclusion

The truth is that leaving is both an ability and a choice, and the ability to leave an abusive partner appears to be tightly bound to many external and contextual variables that women have little to no control over. Women who do gain the ability to leave, and who are able to do so "successfully", that is, without getting killed, losing custody of their children, and/or falling into poverty are not really the standard. As is evidenced by participants' stories of survival and the

countless barriers to leaving, the odds are clearly not in their favor. Yet somehow, astonishingly, women continue to rise above it and prevail.

This conceptual framework for the process of transformation contributes to the IPV literature by providing an ecological view of survivors of IPV and a process of transformation that offers alternatives to the traditional outcome of leaving. It also reduces victim blaming because it challenges pathological views of survivors based solely on their internal circumstances, without consideration of the external factors that create barriers to leaving or how survivors' internal circumstances developed.

This conceptual framework for the process of transformation is congruent with feminist ideological assumptions as well as social work values and ethics. Not only is it strengths-based, it also places an emphasis on empowerment and social justice for women and emphasizes the importance of viewing people within the context of their environment. The personal *is* political. This ecological framework for viewing survivors of IPV connects the social work and feminist agenda and provides an opportunity for social workers and battered women's advocates to unite in the struggle to reduce IPV. Social work ideology shares much with feminist philosophical assumptions and these frameworks can be used simultaneously. Because of their professional education and training, social workers are in a unique position to address the micro, mezzo, and macro level systems involved in IPV, and our profession's understanding of, involvement in, and commitment to the issues of sexism and violence against women are critical to the reduction of IPV and other forms of violence against women.

METHODS CODA

Sampling Changes From Dissertation Proposal to Research Implementation

The sampling strategy agreed upon in my dissertation proposal defense was to interview eight women who were still involved with an abusive partner and eight women who had left and abusive partner. This sampling decision was informed by the qualitative design of the inquiry. It was also informed by the qualitative studies on the process of leaving an abusive partner and how survivors of IPV experience treatment and recovery; all of which indicate that most survivors begin the process of healing within the context of the relationship, long before they begin to contemplate leaving. Sampling was also informed by Ochacka, Nelson, and Janzen's (2005) conceptual framework for the process of recovery which will be described in more detail later.

Initially, it was important to include women who were still involved with an abusive partner because these women have been mostly excluded from research with survivors. In my dissertation proposal, I was critical of existing research with survivors for having excluded this group of women. However, my own difficulties in recruiting this group of women have shed some insight into why they are not represented in the research. In hind sight, I can now see the difficulties in recruiting survivors of IPV who are still involved and why it appears as though they have been left out of the research. Possibly, other researchers have tried to include them and run into the same difficulties that I have. In speculating about why this group of women is difficult to recruit, I have generated a few hypotheses. Safety is a primary concern for women with abusive partners. Taking a flier, making a phone call, leaving a message, and/or meeting someone for an interview could all be misinterpreted or twisted by an abusive partner and used to justify an escalation in violence or threats of violence. Also, many women involved with

abusive partners spend vast amounts of time and energy predicting their partner's mood and/or anticipating his next moves or strategies. They also spend vast amounts of time and energy trying to meet his ever changing rules or expectations in an effort to reduce the violence making it unlikely that survivors who are still living with an abusive partner will have the time or energy to invest in research participation. Additionally, if one considers the countless internal and external barriers that contribute to women's ability to leave an abusive relationship, these may also contribute to women's ability and willingness to participate in research interviews. Internal factors like depression, anxiety, PTSD, or substance abuse, which often result from exposure to IPV (Jones, Hughes, & Unterstaller, 2001) might also decrease the likelihood that a woman would be willing or able to participate. Furthermore, if a woman has not fully acknowledged that something is wrong in the relationship or does not define her situation as abusive she is not likely to be seeking help in a domestic violence agency, nor is she likely to respond to a flier asking for women to share their experiences with an abusive partner.

Over the course of eleven months of participant recruitment, I was unable to recruit any women who were still fully "in" the relationship and living with an abusive partner. Upon reaching a point in data collection where I had interviewed eight women who had left, and I was still only receiving calls from women who had left, I made the decision, with my chair and methodologist, to continue to screen, schedule, and interview participants if they met the inclusion criteria, regardless of their status of being "in" or "out" of the relationship. My concern was that if I put interested callers onto a waiting list while I waited for women who had not left to call, I would not be able to re-contact the women who had initially called and who were already willing to participate. Indeed, over eleven months of recruitment, not a single woman still living with an abusive partner called to inquire about participation. I even went into

women's counseling groups at the cooperating agency to introduce myself and promote my inquiry because I knew women who were still involved would be attending group. This strategy yielded many additional participant inquiries, but not from women who were still living with an abusive partner.

After reaching a point in data collection where I had interviewed 16 women, I had to make a decision about how to treat the sample of women I had interviewed. Because my original goal for gathering data from two groups of women was to determine if women still involved in the relationship were engaged in the process of transformation, I reviewed the demographic and interview data from my participants in search of major differences in relationship status or length of time out. Analysis of this data revealed two groups of women, women separated and women divorced. A review of the divorce literature, recovery literature, and IPV literature on the course of relationships substantiated perceived differences between the two groups of women, thus resulting in my final decision about how to treat my final sample for data analysis.

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APPENDICES

APPENDIX A
Process of Leaving Studies Table

APPENDIX B
Letter of Support from Cooperating Agency

Mary Denning
University of Kansas
Human Subjects Committee-Lawrence
2385 Irving Hill Rd.
Lawrence, KS 66045

Dear Ms. Denning,

As the clinical director of Domestic Violence Intervention Services (DVIS) in Tulsa, OK, I am pleased to write a letter of support for Ms. Kendra Zoellner's proposed qualitative inquiry "Exploring the process of transformation with survivors of intimate partner violence". At DVIS, our mission is to impact social change and stop violence in families and societies through prevention, intervention, and education. Ms. Zoellner's proposed inquiry with survivors of intimate partner violence clearly supports this mission and we are glad to support her in her research endeavors. In return, Ms. Zoellner has offered to provide our agency with the results of her final analysis.

DVIS will not be providing Ms. Zoellner with any names for this inquiry, as that would be a violation of HIPAA guidelines. Instead, Ms. Zoellner will be providing fliers to the counselors who provide support to survivors of intimate partner violence. Counselors will be handing these fliers out to female clients who meet the research criteria. Interested women with fliers, will be directed to contact Ms. Zoellner at a phone number listed on the flier. Ms. Zoellner has offered to pay each participant \$30 for her time, travel, and child care expenses.

In addition to handing out fliers, DVIS has also agreed to allow Ms. Zoellner to conduct interviews at DVIS in instances when the participant chooses DVIS as an appropriate and safe place to participate in the interview.

If I can be of further assistance, please contact me at (918) 585.3170 ext 23. My email address is miski@dvis.org.

Sincerely,

Missy Iski, MA, LPC, LMFT

APPENDIX C

Flier

**ONE IN THREE WOMEN
WILL BE ABUSED
BY AN INTIMATE MALE PARTNER**

**PARTICIPATE IN A PRIVATE,
ONE-ON-ONE, CONFIDENTIAL INTERVIEW**

**SURVIVORS OF INTIMATE
PARTNER VIOLENCE CAN HELP
EACH OTHER BY SHARING
THEIR STORIES!**

Every woman's circumstances are unique. I am interested in speaking to women who want to share their stories so that policy makers and clinicians can improve the response to women who have been involved with abusive partners.

I INVITE WOMEN WHO:

- Currently live with an abusive male partner
- Have recently left an abusive male partner
- Have been separated/divorced from an abusive partner for a many years
- Are 18 years or older.

Each woman who is interviewed will be paid \$30 for her time, travel, and childcare expenses. Participation is limited.

- A trained, supportive woman interviewer will come to a place of your choice for the interview.
- Community referrals will be provided to all women
- I assure confidentiality and a respectful, safe interview environment.

(918) 361-6351

APPENDIX D
Eligibility Criteria

First Phone Contact Interview Guide

How did you hear about the study? Find out caller's age (18 or over only).

To make sure that participants have been involved with an abusive partner I will ask questions to determine whether or not their experiences fit with the definition of IPV that I am using in my study.

Are you currently involved with a partner who is abusive? (just to determine whether the woman is currently involved or whether she has left the relationship so I know how to proceed with questions)

Address safety issues: Are you in a safe place to answer a few questions about the relationship? If not- reschedule phone call at a mutually convenient time.
Make a plan with the woman in case she needs to hang up or change the subject.

Is (was) your partner jealous? Describe his jealousy.

Did (does) your partner ever keep you from friends or family, job or school, church?

Did your partner ever question you about your whereabouts or accuse you of unfaithfulness?

Did your partner ever criticize your appearance or abilities, or call you names?

Did your partner ever ridicule you or intentionally embarrass you around others or in public?

Did your partner ever subject you to reckless driving?

Did your partner ever slap, hit, push, or kick you?

Did your partner ever intentionally destroy things that were important to you?

Did your partner ever threaten violence against you, your children, a family member or friend, or a pet?

Did your partner ever threaten you with a gun or a knife?

Did your partner ever threaten to kill himself?

If woman's experiences reflect IPV, then schedule an interview. Ask about children and childcare?

APPENDIX E
Lethality Assessment

Danger Assessment

- _____ Has the physical violence increased in severity or frequency during the past year?
- _____ Does he own a gun?
- _____ Have you left him after living with him during the past year? _____ Never lived together?
- _____ Is he unemployed?
- _____ Has he ever used a weapon against you or threatened you with a lethal weapon?
_____ Was it a gun?
- _____ Does he threaten to kill you?
- _____ Has he avoided being arrested for domestic violence?
- _____ Do you have a child that is not his?
- _____ Does he threaten to harm your children?
- _____ Does he ever force you to have sex when you do not wish to?
- _____ Does he ever strangle/choke you?
- _____ Does he use illegal drugs? Meth, Cocaine, speed, angel dust....
- _____ Is he a problem drinker?
- _____ Does he control all or most of your daily activities? (Where you go, who you see, how much money you can spend)
- _____ Is he violently and constantly jealous of you?
- _____ Have you ever been beaten by him while you were pregnant?
- _____ Has he ever threatened to commit suicide?
- _____ Do you believe he is capable of killing you?
- _____ Have you ever threatened or tried to commit suicide?

APPENDIX F Consent Form

INTRODUCTION

The School of Social Welfare at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with this unit, the services it may provide to you, or the University of Kansas.

PURPOSE

The purpose of this inquiry is to understand the process of transformation (or recovery) that survivors of intimate partner violence go through as they reclaim their lives following exposure to violence. Uncovering this process of transformation could help practitioners and communities better respond to survivors of intimate partner violence.

PROCEDURES

Participants will be offered \$30 for their participation to compensate them for their time, childcare, and travel expenses. Participants will be asked to participate in one, 2-3 hour interview that will be audio taped and transcribed. Participants will be answering questions that relate to their experiences of abuse by an intimate partner. These questions may potentially cause participants some psychological distress. Participants will have the freedom to decline to answer any question in the interview. Participants' names will be changed to protect their identity. Interviews will be audio taped and transcribed for data analysis. Findings from the interviews will be used in a doctoral dissertation and possibly in peer-reviewed journal publications. Individual stories and specific details that could be used to identify a participant will not be used in these writings.

RISKS

Participants will be answering questions that relate to their experiences of abuse by an intimate partner. These questions may potentially cause participants some psychological distress. Participants will have the freedom to decline to answer any question in the interview. They will also be provided with the researchers name and contact number so that they can call the researcher and get a referral for service should they experience any psychological distress related to the interview or involvement in the study.

Also, survivors of IPV are at an increased level of danger because of their relationship with an abusive partner, especially those women still currently involved or those recently separated. Prior to interviewing, during the prescreening, each woman's level of safety will be assessed and individual safety plans will be made with participants (if needed) to help ensure their safety during the study. Interviews will be conducted in public places like public libraries, bookstores, and coffee shops to help ensure safety of participant and researcher. Participants will be

provided with several locations from which to choose so that they have some choice about where they feel comfortable participating in an interview.

BENEFITS

Possible benefits of participation include increased awareness on the topic of Intimate Partner Violence. Other benefits could include increased feelings of empowerment and self efficacy. Your participation in this study will help researchers, practitioners, and communities to better understand the process of transformation that survivors experience so that they can offer help and resources that are appropriate to survivors' specific needs. As women's needs are met, it is the hope of the researcher that the violence against them will decrease.

REFUSAL TO SIGN CONSENT AND AUTHORIZATION

You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your right to any services you are receiving or may receive from the University of Kansas or to participate in any programs or events of the University of Kansas. However, if you refuse to sign, you cannot participate in this study.

CANCELLING THIS CONSENT AND AUTHORIZATION

You may withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use and disclose information collected about you, in writing, at any time, by sending your written request to Kendra Zoellner at the address listed on the bottom of this consent form. If you cancel permission to use your information, the researcher will stop collecting additional information about you. However, the research team may use and disclose information that was gathered before they received your cancellation, as described above.

QUESTIONS ABOUT PARTICIPATION

Questions about procedures should be directed to Kendra Zoellner by email zoellner@ku.edu , or by phone at 918.361.6351.

PARTICIPANT CERTIFICATION:

I am 18 years or older and I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study and the use and disclosure of information about me for the study. I understand that if I have any additional questions about my rights as a research participant, I may call (785) 864-7429 or write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, or email dhann@ku.edu.

I agree to take part in this study as a research participant. I further agree to the uses and disclosures of my information as described above. By my signature I affirm that I have received a copy of this Consent and Authorization form.

Type/Print Participant's Name

Date

Participant's Signature

Researcher Contact Information

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APPENDIX G Interview Guide

Section 1- Informed Consent

Discuss informed consent, explain reasons for tape recording, get consent to record.

Section 2- Introductory

How did you hear about this study?

What made you decide to participate?

Did you have any concerns that made you reluctant to participate in this study?

How can we address them?

Section 3- Safety

How long have you been separated from the partner who was abusive? (1 week, 1 month, 1 year). Are you still in contact with him? Is he still following or harassing you? Determine need for lethality assessment

Do you feel safe meeting me for this interview? If no, is there anything that we can do to make you feel more safe? (Change locations, make a safety plan, reschedule?)

What would you like to do if he shows up here today?

Section 4- Primary Questions

Can you tell me the story of how your relationship with NAME began?

How did the relationship/or your partner change over time?

Did your response to his use of violence change over time?

Can you describe how being involved with an abusive partner affected your life? Then? What about now? (physically, emotionally, socially, family relations- things you lost or gained)

Was there a time when you began to think differently about the relationship or to see your partner differently than you did in the beginning? If yes, can you tell me about the things that prompted this change?

If there was a shift: What changed in the relationship after this shift in your thinking? (Prompt- Your feelings or thoughts about your partner and or the relationship, your mood, your attitude, his behavior?)

What were your external resources/circumstances (finances, child care, family support, transportation, housing, etc...) at the time and how did these influence your decisions about what you would do?

When did you begin to think about leaving? Can you tell me the story of how you left?

What meaning, if any, do you attribute to your experiences with an abusive partner?

APPENDIX H

Safety Plan

A. If I decide to leave, I will _____. (Practice how to get out safely. What doors, windows, elevators, stairwells or fire escapes would you use?)

B. I can keep my purse and car keys ready and put them _____
_____ (place) in order to leave quickly.

C. I can tell _____ about the violence and request they call the police if they hear suspicious noises coming from my house.

D. I can teach my children how to use the telephone to contact the police and the fire department.

E. I will use _____ as my code for my children or my friends so they can call for help.

F. If I have to leave my home, I will go _____
_____ (Decide this even if you don't think there will be a next time). If I cannot go to the location above, then I can go to _____ or _____.

G. I can also teach some of these strategies to some/all of my children.

H. When I expect we are going to have an argument, I will try to move to a space that is lowest risk, such as _____. (Try to avoid arguments in the bathroom, garage, kitchen, near weapons or in rooms without access to an outside door).

I. I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

Step 2: SAFETY WHEN PREPARING TO LEAVE. Battered women frequently leave the residence they share with the battering partner. Leaving must be done with a careful plan in order to increase safety. Batterers often strike back when they believe that a battered woman is leaving the relationship.

I can use some or all the following safety strategies:

A. I will leave money and an extra set of keys with _____ so that I can leave quickly.

B. I will keep copies of important papers and documents or an extra set of keys at _____.

C. I will open a savings account by _____, to increase my independence.

D. Other things I can do to increase my independence include:

E. The domestic violence program's hot line telephone number is _____ and I can seek shelter by calling this hot line.

F. I can keep change for phone calls on me at all times. I understand that if I use my telephone credit card, the following month the telephone bill will tell my batterer those numbers that I called after I left. To keep my telephone communications confidential, I must either use coins or I might get a friend to permit me to use their telephone credit card for a limited time when I first leave.

G. I will check with _____ and _____ to see who would be able to let me stay with them or lend me some money in an emergency.

H. I can leave extra clothes with _____.

I. I will sit down and review my safety plan every _____ in order to plan the safest way to leave the residence.

_____ (domestic violence advocate or friend) has agreed to help me review this plan.

J. I will rehearse my escape plan and, as appropriate, practice it with my children.

Step 3: SAFETY IN MY OWN RESIDENCE. There are many things that a woman can do to increase her safety in her own residence. It may be impossible to do everything at once, but safety measures can be added step by step.

Safety measures I can use include:

A. I can change the locks on my doors and windows as soon as possible.

B. I can replace wooden doors with steel/metal doors.

C. I can install security systems including additional locks, window bars, poles to wedge against doors, an electronic system, etc.

D. I can purchase rope ladders to be used for escape from second floor windows.

E. I can install smoke detectors and purchase fire extinguishers for each floor in my house/apartment.

F. I can install an outside lighting system that lights up when a person is coming close to my house.

G. I will teach my children how to use the telephone to make a collect call to me and to _____ (friend/minister/other) in the event that my partner takes the children.

H. I will tell people who take care of my children which people have permission to pick up my children and that my partner is not permitted to do so. The people I will inform about pick-up permission include:

_____ (school),

_____ (day care staff),

_____ (babysitter),

_____ (Sunday School teacher),

_____ (teacher),

_____ (and),

_____ (others),

I. I can inform _____, and _____ (neighbors), _____ (pastor), and, _____ (friend) that my partner no longer resides with me and they should call the police if he is observed near my residence.

I can find out my risks with Rate Your Risk Tests.

Step 4: SAFETY WITH AN ORDER OF PROTECTION. Many battered women obey protection orders, but one can never be sure which violent partner will obey and which will violate protection orders. I recognize that I may need to ask the police and the court to enforce my protection order.

The following are some steps that I can take to help the enforcement of my protection order:

A. I will keep my protection order _____ (location) (Always keep it on or near your person. If you change purses, that's the first thing that should go in).

B. I will give my protection order to police departments in the communities where I usually visit family or friends, and in the community where I live.

C. The Clark County Sheriff is the county registry of protection orders that all police departments can call to confirm a protection order. I can check to make sure that my order is in registry. The telephone number for the county registry of protection order is _____.

D. For further safety, if I often visit other counties in Indiana, I might file my protection order with the court in those counties.

E. I can call the local domestic violence program if I have questions or if I have some problem with my protection order.

F. I will inform my employer, my minister, my closest friend, my relatives, and _____ and _____ that I have a protection order in effect.

G. If my partner destroys my protection order, I can get another copy from the Clark County Courthouse by going to the Circuit Court Clerk's Office, or by contacting the Domestic Violence Unit of the Clark County Prosecuting Attorney.

H. If my partner violates the protection order, I can call the police and report a violation, contact my attorney, call my advocate, and/or advise the court of the violation.

I. If the police do no help, I can contact my advocate or attorney and will file a complaint with the chief of the police department.

J. I can also file a private criminal complaint with the Prosecuting Attorney in the jurisdiction where the violation occurred. I can request that charges be filed against my battering partner for violation of the Protective Order and all the crimes that he commits in violating the order. I can call the domestic violence advocate for help.

Step 5: SAFETY ON THE JOB AND IN PUBLIC. Each battered woman must decide if and when she will tell others that her partner has battered her and that she may be at continued risk. Friends, family and co-workers can help to protect women. Each woman should consider carefully which people to invite to help secure her safety.

I might do any or all of the following:

A. I can inform my boss, the security supervisor and _____ at work of my situation.

B. I can ask _____ to help screen my telephone calls at work.

C. When leaving work, I can _____.

D. When driving home if problems occur, I can _____.

E. If I use public transit, I can _____.

F. I will go to different grocery stores and shopping malls to conduct my business and shop at hours that are different than those when residing with my battered partner.

G. I can use a different bank and take care of my banking at hours different from those I used when residing with my battered partner.

H. I can also _____.

Step 6: SAFETY AND DRUG OR ALCOHOL USE. Most people in this culture use alcohol. Many use mood-altering drugs. Much of this use is legal and some is not. The legal outcomes of using illegal drugs can be very hard on a battered woman, may hurt her relationship with her children and put her at a disadvantage in other legal actions with her battering partner. Therefore, women should carefully consider the potential cost of the use of illegal drugs. But beyond this, the use of any alcohol or other drug can reduce a woman's awareness and ability to act quickly to protect herself from her battering partner. Furthermore, the use of alcohol or other drugs by the batterer may give him/her an excuse to use violence. Therefore, in the context of drug or alcohol use, a woman needs to make specific safety plans.

If drug or alcohol use has occurred in my relationship with the battering partner, I can enhance my safety by some or all of the following:

A. If I am going to use, I can do so in a safe place and with people who understand the risk of violence and are committed to my safety.

B. I can also _____.

C. If my partner is using, I can _____.

D. I might also _____.

E. To safeguard my children, I might _____

and _____.

Step 7: SAFETY AND MY EMOTIONAL HEALTH. The experience of being battered and verbally degraded by partners is usually exhausting and emotionally draining. The process of building a new life for myself takes much courage and incredible energy.

To conserve my emotional energy and resources and to avoid hard emotional times, I can do some of the following:

A. If I feel down and ready to return to a potentially abusive situation, I can _____.

B. When I have to communicate with my partner in person or by telephone, I can _____.

C. I can try to use "I can . . ." statements with myself and to be assertive with others.

D. I can tell myself -" _____
_____ " whenever I feel others are trying to control or abuse me.

E. I can read _____ to help me feel stronger.

F. I can call _____, _____ and _____ as other resources to be of support of me.

G. Other things I can do to help me feel stronger are _____,
and _____.

H. I can attend workshops and support groups at the domestic violence program or _____, or _____ to gain support and strengthen my relationships with other people.

Step 8: Items to take when leaving. When women leave partners, it is important to take certain items with them. Beyond this, women sometimes give an extra copy of papers and an extra set of clothing to a friend just in case they have to leave quickly.

Money : Even if I have never worked, I may be entitled to the funds in the checking and savings accounts. If I don't take any money from the accounts, he can legally take all money and/or close the account and I may not get my share until the court rules on it if ever.

Items with asterisks on the following list are the most important to take. If there is time, the other items might be taken, or stored outside the home. These items might be placed in one location, so that if we have to leave in a hurry, I can grab them quickly.

When I leave, I should have:

- * Identification for myself
- *Children's birth certificate
- *My birth certificate
- *Social security cards
- *School and vaccination records
- *Money
- *Checkbook, ATM (Automatic Tellers Machine) card, Credit cards
- *Keys - house/car/office
- *Driver's license and registration

***Medication**

Welfare identification, work permits, Green Card, Passport, divorce papers

Medical records - for all family members

Lease/rental agreement, house deed, mortgage payment book

Bank books, Insurance papers

Small saleable objects

Address book, pictures, jewelry

Children's favorite toys and/or blankets

Items of special sentimental value

Telephone numbers I need to know:

Emergency: 911

APPENDIX I
ATLAS.ti Documents
Coding Families, Categories with Definitions, and Quotations

Code Families

Code Family: Acknowledging Evidence

Created: 03/17/09 10:37:19 PM (Super)

Codes (14): [Batterer Charac personality disorder] [Batterer Charac substance abuse] [Batterer Charact history of IPV] [Batterer characteristics- porn] [Believes she will die] [Effects on children] [Her Losses] [Her Suicide attempts] [Influenced by external information] [No romantic love for partner] [pc escalation of violence] [Power and control tactics] [Reasons for leaving] [Violence escalates in frequency and severity]

Quotation(s): 219

Code Family: Altered behavior

Created: 03/13/09 09:58:10 PM (Super)

Codes (2): [Altered behavior] [Shame and Guilt]

Quotation(s): 75

Code Family: Barriers to leaving

Created: 11/08/08 10:31:02 PM (Super)

Codes (21):[Barrier- Economic] [Barrier- hope for relationship] [Barriers to Leaving] [Ethic of Care] [External resources] [Felt Trapped] [Her Losses] [institutional barriers cps] [Internal Messages] [Internal struggle] [Past experiences influence present decisions] [pc constant monitoring] [pc escalation of violence] [pc isolation from friends and family] [pc stalking and harrassment] [pc thwarts her career efforts] [pc uses the children] [Permanent injuries or scars] [Power and control tactics] [Religion barrier] [Shame and Guilt]

Quotation(s): 280

Code Family: Believes she will die

Created: 03/13/09 10:48:34 PM (Super)

Codes (3):[Believes she will die] [pc fear] [Violence escalates in frequency and severity]

Quotation(s): 26

Code Family: Emotional Abuse

Created: 03/17/09 02:11:57 PM (Super)

Codes (1): [pc emotional abuse]

Quotation(s): 42

Code Family: Ethic of Care

Created: 03/13/09 11:12:15 PM (Super)

Codes (6):[Ethic of Care] [Grieving the relationship] [Rationalizes his abusive behavior] [Tried couples counseling] [Views self as important to children's healthy development] [Women's gender socialization]

Quotation(s): 40

Code Family: Evaluating and Negotiating

Created: 03/13/09 10:51:41 PM (Super)

Codes (42): [Barrier- hope for relationship] [Batterer Charac personality disorder] [Batterer Charac substance abuse] [Batterer Charact history of IPV] [Batterer characteristics- porn] [Believes she will die] [Contemplates killing him] [Economic security] [Effects on children] [Escalates to physical violence] [Ethic of Care] [Evaluating the relationship] [External resources] [Felt Trapped] [Her Losses] [Her Suicide attempts] [Influenced by external information] [Insight about emotional health] [Internal Messages] [Internal struggle] [No romantic love for partner] [Past experiences influence present decisions] [pc bat displays false self in beginning] [pc constant monitoring] [pc escalation of violence] [pc isolation from friends and family] [pc physical violence] [pc uses the children] [Permanent injuries or scars] [Power and control tactics] [Protective factors from parents] [Reasons for leaving] [Reclaiming and Healing] [Religion] [Sacrifices for better future] [Shame and Guilt] [Shifts in thinking] [Social Support] [Tried couples counseling] [Views self as important to children's healthy development] [Violence escalates in frequency and severity] [Women's gender socialization]

Quotation(s): 576

Code Family: External Circumstances

Created: 03/13/09 10:34:47 PM (Super)

Codes (17):[Barrier police threaten to arrest her] [Economic security] [Effects on children] [Escalates to physical violence] [External resources] [Her Losses] [institutional barriers cps] [pc constant monitoring] [pc isolation from friends and family] [pc stalking and harrasment] [Police intervention reduces violence] [Power and control tactics] [Religion] [Religion protective] [Social Support] [Strangers intervene to help] [Violence escalates in frequency and severity]

Quotation(s): 204

Code Family: External Evidence

Created: 03/13/09 10:41:30 PM (Super)

Codes (8):[Batterer Charac personality disorder] [Batterer Charac substance abuse] [Batterer Charact history of IPV] [Believes she will die] [influenced by external information] [Effects on children] [pc escalation of violence] [Tried couples counseling] [Violence escalates in frequency and severity]

Quotation(s): 108

Code Family: Gender Socialization and Related Issues

Created: 07/22/08 01:10:47 PM (Super)

Codes (4):[Ethic of Care] [Tried couples counseling] [Views self as important to children's healthy development] [Women's gender socialization]

Quotation(s): 103

Code Family: Hope and Planning for the future

Created: 03/13/09 11:16:03 PM (Super)

Codes (3):[Hope and planning for the future] [New relationship is not abusive] [Sacrifices for better future]

Quotation(s): 14

Code Family: Influenced by external Information

Created: 03/13/09 10:56:34 PM (Super)

Codes (3):[Influenced by external information] [Religion protective] [Strangers intervene to help]

Quotation(s): 52

Code Family: Internal Circumstances

Created: 03/13/09 10:27:12 PM (Super)

Codes (22):[Believes she will die] [Believes substance abuse causes his violence] [Children give her strength] [Emotional Effects] [Ethic of Care] [Felt Trapped] [Her Losses] [Her Suicide attempts] [Insight about emotional health] [Internal struggle] [No romantic love for partner] [Past experiences influence present decisions] [pc fear] [Permanent injuries or scars] [Protective factors from parents] [Religion] [Shame and Guilt] [Shifts in thinking] [Strength despite abuse] [Views self as important to children's healthy development] [Vulnerability to IPV] [Women's gender socialization]

Quotation(s): 287

Code Family: Internal Messages

Created: 11/08/08 09:15:40 PM (Super)

Codes (2):[Internal Messages] [Internal struggle]

Quotation(s): 66

Code Family: Loss of Self

Created: 03/17/09 02:18:23 PM (Super)

Codes (5):[Altered behavior] [Her Losses] [Her Suicide attempts] [Rationalizes his abusive behavior] [Shame and Guilt]

Quotation(s): 116

Code Family: Making Meaning

Created: 03/13/09 11:09:54 PM (Super)

Codes (4): [Hope and planning for the future] [Making meaning] [New relationship is not abusive] [Religion protective]

Quotation(s): 35

Code Family: Power and Control

Created: 07/22/08 01:02:07 PM (Super)

Codes (32): [Batterer Charac substance abuse] [Batterer characteristics- porn] [Escalates to physical violence] [Felt Trapped] [Her Losses] [pc anger to manipulate] [pc bat displays false self in beginning] [pc become abusive immediately after wedding] [pc constant monitoring] [pc controlling] [pc controls money] [pc denied medical treatment] [pc emotional abuse] [pc escalation of violence] [pc everything in his name] [pc fear] [pc guilt trip] [pc isolation from friends and family] [pc no real remorse] [pc nothing's good enough] [pc physical violence] [pc refused to work] [pc sells or destroys her belongings] [pc stalking and harassment] [pc thwarts her career efforts] [pc uses the children] [Permanent injuries or scars] [Power and control tactics] [Religion barrier] [Verbal begins AFTER physical attack] [Violence escalates in frequency and severity]

Quotation(s): 246

Code Family: Problems after leaving

Created: 07/22/08 02:01:02 PM (Super)

Codes (6): [Barrier- Economic] [Barrier- hope for relationship] [Effects on children] [Grieving the relationship] [pc stalking and harassment] [Permanent injuries or scars]

Quotation(s): 41

Code Family: Protective Factors

Created: 11/08/08 10:56:49 PM (Super)

Codes (12): [Children give her strength] [Economic security] [Influenced by external information] [Making meaning] [New relationship is not abusive] [Protective factors from parents] [Religion protective] [Shifts in thinking] [Social Support] [Strangers intervene to help] [Strategic planning] [Strength despite abuse]

Quotation(s): 222

Code Family: Reclaiming Boundaries and Self

Created: 03/13/09 11:01:44 PM (Super)

Codes (6): [Police intervention reduces violence] [Reclaiming and Healing] [Repeated attempts to leave] [Shifts in thinking] [Strategic planning]

Quotation(s): 133

Code Family: Recreating/ Redefining Self

Created: 03/13/09 11:21:39 PM (Super)

Codes (9):[Children give her strength] [Evaluating the relationship] [Hope and planning for the future] [Insight about emotional health] [Making meaning] [New relationship is not abusive] [Reclaiming and Healing] [Reclaiming Self] [Strength despite abuse]

Quotation(s): 131

Code Family: Shame and Self-Blame

Created: 03/13/09 10:17:57 PM (Super)

Codes (9):[Altered behavior] [Felt Trapped] [Past experiences influence present decisions] [pc emotional abuse] [Rationalizes his abusive behavior] [Religion barrier] [Shame and Guilt] [Vulnerability to IPV] [Women's gender socialization]

Quotation(s): 184

Code Family: Shifts in thinking

Created: 11/08/08 09:19:29 PM (Super)

Codes (8):[Anger and Resentment][Believes she will die] (Effects on Children)[Her Losses] [Influenced by external information] [Insight about emotional health] [Internal Messages] [Reasons for leaving] [Repeated attempts to leave] [Shifts in thinking]

Quotation(s): 268

Code Family: Strategic Planning

Created: 03/13/09 11:05:42 PM (Super)

Codes (6):[Economic security] [External resources] [Police intervention reduces violence] [Sacrifices for better future] [Social Support] [Strategic planning]

Quotation(s): 79

Codes and Descriptions

Code: Altered behavior

Quotations: 75

The ways that participants altered their behavior to appease the abusive partner and reduce the violence

Code: Anger and Resentment

Quotations: 17

Feelings of anger and resentment toward partner for his behavior and her losses.

Code: Barrier- Economic

Quotations: 5

Lack of financial resources or financial security.

Code: Barrier- hope for relationship

Quotations: 1

Hope is not negative, however, holding out hope that the abusive partner will change despite evidence to the contrary served as a barrier to leaving.

Code: Barrier police threaten to arrest her

Quotations: 1

Many survivors of IPV have tried to use the police as a protective measure. This sometimes backfires on women when police cannot determine who the primary aggressor is. It's not uncommon for police to tell BW that next time they get called out that they will arrest them both. Then women won't use the police for protection anymore because they do not want to go to jail.

Code: Batterer Characteristics personality disorder

Quotations: 4

Participants' descriptions of abusive partners and suggestions or thinking that he suffered from a personality disorder.

Code: Batterer Characteristics substance abuse

Quotations: 19

Participants' descriptions of abusive partners' substance abuse and problems this created.

Code: Batterer Characteristics history of IPV

Quotations: 10

Participants described finding out later in the relationship that their partners had a history of violence towards previous intimates.

Code: Batterer characteristics- porn

Quotations: 2

Descriptions of abusive partner being addicted to porn.

Code: Believes she will die

Quotations: 26

P's descriptions that they believed they would die if they returned to or stayed with the abusive partner.

Code: Children give her strength
Quotations: 6

Children give P's the strength to move on, to do what's right to protect themselves and their children.

Code: Contemplates killing him
Quotations: 2

Code: Economic security
Quotations: 10

P's described financial security without partner.

Code: Effects on children
Quotations: 15

Refers to P's descriptions of how the violence effected their children and their concern for their children's well-being.

Code: Emotional Effects
Quotations: 13

Refers to the emotional consequences of the abuse on the survivor, anxiety, depression, sadness, PTSD.

Code: Escalates to physical violence
Quotations: 5

The time described by participants when the abuse escalated from verbal and emotional abuse to physical violence.

Code: Ethic of Care
Quotations: 40

Describes behaviors and thinking by participants that seemed to be mostly related to gender socialization like guilt for not staying and helping the abusive partner, feeling responsible for fixing the partner and the relationship, feeling the need to compromise own needs to meet needs of partner or children.

Code: Evaluating the relationship
Quotations: 14

Evaluating the costs and benefits of the relationship. Identifying internal reasons for staying and leaving and external reasons for staying and leaving and then trying to weigh these out and make a decision that will result on the best possible outcome.

Code: Felt Trapped
Quotations: 5

P's descriptions of feeling trapped by circumstances, "damned if you do, damned if you don't".
With no decision that would result in a positive outcome.

Code: fear
Quotations: 10

P's descriptions of being fearful of their partners.

Code: Grieving the relationship
Quotations: 6

Descriptions of sadness over the loss of the partner, loss of the marriage, loss of hope that the partner could change or be who he was when they first began dating.

Code: Her Losses
Quotations: 32

P's descriptions of many interpersonal and intrapersonal losses.

Code: Her Suicidal ideation
Quotations: 2

P's descriptions of thinking that their own death would at least be an escape from the abusive partner and feelings of sadness and hopelessness.

Code: Hindsight
Quotations: 14

P's descriptions of how, "looking back" they were able to recognize the indicators that their partner was likely to be abusive.

Code: Hope and planning for the future
Quotations: 8

P's talked about how they began to have hope that they could have a better life without the partner and that today's misery was not going to last forever. They began planning a future without the partner, a future that focused on the physical, emotional, and financial well-being of P's and of their children.

Code: Influenced by external information
Quotations: 45

Refers to P's descriptions of receiving feedback from outside sources like friends, pastors, counselors, tv, etc... that made them begin to rethink the relationship and their circumstances. Some feedback can make her feel guilty and more likely to stay, like when his mother calls her and tells her he can't live without her or her pastor tells her to pray harder or that divorce is not an option.

Code: Insight about emotional health

Quotations: 6

P's described family of origin issues that they believed made them more vulnerable to IPV and the need to address these "voids" or issues to reduce their vulnerability to IPV in the future.

Code: institutional barriers cps

Quotations: 1

P's descriptions of institutional barriers to leaving.

Code: Internal Messages

Quotations: 57

P's descriptions of internal messages about the partner and the relationship that they indicated that something was wrong.

Code: Internal struggle

Quotations: 14

I see two kinds of internal struggles. One is the internal struggle that women have as a result of internal messages and feelings about something being wrong with him or with the relationship but external messages from him and other places that made her willing to overlook or ignore her internal messages. The other internal struggle is this internal struggle to hang on to what little bit of themselves that they possibly can. They weigh the odds, like a cost/ benefit analysis, and then decide what they are willing to do to pacify him, usually at their expense.

Code: loss of self

Quotations: 18

P's descriptions of losing a sense of power, of who they were, feelings of being nothing, less than human. Descriptions of not knowing what they wanted or what they believed anymore, feeling brainwashed.

Code: Making meaning

Quotations: 22

P's descriptions of trying to make positive meaning out of negative experiences.

Code: New relationship is not abusive

Quotations: 2

Entry into a new relationship that was/is loving, respectful, and helps validate thinking about abusive partner and increases healing and feelings of worth.

Code: No romantic love for partner

Quotations: 4

P's descriptions of marrying partner out of pity or because they rationalized the partner as being a good man, but not having any romantic love for the partner.

Code: Past experiences influence present decisions

Quotations: 21

P's descriptions of how past life experiences (in childhood, with family, with victimization, with previous abusive partners) influenced their thinking and behaviors about most recent partner who was abusive. Past experiences influence us in many ways, negatively or positively, it all depends on the person. Some women's past experiences with abusive partners seem to make them more vulnerable to IPV while other women's past experiences make them less vulnerable. As an example, one woman's past experience with IPV makes her more cautious and more willing to leave. She does not want to repeat the past. While another's woman feelings that she is ugly (from being made fun of as a child) made her marry an abusive partner quickly because he was handsome and she was afraid no handsome man would ever want her.

Code: pc anger to manipulate

Quotations: 2

A power and control tactic used by abusive partners to instill fear and control behavior.

Code: pc bat displays false self in beginning

Quotations: 27

P's reported that the partner led them on in the beginning of the relationship by not being who they really were. A description that he changed drastically from when they were dating.

Code: pc become abusive immediately after wedding

Quotations: 4

P's descriptions of abusive partner becoming abusive on the wedding night or on the honeymoon. A drastic change in his behavior *immediately* following marriage.

Code: pc constant monitoring

Quotations: 11

Power and control tactic used by abusive partners where they constantly monitor the partner's behavior, where they drive, who they talk to, how much money they spend, etc...

Code: pc controlling
Quotations: 3

P's descriptions of partner as being extremely controlling.

Code: pc controls money
Quotations: 7

P's descriptions of the abusive partner controlling all of the money and them having now access.

Code: pc denied medical treatment
Quotations: 6

P's descriptions of needing medical treatment after a physical attack but the partner not taking her and not allowing her to leave.

Code: pc emotional abuse
Quotations: 42

Power and control tactic used by abusive partner to blame, ridicule, threaten, shame, make her question her reality, and make her lose positive feelings about herself and her abilities.

Code: pc escalation of violence
Quotations: 7

Power and control tactic used by abusive partner to regain control when current level of violence is no longer achieving desired results.

Code: pc everything in his name
Quotations: 5

Power and Control tactic used to keep partner dependent. Abusive partners keep titles, mortgages, and bank accounts in their names so that survivors had no access.

Code: pc isolation from friends and family
Quotations: 11

Power and control tactic used to keep women physically and emotionally isolated from friends and family.

Code: pc no real remorse
Quotations: 5

P's descriptions of abusive partner not showing real remorse, but acting remorseful to manipulate her.

Code: pc physical violence

Quotations: 35

Descriptions of physical violence used by abusive partner.

Code: pc refused to work

Quotations: 1

Power and control tactic- forced her to work but took/controlled all the money and kept them in constant debt.

Code: pc stalking and harassment

Quotations: 11

Descriptions of abusive partner stalking and harassing during and after relationship.

Code: pc thwarts her career efforts

Quotations: 5

Power and Control tactic used to prevent her from becoming employed or actions to get her fired from a job.

Code: pc uses the children

Quotations: 2

Power and control tactic- children are used by the abusive partner as a tactic to prevent women from leaving.

Code: Permanent injuries or scars

Quotations: 4

P's descriptions of permanent injuries and disfigurement caused by abusive partners' physical attacks.

Code: Police intervention reduces violence

Quotations: 2

P's described calling the police and the police being an effective tool for reducing violence.

Code: Power and control tactics

Quotations: 246

Combined all lower level descriptions of power and control tactics coded with pc.

Code: Rationalizes his abusive behavior

Quotations: 24

Descriptions of how P's reasoned away or rationalized abusive partners' abusive behavior early in the relationship.

Code: Reasons for leaving
Quotations: 14

Specific descriptions women gave things that influenced the final decision to leave: fear, hatred, loss of hope, loss of self, children, exhaustion,

Code: Reclaiming and Healing
Quotations: 38

Strategies used to reclaim physical and emotional boundaries, freedom, power, from abusive partner-ultimatums, leaving, standing up to him, fighting back, calling the police.

When some women stand up to their abusive partners it makes the partner back down, and let up a bit. In fact women for women who begin to take their power back and begin standing up to him, it makes him back off a bit because of his fear of her leaving. But some women try to stand up to him in the beginning of the relationship to maintain boundaries and power and it increases his use of violence and manipulation. Maybe this says more about the different types of abusive men and the course of the relationship than it says about her or about her having any "real" power over his behavior."

Code: Reclaiming Self
Quotations: 34

P's descriptions of working to rediscover and reclaim who they were/are, what they believed, what they're good at, what they like, what they want for themselves and their children. These could be simple like buying the kind of shampoo or toothpaste they wanted but weren't allowed to buy. Or complex things like religious beliefs, existential crises, seeing self as powerful and worthy.

Code: Religious Beliefs
Quotations: 17

Religious beliefs that either promoted or healing or created barriers to reclaiming.

IPV is influenced by many levels of variables including cultural and institutional level factors. Religious beliefs are part of our culture and traditional, religious views of husband and wife rolls within the family clearly influence many women's thinking about their lower status within the marital relationship. Many men use the scriptures about men as head of household to maintain power over their partners.

Religious beliefs can be a source of strength or weakness in the relationship. For some women, their beliefs make them more vulnerable to IPV and keep them trapped in the relationship for longer. For others, religious beliefs help provide them with meaning, and inner strength, self-

worth, and wisdom about the relationship and what to do.

Code: Religion barrier

Quotations: 12

Code: Religion protective

Quotations: 5

Code: Repeated attempts to leave

Quotations: 17

P's described making several unsuccessful attempts to leave. Some women tell their partners repeatedly that they want out of the relationship but he just will not go away...always weasels his way back in through guilt or manipulation or fear.

Code: Sacrifices for better future

Quotations: 5

P's descriptions of making major sacrifices in the present so that they could have a better life for themselves and their children in the future.

Code: Shame and Guilt

Quotations: 29

P's descriptions of feeling shame about their circumstances and feeling at least partially guilty for having caused the partners' abusive behavior. P's talked about their "hindsight" and signs that they should be aware of and will be aware of if and when they date again. There was this self blame that "they should have known and predicted he would be abusive". P's repeatedly blamed themselves for having even gotten involved because they failed to recognize the signs that he would be abusive later....NO woman can predict the future....do we really expect her to? What if there are no early signs? Is she still to blame.

I just keep thinking...."always a woman to blame". Women have internalized this societal message and do it to themselves. They no longer need to hear the shaming blaming messages, they shame and blame themselves. What a victory for white, male, christian oppressors.

Code: Shifts in thinking

Quotations: 63

P's descriptions of experiencing a change in the way that they viewed the partner, the relationship, shifting blame, getting angry...

Code: Social Support

Quotations: 44

P's descriptions of how family, friends, neighbors, pastors, co-workers, helped support them in achieving safety and/or leaving.

Code: Strategic planning

Quotations: 20

P's descriptions of how they planned for the future and for safety when they began to think about leaving the relationship or the possibility that they may need to leave the relationship.

Code: Tried couples counseling

Quotations: 3

P's descriptions of having attended couples/marital counseling to improve the relationship and reduce partners' abusive behavior.

Code: Views self as important to children's healthy development

Quotations: 3

P described herself as being vital to the healthy development of self-esteem in her children and could see that she was losing her self in the relationship. This was internal circumstance that helped move her towards leaving.

Code: Violence escalates in frequency and severity

Quotations: 23

An external factor that P's cited as a reason they began planning to leave because the violence became more severe. ie, from pushing and slapping to strangling.

Code: Vulnerability to IPV

Quotations: 17

Women's descriptions of what made them more vulnerable to IPV-family of origin, poor self-worth, "laundry list for love", individuating from parents.

Code: Women's gender socialization

Quotations: 58

P's descriptions of thinking and behaviors that the researcher attributed to women's gender socialization, responsible for the relationship, guilt over leaving partner to care for himself, shame over failed relationship, the need to be a "good wife", nurturing and caring for partner despite the abuse. Giving up self (altering behavior) to appease partner.

APPENDIX J
Participant Demographics

APPENDIX K

Illustration of the Conceptual Framework of the Process of Transformation