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Constructing safer lives: Women who display resilience in responding to intimate-partner violence (IPV)

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Constructing safer lives: Women who display resilience in responding to intimate-partner violence (IPV)

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Abstract

Intimate-partner violence (IPV), also known as domestic violence, is a pervasive personal and public health problem in the United States. Factors affecting the risks of suffering IPV have been widely researched as have the symptoms of battered woman syndrome, a forerunner of posttraumatic stress disorder or PTSD. Much of this line of research has sought to study the problems of abused women rather than their strengths. This qualitative study looks at the phenomenology (subjective reality) of six women, ages 23 to 48, who participate in support groups at a domestic violence prevention agency in the northeastern United States. By their own definition, all six have overcome the difficulties of IPV and moved on to new lives free from abuse. Interviews with the participants revealed childhood themes that might have aided in the development of resiliency factors in adulthood. Broad themes identified were Trust, Insight, Boundaries, and Independence. Specifically, the active presence of at least one trusted adult, the ability to make meaning and solve problems, the setting of boundaries and expectations at home, and the entity of a powerful biological mother appear to be related to the participants' development of resiliency. Overlaying this scenario is the construction of each individual's phenomenology, which continues to develop throughout the lifespan. The participants' responses to IPV appear to first function as coping mechanisms and then resiliency factors, transforming victims into survivors.

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Constructing safer lives: Women who display resilience in responding to intimate-partner violence (IPV)

Intimate-partner violence (IPV), also known as domestic violence, is a pervasive personal and public health problem in the United States. Factors affecting the risks of suffering IPV, such as a history of family violence have been widely researched, as have the symptoms of battered woman syndrome, a forerunner of posttraumatic stress disorder or PTSD (American Psychiatric Association, 2013). Clearly, much of this line of research has sought to study the problems of abused women rather than their strengths (Humphreys, 2003; Werner-Wilson, Zimmerman & Whalen, 2000). There is a paucity of research on those who have overcome the difficulties of IPV and gone on to create safer lives for themselves.

Definition of IPV

The term “intimate partner”, as defined by the National Center for Injury Prevention and Control (2012), includes current and former spouses and dating partners: people with whom one has been in a close relationship. While the word “violence” in IPV might suggest a physical component, this is not always the case. IPV includes four types of behavior: 1) physical violence: hitting, kicking, or another type of physical force; 2) sexual violence: forcing a partner to take part in a sex act without consent; 3) threats of 1 and/or 2; and 4) emotional abuse: threatening a partner, their loved ones or possessions, or harming the partner’s sense of self-worth (National Center for Injury Prevention and Control, 2012). Emotional abuse includes but is not limited to: stalking, name-calling, and isolation from friends, family and financial resources. The term “domestic violence” or DV is somewhat dated but still in use. It functions as an umbrella term to

describe behavior targeting not only the intimate partner or spouse, but other members of the family such as children and grandparents.

Prevalence and Incidence of IPV

On average, 24 people per minute are victims of rape, physical violence or stalking by an intimate partner – more than 12 million individuals over the course of a year (Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011). Nearly 3 in 10 women and 1 in 10 men have experienced IPV and report a related impact on their daily functioning (Black et. al, 2011). A longitudinal U.S. government study suggests that the incidence of abuse is on the decline: it reported that from 1994 to 2010, the overall rate of IPV decreased by 64 percent: from 9.8 victimizations per 1,000 persons age 12 or older, to 3.6 per 1,000 (U.S. Department of Justice, 2012a). These encouraging statistics might be due to preventive education, advocacy efforts and increased sanctions for the abuser due to changes in federal and state laws. However, it should be noted that an undeterminable but great number of IPV incidents go unreported (Black et. al, 2011). Estimates of unreported IPV victimizations range from 30 to 70 percent; a recent four-year government study placed the number at 46 percent. Among unreported IPV victimizations in that study, the most common reason for not reporting to police was fear of reprisal, or of getting the offender in trouble, at 38 percent (U.S. Department of Justice, 2012b).

As of this writing, the current societal context might be more favorable towards the reporting of IPV. In September 2014, an elevator security videotape documenting IPV by then-National Football League (NFL) star Ray Rice was published by TMZ, a tabloid news website. Americans found the optics of IPV to be shocking and grotesque. A national outcry against Rice's violent behavior and his resulting indefinite suspension by the NFL might have

empowered some IPV victims to break their silence. As evidence of this, the hotline connected to the domestic violence prevention agency described in this research reported a 39 percent increase in calls in September 2104 over September 2013. In addition, a national and continuing conversation among survivors began after the Rice video was aired, as documented by hundreds of posts to the social media site Twitter with hashtag labels of #WhenIleft and #WhyIstayed.

Clearly, IPV remains a serious problem in American society, and not only on the personal and societal levels. On the public health front, the cost of IPV in women's mental health services, medical care, and lost work productivity was an estimated \$5.8 billion in 1995 (Max, Rice, Finkelstein, Bardwell & Leadbetter, 2004; Centers for Disease Control and Prevention, 2003); adjusted to 2014 dollars, the health care burden caused by IPV towards women was more than \$9 billion

Academic Research

Historical and Political Context

Academic research on IPV grew popular in the 1990s, following 1980s' research on the problem of homelessness. It was discovered that many homeless women were in that position due to having left abusive husbands/partners (Somers, 1992). But years before that, a sisterhood had started to develop through the women's consciousness-raising groups of the 1960s. Individuals who were being abused by male partners realized they were not alone in their circumstances, thus lessening some of the shame and stigma they felt. Therapists participating in these groups were changed by their experiences, and formed feminist therapy groups operating under the norms of nonhierarchical structure, equal sharing of resources and power, and empowerment of women (Herlihy & Corey, 2009). Feminist therapy was born. In contrast to the

entrenched psychopathology perspective in which the source of a woman's unhappiness resided within her, feminist therapy took a fresh look at social, political and pathological forces in society that were damaging and constraining for women as well as men (Herlihy & Corey, 2009). Feminist therapists devised the widely used Campbell's Danger Assessment in 1986 (Weisz, et. al, 2000), an instrument still in use today. In the 1990s, IPV research seemed to center around this feminist counseling theory. For example, it was generally accepted that external factors had more to do with a woman's decision to permanently leave her abuser than did internal factors, as reported by Astin, Lawrence, & Foy (1993). External factors included a woman's access to financial resources (Sullivan, Basta, Tan, & Davidson, 1992) and a woman's employment potential (Kirkwood, 1993). Lack of social support (Carlson, 1997), lack of institutional support (Grunfeld, Larsson, MacKay, & Hotch, 1996), and limited affordable housing and/or childcare (Kirkwood, 1993) were reported as macrosystemic factors keeping women in abusive relationships.

Relevant Changes in Law

Newly empowered and activated American women began demanding services and protection for domestic violence victims, today called survivors. Several favorable judicial and legislative decisions followed, led by the 1974 and 1976 Supreme Court of California's *Tarasoff* decisions (Beck, 1982; McNeill, 1987). These landmark laws stemmed from an incidence of IPV. Mental health practitioners were now mandated with a duty to warn a potential victim of violence: a duty that superseded clinical confidentiality. Now, if an abuser was receiving therapy and made a threat against someone else, that potential victim and/or the police would be warned. In the years since, *Tarasoff* has become the law of the entire land, and its spinoff provisions are included in nearly every ethical professional code in the country. Arguably, the provisions of

Tarasoff helped pave the way for the National Violence Against Women Act (VAWA), passed in 1994 and reauthorized four times since. VAWA established the Office on Violence Against Women within the Department of Justice. It emphasized development of coordinated community care among law enforcement, prosecutors, victim services, and attorneys. Modi, Palmer and Armstrong (2014) note that while VAWA 2013 contained new provisions for Native Americans, lesbian, gay, bisexual, transgender, gay, and queer (LGBTQ) individuals; and victims of human trafficking, it did not address the significant amount of IPV in America's immigrant population. Late in 2014, Congress authorized an updated version of VAWA which extends services to this population.

Rationale for Reviewed Literature

The negative aftereffects of IPV on women's lives, e.g., low self-esteem, substance abuse, and anxiety, have been well documented (National Center for Injury Prevention and Control, 2012). In marked contrast, the current research centers on positive outcomes of surviving IPV, e.g., women's personal safety and empowerment. Therefore, the aforementioned studies are not included here in detail. Although they might serve in a comparative capacity, they are not specifically relevant to the current discussion. In addition, for the purposes of research this discussion is limited to the traditional male/female couple, where the man is the abuser and the woman is the victim; the vast majority of IPV cases fall into this category. The focus is on women's responses to the experience which function as coping mechanisms and then resiliency factors, transforming victims into survivors.

The Concept of Resilience

Definition

Studies of women successful in overcoming the difficulties of IPV have revolved around the concept of “resilience”, which has been defined by The American Heritage Dictionary (1985) as “the ability to recover quickly from illness, change or misfortune.” The academic literature suggests that resiliency can be defined as an individual’s ability in the face of overwhelming adversity to 1) adapt and restore equilibrium to her life and 2) avoid the potentially harmful effects of stress (Humphreys, 2003; Wagnild & Young, 1993). Equilibrium is defined as mental or emotional balance; stress is “a mentally or emotionally disrupting or disquieting influence” (American Heritage Dictionary, 1985). In addition to adapting and restoring equilibrium and avoiding the effects of stress, the capacity for determined engagement with the negative life circumstance is the third component of a working definition produced by Werner-Wilson, Zimmerman & Whalen (2000).

Historical Context

The idea that personal growth can occur within stressful situations is certainly not new. Circa 1870, Dickinson touched on the nature of resilience in the poem, “We never know how high we are”:

We never know how high we are

Till we are called to rise

And then, if we are true to plan

Our statures touch the skies. —

James (1906) wrote that, “Great emergencies and crises show us how much greater our vital resources are than we had supposed.” Coles observed in 1964 (as cited in Gilligan, 1993)

that crisis can lead to growth when it presents the opportunity to confront roadblocks to further development. In recent years, resilience has been described as having a fluid, contextual nature, rather than being static. Kennedy (2005) underscored the significance of the urban woman's contexts of discrimination, segregation and poverty in coming to an understanding and conceptualization of her resilience process. Four out of 10 participants, all adolescent mothers, were characterized as having resilience at the time of the Kennedy study. Although each of them lived within a daily reality of violence exposure, minority status and poverty, the resilient ones showed positive, adaptive growth. The following inner capabilities and processes were identified as being in dynamic exchange with each other and with broader contextual factors: an ability to connect with others; problem-solving and planning ability; a strong goal orientation and motivation to succeed; insight and the ability to make meaning; and an independent and action-oriented stance (Kennedy, 2005).

Contributing Factors

The perpetual question of nature (biological makeup) or nurture (ecological factors) as regards to the etiology of any given psychological characteristic such as resilience might never be fully answered. Answers usually involve a mixture of the two and the question of resilience is no exception. On the ecological side, resilience has been shown to relate to women's socioeconomic levels, and ethnicity/race. Early intervention for problems such as abuse, bullying, and lack of social support may lead to early insight, which has been associated with the development of greater resilience in college women (Clauss-Ehlers, 2008). Burke & Carruth (2012) found that higher-functioning people, i.e., those with good coping skills, go through traumatic situations with a lower risk of significant wounding than do people with lower functioning. Straddling the center line between biology and ecology, a recent study of

professionals from varied fields such as sports, business, politics and entertainment found that resilience is a skill that can be developed over time, but only as much as the individual's inner "resilience bandwidth" will allow. Among the variables that contribute to thriving under pressure are a proactive and positive personality; feeling in control; having balance and perspective; and a perception of social support (Sarkar & Fletcher, 2014). Strictly on the nurture side of the fence, a positive relationship between resiliency and extroverted behavior has been shown, suggesting that individuals who take more risks and seek out rewards in healthy ways may have better adaptation than those who show neuroticism by excessively avoiding taking risks or seeking rewards (Campbell-Sills, Cohan & Stein, 2006; Simeon et al., 2007). Also weighing in on the nurture side, the Search Institute (2005) identified 40 developmental assets associated with resilience and organized them into eight categories: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competence and positive identity.

While the presence of resilience itself is not predictive of a woman's behavior or her decisions regarding the abusive relationship, resilient women seem to be more able to cognitively construct their problems and their positions within them before making a choice (Baly, 2010). In the deliberate process of deciding to stay or to go, it might be said that resilient women are able to empower themselves, no matter which path they choose.

Women's Choices

Decisions to Leave

In the case of IPV, this quality of resilience has traditionally culminated in the woman "getting free" (NiCarthy, 1986) in a physical way, i.e., separating out of a shared domicile, or, in

the case of a dating relationship, refusing to see him again. Leaving such a relationship involves a process, one that typically involves several leave-takings before it becomes permanent (Patzel, 2001). Brown (1997) identified five stages of the process of change in battered women: pre-contemplation, contemplation, preparation, action and maintenance. In a completed cycle, the woman's image of her relationship moves from the pre-contemplation phase, e.g., believing that most relationships are like hers (with the partner in control), to the maintenance phase, where for example, she is living a different way in a different relationship (Brown, 1997). Healing and change towards healthy functioning are often lengthy processes, the literature shows; an individual may take months or years to complete the process (Anderson & Saunders, 2003), and only the individual can say what "complete" might mean to them. Research results on the permanence of the leave-taking process have likewise been ambiguous. For example, it has been estimated that many women do eventually leave abusive relationships (Okun, 1986, and Strube, 1988, in Anderson & Saunders, 2003); yet other studies indicate that about half of all women who leave an abusive relationship ultimately reunite with the batterer (Griffing, Ragin, Sage, Madry, Bingham, & Primm, 2002). These seeming contradictions might be due to the nature of this process, i.e., the decision to reunite with an abuser might change at any given date or time. Lewis, Griffing, Chu, Sage, Madry & Primm noted that "a complex interplay of violence, coping and adjustment" is involved whenever there is domestic violence (2006, p.341), suggesting that ambiguity might be the norm in the mental processes and/or phenomenology of survivors.

Decisions to Stay

In literature, the conventional wisdom seems to be that women demonstrate resiliency when they have made the decision to terminate abusive relationships (NiCarthy, 1986 and 1987; Werner-Wilson et.al, 2000). However, it is important to note that some women forge a different

path of resilience when they actively decide to stay with abusive partners. There is little literature investigating the choice to stay, perhaps because this scenario appears to constitute only a fraction of IPV cases and is by nature changeable, i.e., the decision might change at any given time. Some women, possibly through counseling or other supportive relationships, have developed coping strategies that help shield them from serious emotional/mental harm. For example, Zink, Jacobson, Pabst, Regan and Fisher (2006) found that women older than 55 years of age who remained in their abusive relationships employed mainly emotion-focused cognitive strategies to find meaning in a situation that was perceived as unchangeable. By reappraising themselves, their spouses, and their relationships, they refocused energies in certain roles, set limits with their abusers, and reached out to friends, family and community organizations (Zink, et. al, 2006). In an early study, Dutton & Dionne (1991, in Weisz, Tolman & Sanders, 2000) found that minimization of danger may be a woman's way of coping when she believes that remaining with her partner is the best choice for her and her children. Noting that rational decision making has traditionally been viewed as a male trait, Meyer (2012) has offered a theoretical examination of rational choice and moral reasoning, finding that a feminist perspective was at work in the decision to stay, at least initially, with the abuser.

While leaving an abusive partner is generally viewed as the more positive choice for well-being, some women just out of an abusive relationship may have greater psychological difficulties, such as anxiety and depression, than those who are still in one. This is largely due to the possibility of escalated violence after leaving, the woman's new or altered responsibilities, and her realization of multiple losses (Anderson & Saunders, 2003). Once they have left an abuser, women are likely to underestimate their own vulnerability to returning to a relationship that is abusive, and they are also likely to underestimate the difficulties they may encounter in

permanently ending the relationship (Griffing et. al., 2002). Feelings of emotional attachment to the abuser are a major factor in deciding to stay/go, and wavering between the two options is common (Griffing, et. al, 2002). By no means, however, do these studies indicate that women are ultimately better off remaining in an abusive relationship. The woman who chooses to stay with an abuser is still clearly at risk of negative consequences, even if the abuse is solely verbal. Katherine (2000) noted that women “lose a chunk of (their) life” (p. 87) when they stay in an abusive situation because of some other aspect of it such as social position, financial benefits, or the children. Katherine writes, “We diminish our own integrity by not holding on to the limits that would keep us from being exploited, demeaned or treated with disregard” (p. 143).

Coping Mechanisms in Adults

Social and community support, character resources, and spirituality and religion have been studied as positive coping mechanisms of women experiencing IPV. These coping mechanisms, one internalized, might then be viewed as personal assets that are available as resiliency factors.

Social and Community Support

Social support might be the best-known aid for dealing with the distress and trauma of IPV although, as previously stated, coping mechanisms specific to IPV have not been well-studied (Waldrop & Resick, 2004). However, it has been shown that a combination of active, hard work, such as seeking community support and resources, and personal strengths such as assertiveness, is associated with a woman’s ability to move on (Werner-Wilson, Zimmerman & Whalen, 2000). In another study, 80 female survivors of IPV were compared to 84 women from the general population who had no history of abusive relationships. Abused women scored

significantly higher on the study's scales of self-development and understanding, distancing and denial, and religion and faith. Results confirmed that abused women can cope successfully with loneliness and benefit from engaging in self-development and understanding activities, e.g. counseling, while in shelter and afterwards (Arokach, 2006). Clearly, women must first be willing and able to access social and community support if they are to benefit from it. Inner resources may be just as important as outside resources in this endeavor.

Character Resources

A qualitative study by Humphreys (2003) found that inner strength, determination and self-reflection were necessary in navigating a recovery from abuse. Cognitions seem to be particularly relevant towards this end because they help a woman think of herself differently. A new-found ability to "see for themselves" and to question the interpretations that had formerly guided their perceptions and actions frees women to leave damaging relationships, or to change within them (Jack, 1991, p.199). Seeing their situations and themselves in new ways allows women to reclaim their voices within relationship (Jack, 1991). "Voice" is defined as the right or opportunity to express a choice or opinion (American Heritage Dictionary, 1985); therefore, a woman's ability to find and use her voice might mean that she has separated herself from the problem and is ready to speak about it. Gaining or regaining a voice often happens in the final phase of treatment for adult trauma survivors as the survivor shows insight into the level of dysfunction she has experienced and realizes she can make healthy relationship decisions for herself (Peck, 2012). Indeed, assertiveness, intuition and self-efficacy have all been identified as personal resources in leaving abusive relationships (Davis, 2002; Patzel, 2001; Werner-Wilson, Zimmerman & Whalen, 2000).

Spirituality and Religion

Accessing support of a spiritual nature has been shown to be helpful towards healing and growth (Anderson, Renner, & Danis, 2012), especially when that support includes a personal relationship with God (Postmus, Severson, Berry, & Yoo, 2009; Wendt, 2008). In minority communities especially, women are more likely to go to a clergy member than a public agency for help with their abuse (Hodges & Cabanilla, 2011). Religious involvement seems to promote greater psychological wellness, including a better quality of life and decreased depression for IPV survivors (Gillium, Sullivan, & Bybee, 2006).

Cultural Considerations

In 1987, NiCarthy described cross-cultural similarities among then-termed “battered” women in research on 33 women who left abusive partners: “The women are strikingly different from each other, yet similar in certain reactions to abusive partners, and in many ways like women who have not been battered. Nearly all women have felt abuse of some kind or its threat, have tried to rescue someone they loved, have been reluctant to give up a relationship, even though it was necessary” (1987, p. 323). Since that time, few have studied diverse populations in an effort to discover sociocultural similarities or differences. However, some answers have emerged from the development of a Cultural Resilience Measure (CRM) to assess cultural factors related to resilience and coping among adolescents and young adults from diverse racial/ethnic backgrounds. For example, lower and lower-middle class women reported greater overall childhood stress than did middle, upper-middle, and upper class women. And women who self-identified as being in the lower class reported more sexism and racism directed towards them than did any other socioeconomic status group in the study (Claus-Ehlers, 2008). An

earlier study had shown that college women with an androgynous gender identity were more likely to be resilient in the face of difficulties than were women with other gender identity classifications such as feminine, masculine or non-differentiated (Clauss-Ehlers, Yang & Chen, 2006).

Coping Mechanisms in Children

Survivors of IPV often report having witnessed difficulties between their parents during childhood. These experiences might have had developmental effects on the young women which also affected resilience. Research with childhood witnesses of IPV has been revealing. In 1987, Rutter postulated a “stress inoculation” theory whereby children with the highest exposure to adversity had the lowest reactivity to it. Similarly, a qualitative study of daughters of battered women showed that resilience developed from their resistance to powerlessness, as the girls created coping strategies (such as finding a safe hiding spot) that they then were able to use throughout their lives (Anderson & Danis, 2006). A dynamic process involving characteristics of the child, supportive aspects of her family, and external forces have been described as resources of resiliency among childhood witnesses of abuse (Humphreys, 2003). More specifically, the presence of secure attachment in the form of just one good parent-child relationship appears to contribute to resiliency (Rutter, 1987). Protective characteristics of the child included physical attractiveness, intelligence and a cognitive style that allowed them to remain optimistic, believe in themselves, avoid feeling responsible for the violence, and persevere even as young children (Humphreys, 2001). Similarly, the role of protective self-cognitions was highlighted by Walter, Horsey, Palmieri and Hobfoll (2010), who advocate that certain ways of thinking about oneself might shield survivors of child abuse from cycles of resource losses as they grow up. Sociocultural research on 305 college women showed that

adaptive coping to stressful life situations in childhood actually decreased the time needed to develop insight. Insight development is seen as critical to building upon successes, thus creating positive momentum and reducing the potential for further risk: the earlier it occurs, the better for the woman (Clauss-Ehlers, 2008). In addition, the Sarkar & Fletcher study (2014) showed that those who experience challenging situations early in life are more likely to be resilient to pressures encountered in later life. Clearly, for some individuals there is truth in the proverb, "That which does not kill us makes us stronger," (Nietzsche, 1889). The psychosocial mechanism of this phenomenon -- how it works in a person's life -- is still under study, as evidenced in the literature on resilience.

Construction of Reality

The character qualities of a woman who shows resilience in the face of IPV are still not well understood (Waldrop & Resick, 2004; Werner-Wilson et. al, 2000); nor is the process by which she makes her decision to stay or go (Baly, 2010). Underlying the woman's behavior is her subjective perception of reality: her unique way of perceiving the world. This subjective reality, also known as phenomenology (Corey, 2009), includes the individual's perceptions, thoughts, feelings, values, beliefs, convictions and conclusions. Accessing and utilizing the client's reality is a key component of Adlerian therapy and many other therapy theories and practices (Corey, 2009). At an early age, individuals begin to construct reality based on their experiences with the environment, according to Piaget's theory of cognitive development (1963). Although Piaget has been critiqued as being biased towards male development (Gilligan, 1993), his work is still important in understanding the basic construction of reality. In line with the life-span perspective of feminist counseling theory (Herlihy & Corey, 2009), it is believed that behavior changes and personality patterns continue to develop at all stages of the life-span. Thus,

it appears that phenomenology and Piaget will both play into the current research project on women's construction of reality. Under family systems theory (Reiss, 1981), basic belief systems shared among family members work to organize the experience of the individuals and to regulate their behavior. Family role stereotyping among children has been associated with physical violence and emotional abuse reported by the mother (Graham-Bermann & Brescoll, 2000). Therefore, the tenets of social learning theory (Bandura, 1986) might lead the author to hypothesize that women who saw a healthy relationship, i.e., sans IPV, between their parents might have internalized the behavior as a model for relationships between men and women; the reverse also being true. These questions remain, and guide the research:

Is there a relationship between resilient women's construction of reality (what is normal and acceptable) and their response to IPV?

If so, are there common factors that help to produce a resilient phenomenology or worldview?

Method

Setting

The domestic violence prevention agency is located in a county of $\frac{3}{4}$ million people. In 2013, 5,091 reports of domestic violence were reported. Of these, 52 percent of the reports were in the city and 48 percent were in the suburbs, underscoring the fact that IPV knows no socioeconomic bounds. It should be noted here again that the number of reports does not truly reflect the prevalence of IPV, as 46 percent of IPV victimizations go unreported (U.S. Department of Justice, 2012a). According to a study of the National Institute of Justice and the

Centers of Disease Control and Prevention (Tjaden & Thoennes, 2000), 1 in 4 women and 1 in 7 men will experience domestic violence or IPV in their lifetime.

Participants

Research subjects were healthy adult females (without psychiatric disorders) who participate in group and/or individual counseling at a not-for-profit agency serving victims of family violence in the northeastern United States. Prospective subjects were recruited by the researcher as a purposive sample. The women were asked privately if they would be interested in participating in this study. Volunteers were told that the study aimed to discover some of the factors that affect women's decisions to actively overcome the difficulties of IPV and create safer lives for themselves. They were informed that they would be reporting on events and relationships from childhood to adulthood, including the abusive relationship. Importantly, no mention was made of previous research findings or what the researcher hoped to discover in this study. Such a discussion might have affected the participants' decisions on what to share. No remuneration for participation was offered.

Six adult women participated in this phenomenological study. Their age range is from 23 to 48. In the interests of cultural and racial diversity, the author sought out women of varying skin colors and ethnicities/cultures. Nicole is multiracial and was born and raised in the Caribbean; Wilma is multiracial and was raised partly in the Pacific Islands and partly in the U.S. The other four women were raised exclusively in the northeastern U.S. Jasmine is African-American. Claudia, Lauren and Amy are Caucasian, of European extraction. However, it should be noted that the main relevant characteristic of the subjects for this study is that they have, by their own description, successfully overcome the difficulties of IPV and are living safer lives. Because they

have severed their abusive relationships through divorce, a move, or other final means, and have been living apart from their abusers for at least one year, they no longer consider themselves to be in imminent danger. Four of the women live alone or with family and minor children; two live with a new, non-abusive boyfriend. All are either working full-time, enrolled in college courses, or both.

Procedure

Participants were treated in accordance with American Counseling Association (ACA) research guidelines (2014). When study subjects agreed to participate and returned a signed informed consent document, an interview time was scheduled. A one-on-one interview took place either 1) at the agency offices, 2) at the client's home, or 3) in a location of the subject's choice. Each interview took place over the course of 60 to 90 minutes and consisted of several open-ended questions (listed below) exploring subject's thoughts, feelings and behaviors. Interviews were audio recorded using a digital recording device. The author protected the digital recordings by transferring them to a personal laptop computer, which is password-protected. Once transferred, the original files were deleted from the recording device. The author transcribed each interview into a file on her personal laptop, assigning a pseudonym selected in advance by each participant for herself. A master list matching participants' names and pseudonyms was password-protected on the author's laptop computer. The women's answers to the questions were then coded and organized according to common themes. Participants were informed that they would be provided counseling through the aforementioned domestic violence prevention agency if reporting on adversity brought up any issues they wanted to discuss further with a professional. None of the participants requested a referral.

Focused Interview Guide

The following interview questions were asked, one at a time, in person, to the participants.

- 1) Tell me about your home life when you were growing up. What were meal times like?
How about the holidays?
- 2) How did your family work together at home? Who performed what tasks?
- 3) Who had the power in your home? What did that look like to you?
- 4) How was conflict handled?
- 5) Did you ever feel that things were out of control in your family?
- 6) Tell me about the relationship experiences you have had.
- 7) Tell me about the relationship that brought you to the agency.
- 8) When was the first time you became aware that you did not want to be in this kind of a relationship? What had changed?
- 9) What was a typical day like when you were in the relationship? What is a typical day like now?
- 10) How was it for you to talk to me about this?

Results

The results of this study show several positive relationships between developmental factors, resilience, and the ability to free oneself from the harm of IPV and construct a new life. All of the women in this study independently and unknowingly described personal developmental assets consistent with the eight developmental asset categories published by the

Search Institute (2005). All of the women possessed at least some of the resiliency characteristics identified among urban adolescent mothers living in ecological context of poverty, violence and minority status (Kennedy, 2005). Taken together, these developmental assets and resiliency factors might be considered the “bricks” of new life construction for survivors of IPV.

Common Themes

Common themes recorded from participants’ interviews were coded into the following four categories:

- 1) **Boundaries and expectations:** The establishment at home of rules and acceptable behavior; the values of academic achievement, hard work and religious faith; personal sacrifice and responsibility for the good of the family; respect for elders.
- 2) **Independence:** The entity of a biological mother who kept control over the family and was dominant or equal to the father in power; the sense that women are powerful in their own right; an ability to see oneself in an independent context.
- 3) **Trust:** The presence in childhood of at least one actively involved adult in whom one could confide; the model of a healthy relationship; the willingness to seek support from family or counseling professionals when needed.
- 4) **Insight:** The ability to make meaning and figure things out within the context of the situation. This theme includes the ability to take initiative, and plan ahead to solve problems, which for five of the six women in this study led to an ultimate decision to abstain from alcohol and/or drug use. The use of coping mechanisms can also be related to the development of insight.

These common themes contribute to each woman's subjective reality: her view of what is normal and acceptable. A sample of significant possible resiliency factors are displayed in Table 1 and discussed in this section. Discussion includes both the developmental factors and the realization of resilience in adulthood when IPV was presented and cognitively processed through the lens of what was considered normal and acceptable behavior by each woman.

Boundaries and expectations. In the women studied, this factor appears to be associated with a reality structure that differentiates between, "This is OK," and, "This is not OK." In addition, parental emphasis on hard work and achievement appears to have been internalized into an idealized pattern for a successful life. Ethnic and cultural mores were demonstrated in this category as the women told their stories.

Nicole was raised in the Caribbean by a single mother who had high academic and behavioral expectations for her children. Elders were to be respected; children had their place. Nicole: "If there was a conflict, what I remember is we were not allowed to answer my mother back. We did not grow up that way, to talk back to our parents, so we listened and if there's an apology, you apologize and you don't do it again." So too, academic expectations were set high for Nicole and her brother: "As children, we did not have chores, our major role was to go to school and pass our exams. (My mother) knew what our classes were, she showed up at every parent-teacher meeting, she always took the bus because she didn't drive. She only had a secondary school education...she worked in a garment factory...but she knew how to go through the examination reports and she knew the grades she was expecting and she would ask you, 'What happened in this area?' and you could see the disappointment on her face if the grades weren't up to her standards, and equally you could see that happiness on her face if the grades *were* up to standards. She didn't say, 'You have to go to school to become a doctor, nurse,

lawyer, teacher.’ She just wanted to see As on the report card. She said, ‘Whatever you want to become you can become...you are going to become somebody and you are not going to become pregnant at age 18 (like I did)’...” Nicole’s mother set the bar high and so it was with Nicole. She was employed by the government as a diplomatic secretary following high school and shortly thereafter became an envoy. Perhaps the standards and rules set by her mother were demonstrated in the dating relationships Nicole described prior to her abusive marriage: “I was lonely...I started going out with different persons but I would never take them serious. I would test the man. I'd look at you, and I'd know that I'm just going to date you...I think it's only one person I tried to date seriously and he was a joker so the minute I found out that he was involved with someone else, I said no. I just considered myself...he should have told me before that he had a child. I'm too good for that (kind of treatment).” Years later, when it came to a sudden and disconcerting discovery of her husband’s infidelity while using his computer, Nicole said she knew immediately that the relationship was over for good. “I said, ‘Oh my God, not only is this person very deceitful, he can expose me to so many different things like diseases.’ Based on what I read in the e-mail they weren't having protected sex and that's when I knew I had to confront him.” Nicole moved out of state shortly thereafter without notifying her husband/abuser of her whereabouts.

Boundaries, expectations and responsibility in childhood were described differently by each of the participants. But these factors seem to have served to provide a sense of security, belonging and self-efficacy at a young age.

Amy: “My mother took care of the home; my brother and I, our job according to my parents, was to do school, and do homework and our grades had to be up...And I was always overly concerned about making sure my parents were happy with me. And their praise was so

important to me and so we kind of worked in this system where I knew what my job was because my parents told me. I needed to do well in school and so I wanted to please them and make sure they were proud of me and I was like appalled that my (younger) brother didn't care."

Jasmine: "Back then, we were classed as higher middle-class, we were the first black family to live on the street. We went to Catholic school. We had no abuse. There was no alcohol. My Dad worked B shift constantly, and my mom worked C shift, so someone was always there for me. My sisters were nine and eleven years older than me, so I grew up like an only child...It was strict. I was brought up strict with manners. I was brought up that with an education, you can do anything. When the street lights came on, you had to be home. I could be down the street, around the corner and boy, my nephew and I had to beat the street lights because they would go on one by one coming up to the house and we'd be racing. Because my mother would sit in this chair and we knew once that light hit that chair we'd better be opening up that door or be sitting on that porch. Those were the rules of the house and they were still the rules of the house when my kids were growing up. Even with her great-grands to this day, when those street lights come on, 'You'd better be where I can see you or where I can hear you'."

Amy: "When I was in my teenage years, I was not allowed to date at all. Once I could, my father would have to meet the guy...Growing up, my dad was like a biker guy, so he is covered in tattoos, he's got a pierced ear, he was a different kind of dad than the usual dad...I went out with a few guys, they would come in, they would have to see my father, my father was intimidating, they never came back."

Wilma: "I didn't have any sexual intercourse until I got married cause of my religion. I'm a Catholic. In the (Pacific Islands), guys come to the house if somebody wants to come to court

you; it's an old-fashioned thing. In high school, the guys would come in groups and you don't know which one is suitoring you or not; it's like a fun or friendship thing, it's kind of nice how the culture works there. And you see if you connect with any one of them. And they come to the house and they talk to you in the living room, the family will give you space, and the boys are bringing you flowers or bringing you cake or something and there's no strings attached to them bringing that stuff they're just saying, 'OK, this is what kind of guy I am.' I started dating when I was in college. There's a chaperone if you go on a date. My parents would have an aunt or another couple that would come with me as a chaperone and the guys know it's normal."

To a person, participants said that either one or both parents worked long hours at physically demanding jobs in order to provide for the family. In turn, three of the women recall that they were expected to contribute back to the family, not financially but with responsibility for family members. This might be related to the women's ethnic/cultural ecology, as all three are women of color. Sometimes this required self-sacrifice. Nicole collected her younger brother from school each day and walked him home, where they waited for their mother to come from work. Jasmine had to quit the softball team in order to babysit for her sister's child after school.

Jasmine: "When I was in ninth or tenth grade, I had to race home from school to take care of my nephew. We grew up that our kids don't go to day care. You take care of your family. It's still like that."

Wilma: "I went back (to the Pacific Islands) after my mom came here to the U.S. to get her pension. I was 15 or 16 and I had to stay there to take care of my grandparents so there was somebody to take care of them. With that culture they don't believe in nursing homes, so they like to stay in their houses. They lived to the ripe old age of 89, both of them."

A sense of obligation to the family is not always something that is placed on by the family, but it may have been modeled as part of “the right thing to do.” By no means does this indicate that the results are always beneficial. In the case of Lauren, it seems that an innate sense of responsibility was at work in her decision to marry Mark, a man who had been abusive to her. Lauren: “I met him when I was in high school and he was in college, we both went to the same community college. Then he followed me to my four-year school. That’s when I started making friends and we kind of started arguing a little bit more because I was branching out and he didn’t like it. I had a year there without him, he had graduated and was at home working which is when a lot of the emotional and verbal abuse came out and he showed his true colors. ‘Cause I got called every name in the book. I was away from him enough to see what he was doing to me. But we were already engaged and planning our wedding. So I felt really stuck. I didn’t know what to do. I was going to talk to my mom about it but that was the same day my aunt got really sick, so that put a damper on things. It was like, shove my emotions off and worry about my family more, because that’s who I am...I think I just got that from my mom...Then my aunt passed away, a month before my wedding was supposed to happen. So it was like, ‘Oh, we have this wedding to look forward to, my family can kind of use that like a bounce-off.’ So, I couldn’t really tell anybody how I was feeling or what was going on because I didn’t want to bring down that enjoyment. So I kind of went through with my marriage because I felt like I had to, for my family. I was 20 years old when I got married, he was 23. And that little voice inside me told me, maybe, maybe after this it will get better, maybe after the second ring is on my finger...maybe he would be OK. But it didn’t get any better, it got worse.” Lauren ultimately developed ulcers from the stress and trauma she was under from her abuser/husband. “Every time I was ready, something set me back, like either a family issue or something retracted my mind to think about

something else versus thinking, how do I get out of this? My grandmother died one month after I got married. Once everything bad stopped happening in my family, I said, 'OK, it's my turn.' ” After Mark became physically violent one day, she told him to “get out” of her parents' home where they were living, and he did. But he came back later with some guys and “trashed” their bedroom. Shortly thereafter, Lauren moved to another community a few hours away. She is now enrolled in graduate school, living with a non-abusive boyfriend, and gaining insight: “I'm one of those people: I care more about my family than I do myself...but I've learned that I need to put myself a little higher than that.”

Independence. Each of the six participants was raised under the influence of her own biological mother. Here the question of nature/nurture becomes more complex, as the question could be raised: Was Mom's assertiveness and strength of character passed along through genetics or through modeling a la Bandura (1986)? Independence is related to the view, “I am strong enough to go through this alone.”

Amy was raised in a traditional home with a working father and a stay-at-home mother. Because the family lived within the confines of a mobile home, arguments between her parents were hard to ignore. Amy: “My mother is not one to just sit back and let herself get steamrollered, like she stuck up for herself. Pretty verbally. Like if anything, my mother was more verbally bashing to my father, but he was kind of intimidating and harsh in his words and the way he said them.” This quality seemed to have transferred to Amy in that she held the power in a first dating relationship that lasted several years. Amy was also initially assertive with the man who became her husband/abuser. Amy: “We went to a Christmas party at Pete's job and I didn't know anybody really. So I was in there with him, at his work. And then he was gone, for like 45 minutes to an hour. So I just sat there and when he came back to where I was, he acted

like nothing had happened, and I said, ‘Where were you?’ And he said, ‘Oh, I was in this other building, watching the football game, I was with other guys,’ and I was so upset. I said, ‘You totally should have told me, you didn’t say anything and now you’re gone, and I don’t know where you are, I don’t know anyone here really,’ and he said, ‘Why are you so mad?’: he just totally blew it off, like it’s my problem. So when we got home, I was still upset and I said, ‘I just can’t believe you didn’t say anything and left me there,’ and he just went into a full blown, raging, angry... it was so scary, I actually freaked out. He was right in my face screaming. At the top of his lungs, right in my face. I remember running down the hallway in our apartment, he was right on my heels. And I jumped in our bed and pulled the covers up over my head and I let him just go off like a bomb. And scream like to no end, it was like a crazy maniacal screaming insanity. I don’t know how else to describe it... I’ve never seen anything like that.” Persuaded back into the relationship a few days later with sweet talk and gifts, however, Amy married this man a few months later.

Wilma: “I felt like my mom had the power in the household. She made the decisions because my stepfather did not have the education. With my real father, I felt like he had the control and my mother could not live with all the control that he has. So she divorced him.”

Nicole: “My mother had the power over everything, she controlled *everything*. She was strict but she was strict in a good way. I look at how she treated my brother and it's totally different from how she treated me at the same age because I'm a female. She explained to me, that I was always a tall girl, I matured early and she thought that maybe I would be attracted to men and they would not understand that I am as young as I am...I had strict hours of coming home, strict hours of going out. And now I see it was part of showing me that she cared.”

In some cases, the participant's relationship with her controlling mother was quite distant. This leads the writer to surmise that that resistance to this powerful entity may have paved the way for resistance to the powerfully abusive relationship that would follow in years to come.

Claudia: "My mother definitely ran the house because she was in charge of telling people what to do and when...I can't even tell you why specifically but that was the sense that she was throwing off...She always seemed to be telling everybody what to do, there was always sort of a negative, depressing tone to everything."

Wilma's mother took the control a step further by surprising her daughter with a trip to the Pacific Islands, but not telling her she had a one-way ticket. Wilma: "I felt like I was out of control growing up when my mom did not give me the choice if I wanted to stay in the (Pacific Islands) or be here in the U.S. I was 16. She was worried about me being a teen pregnancy person and I don't think that I was the type of person that would do that because I had a goal in life... But she didn't trust me enough to make the decision for myself, you know? I was crying when she lied to me... she said I was going on vacation and when I got there she said, 'You're staying here'. You know what I mean? I did not have control or even have any say in it ...When I went to college my Mom made the decision for me too. And then she even decided what course I was taking, foreign service...I think I probably would have been good as a teacher or a psychologist."

Jasmine: "My mom had a mouth, she was a yeller. What she said, went. I have a control issue because she controlled me. I would go and ask my father sometimes, 'Can I go skating, can I do this or that?' His words always were, 'Go ask your mother.' She yelled all the time. She just yelled. She put unreal expectations on people and I guess today I'm trying to understand why

and how, because I set the bar high. I'm learning to talk to her today and opening up to her that there were things I was afraid to try a long time ago because I was afraid to fail. And she told me she felt the same way."

Trust. Each of the participants identified one specific adult with whom they felt close, a person to whom they could tell almost anything. For three participants, it was their mothers; another two, their maternal grandmothers; the final one, her father. In agreement with Rutter's (1987) findings, this trusted person listened to them and demonstrated through their behavior that they cared about what was said. These events might have translated into the phenomenological self-view of, "I am worthwhile and valued."

Wilma, a multiracial woman raised partly in the U.S. and partly in the Pacific Islands, faced discrimination in both places as a child. Wilma: "...I did have curly hair and stuff and kids did pick on me 'cause I was different and it hurts my feelings but for some reason in the (Pacific Islands) they didn't know how to handle me. And it was painful for me. I was, 'OK, I'm different here too.' I was different both places and I didn't know where to fit in ...I would go home and tell my grandmother...My grandmother would say, 'Well I love you and it's more important than what they do to you.' So that was kind of it...she was like (a mother to me) really because I was brought up with her, and she was more affectionate...my grandmother was that person who would give me a hug and all that stuff so it was OK to be intimate with her ...and you know she stayed with me when I was sick. She worried about me all the time too."

In the lived experiences of Jasmine, it was her father with whom she was close. Dad assumed the protective, understanding role when she needed him most. Jasmine was gang-raped at age 16 by a group of teen boys she decided to hang out with instead of going to the library.

When she finally arrived home, she was in trouble with Mom for being late. When she revealed to the family what had happened to her, it was Dad who did something for her, she recalled. “He walked me to the bus stop every day after that, and made sure someone was there when I got off. He was like my guardian angel.”

Claudia identified the relationship with her maternal grandmother as affirming and life-giving. Claudia: “So, we would get together (every weekend) with my grandparents on my mom’s side, and my grandmother was my best friend, I talked to her about everything. I loved her, she was *great*...And she would be kind of a buffer, when they would start to pick on me, she would tell them to stop...And she doted on me, which I knew bugged my mother but I didn’t care cause I knew my grandmother loved me...(laughs)... She would call me the princess and my mother would roll her eyes and stuff like that...So I was spoiled by my grandmother which I think made it worse because then my mother got more irritated. Spoiled with love and attention pretty much...she talked about good things about me, and I felt good when I talked to her and I could talk to her about things. So we would go off, they lived in the middle of nowhere so we would go off on a trail somewhere and I’d get to talk to her.”

Amy grew up within an intact nuclear family where the model of a healthy relationship was evident. Amy: “You know my parents argued just like any other couple but they did have trust. I always look back and think about that. That’s how they made it through: neither one of them lied to each other. Ever. And they didn’t have any mistrust or jealousy or anything like that so they had a really solid foundation. So they did argue about little things but it was nothing irreparable that caused damage in any way that was beyond their capacity to maintain.”

When mothers were able to listen like person-centered counselors (Rogers, 1961), their daughters, like Nicole, appear to have developed self-confidence and self-esteem. Nicole: “So it's not like she was telling me, ‘You have to do this, you don't have to do this,’ she was never a mother like that. You could talk to her and she would listen... She had a remarkable ability to think and listen and understand and give you that support ... I think mothers, if you just have that, even if you don't have any money but you support your child, they will be OK. Listen to what they have to do, what they have to say, and let them know, ‘Whatever you do, I'm behind you.’ ”

Amy: “Growing up, any emotional needs that I had to have addressed, I did not go to my dad, I went to my mom, and my mom would keep them to herself. And between her and I we would kind of work through them, she would just kind of deal with the problem, she wouldn't really flip out on me.” Amy's mother continued to be a source of strength and power for her as a young married woman. Pete's behavior got possessive once they were married and he knew she was his, and worsened after Amy announced she was pregnant. Amy: “That's when he had a complete shift from one extreme to the other... I was pregnant, I was no longer appealing in any way, he thought I was disgusting, He was not cool, he said he wanted to have a baby but the reality of it kind of struck him. I was gaining weight, I wasn't interested in going out every weekend. He was still in the mode of when we first met, he was working, he had his money, he had his car, he was doing what he wanted, weekends were party time... and that was not my lifestyle anymore.”

The couple had decided to adopt a traditional marriage, like Amy's parents. Amy: “I spent a lot of time by myself, because he was working and I was not. I would get up early every morning, my job was wake up before him, get his clothing ironed, pack his food, start laundry,

do whatever I needed to do around the house...Clean, I had to clean like I was in the Marine Corps 'cause he would inspect the place, he got nuts. He was OCD and out of the blue he just cut off his meds. He became extreme about cleaning. He would shower three, four times a day. He would inspect corners, the top of the door, like obscure things. And I knew something was really wrong with this man and I begged him to go back on his medication but he wouldn't do it...I knew I had a time frame from when he left the house in the morning till when he got home, and I knew what I had to do, and have it done by the time he got home, in order not to disrupt anything about what he had going on. So I really lived under the scrutiny of, 'What is he going to think, what is he going to say, how is he going to react?'...which became really mind crushing. It was very, very hard to deal with that all the time...and then he ended up becoming a cocaine user. It was like something out of a nightmare. He didn't come home some nights." Amy decided to swallow the stigma, disclose what was going on and reach out for help to the one person she could completely trust. Amy: "And I ended up calling my mom, I started telling her things were not going well, but she had already picked up on the fact that Pete and I were not getting along...so Pete would leave for work in the morning and I would call my mom, she'd come over and she'd do everything, she'd cook, she'd clean, and I would take care of my baby, and she would leave and Pete would come home and everything was done. And I didn't tell him because I had to do what I had to do to survive." When it came to the decision to leave, Amy's own role as mother/caretaker was the impetus. At the time, her daughter was just six weeks old. "He had started getting physical with me right after I had my daughter ... he was slapping me, he was pushing me into a corner with his chest, just backing me up into a corner, he would kick me, whatever it took I guess for him to feel like he had total control. I just think he was miserable and I was focused on the baby and I think he felt slighted a lot by that. So he ended up trying to

choke me, it was (the exact date), on a Sunday. He tried to choke me and then we got into this major physical altercation and then he started threatening to go choke our daughter and she was sleeping upstairs in her crib. And something, like a switch, was flipped in me. I ran upstairs, grabbed our daughter; he was going nuts. I locked us into a bedroom, called my parents, called the police, and that's it. That was how it ended, I just left. I was at the breaking point and it was mainly because it was some threat against my daughter."

Insight. The ability to make meaning within the context of the situation has resulted in various coping mechanisms for the study participants. This is akin to the view of, "I can figure things out." In accordance with the findings of Anderson and Danis (2006), it appears that resilience might have developed from their resistance to powerlessness, as the women created coping strategies such as finding a safe hiding spot when parents were fighting.

Amy: "The conflict was there, I saw it... I felt out of control. I felt a knot in my stomach, I felt like crushed by their arguing a lot, I felt like it was very taxing on me, but I see as an adult now, I see where they were coming from, because I am almost like a peer with them now, I have a child. But as a child, I felt like didn't know how to always resolve the conflict. And my parents didn't quite understand the amount of emotional impact that their arguing had on me...I, um, remember just when I was young, I hung out by myself, I would go into my bedroom and just listen to music. Music was like, a huge distraction for me and a kind of coping mechanism. I would just listen to music in my bedroom and my bedroom was really the only place I could get away from it... I was kind of a girly-girl, I would just play with makeup, do my nails and I would pretend to draw things. I drew all kinds of rainbows and fairies and I'd listen to music. I just escaped through whatever I could, in that little space by myself."

The ability to remove oneself from a frightening parent might also be seen as an act of insight leading to resilience. Wilma: “One time when I was 12, I said, ‘I want to get to know my father,’ so my mom sent me to (the city where he lived). The first thing he did, he asked me what I wanted to eat. I was staying with my aunt, his sister, and he took me out and I said I wanted to eat at McDonald's, but he wanted to eat at Burger King or something like that. I was crying because I thought I could get to choose where I wanted to eat. But he got me what he wanted to get me. And I had to pay for it with my own money. I was 12. And then he took out his belt and he spanked me so hard. I was like, ‘Oh my God.’ I called my mom and said, ‘I don't want to stay here anymore’ ...So I never met with him after that on that visit, I only met him once. He wasn't really a nice person. I was able to control my limit of being with him (later on also). I said, ‘I do not want to be alone with him,’ so if he came to visit me, he'd come to visit me over at my cousin's house.”

Once the women realized what was going on in their lives, they began to plan an escape, which in and of itself was empowering and affirming of the woman's separate identity.

Amy: “...I knew things were bad... he had to go on a business trip in February, and it was December and I started thinking, hmm, he will be gone for a week, that's the time I should leave. So I started packing receipts and papers and anything with my name on it into a separate little folder and I hid it from him and I took clothing to my parents. It was a loose plan, not even something definite, just something I could focus on.”

Nicole: “The day I left, I packed all of my clothes and papers while he was at work. And I put the suitcases up against the door so that I would hear him if he opened the door to try and come into the bedroom.”

A common ability among the participants, in childhood and in adulthood, to see oneself in a different context than the family of origin was also noted.. This ability has been identified as an adaptive coping mechanism that decreases the time it takes to develop insight, thus leading to resiliency (Clauss-Ehlers, 2008). In the case of Claudia, the emotional abuse in marriage carried on for 23 years, much longer than in the relationships of the other study participants. In Claudia's construction of reality, arguing and verbal fighting were initially within the boundaries of a normal relationship due to her ecological context of witnessing family fights and arguments, particularly when alcohol was being consumed. However as a teen-ager she possessed adaptive coping mechanisms which led to insight. She had a feeling that she was different from the rest of her nuclear family. Claudia: "I would just go to my room all the time when things were unpleasant or (my family) would even to the point of, mock me, make fun of me. And say things like, 'Oh, she's going to run off to her room again' and then I *would* because they were making fun of me, um, tell me I'm too angry all the time and stuff like that. I thought I was a normal teen-ager, but I got all these messages from them that, 'No, you're too angry, you're too this, too that,' so I just went to my room, isolated myself."

Claudia married her husband at age 23 in order to get away from her emotionally abusive family. Although she was able to maintain a relatively stable and safe life for herself and her two children while still in the relationship, the scars of emotional abuse were too much for her to handle alone once she ended the relationship. Claudia had accessed professional counseling in the past; she knew she needed counseling now. Working through therapies specific to survivors of trauma and PTSD, she has been able to figure out what happened to her which has greatly aided the healing process. Claudia: "I thought once I left, things would be all better but it really wasn't because I had so much self-blame and so much guilt that it was really hard for a long

time. I'm still working on it. I've been going to the classes at (the agency), doing some stuff on my own, reading books, just trying to improve my emotional well-being. So, that's like a part time job for me. And I think that's why I've been able to come through it."

Significantly, abstinence from alcohol and other substances is also associated with the resilience of the participants. None of them were drinking or using drugs while the abusive relationship was ongoing or when they made the decision to end it. Lauren: "When I met Mark, he asked me not to drink to kind of help him out because he didn't want to be drinking himself...he thought he kind of had a problem...So I never drank the whole time I was with him (ages 15 to 21)." Now that she is free of her abuser, Lauren occasionally enjoys drinks in the company of friends. However, none of the remaining five participants currently use alcohol or drugs to cope with the aftermath of their abuse; conversely, they made a conscious decision to abstain. Jasmine, a former crack cocaine addict, has been free of drugs for 11 years. Jasmine: "I got clean at the right time...I was able to see more clearly what was happening to me (in my abusive relationship). Now I am remembering to take my inventory every day, remembering that serenity prayer that I'm so proud of. I can't change anybody today, I can only change myself."

Religious beliefs initially had a limiting effect on the participants' decision-making process, because they were hindered by the tenet that they had to make the marriage work and keep the family together. All four of the women who mentioned religion are Catholic and were concerned about violating the rules of the church. However, their faith in God and in the church as an institution was not destroyed after making the decision to leave their abusive partners. The women view their faith as a living, vibrant connection to a God that cares for them and loves them, whether or not they are divorced.

Wilma: “Today, I meditate mostly on the miracles that happen in life, on God's mercy. I was brought up that the rosary is part of the mystery of God. Praying the rosary and going to Mass help me to heal and be strong.”

Jasmine: “Something just came over me, in a meeting. Psalm 51, for forgiveness. I had to forgive. Remembering in Job, where God took everything. I have to surrender (to God) and accept. I have a guardian angel, who is my father. I have my faith, and I know He has a plan for me.”

Discussion

Some 50 years since it came out into the open via women's consciousness-raising groups, the problem of IPV remains an immense private and public health concern. Legislation in the form of the federal VAWA and state/local statutes has helped provide services and coordinate aftercare, but a sense of stigma remains for the survivor. IPV is associated with debilitation in many women's lives, as evidenced by the co-occurrence of PTSD, substance abuse, and anxiety in this population. However, some women are able to eventually overcome the difficulties of abuse and create safer situations for themselves. Subjective reality (phenomenology) is crucial here as a woman strives to process and survive her experiences. The ecological context in which she is raised is only the beginning, however, of her possibilities for resilience, as individuals can continue to develop personality and behavior at all stages of the lifespan in accordance with feminist theory. Developmental assets might first be utilized as coping mechanisms in childhood and beyond, but later can emerge as resiliency factors because they provide the inner resources to be drawn on in times of adversity, environmental stress or personal trauma. Each individual has

the right to make an informed choice to stay or to leave a relationship, and resilient women like those in the current study seem to be better able to arrive at those decisions.

Suggestions for Implementation of Findings

In accordance with feminist therapy, individuals can continue to develop personality and behavior at all stages of the lifespan, therefore implementation of the current findings might serve to improve counseling services for women attempting to free themselves. Specifically, the addition of substance abuse counseling within domestic violence prevention/treatment agencies and shelters might provide individuals with resiliency skills, support, and strength to get clean for good. In contrast to the social-work/medical model approach, IPV survivors are initially more in need of the secure relationship component of counseling which offers the presence of a trusted person. Survivors' sociocultural contexts, lived experiences and mental processes must be incorporated into any decisions that need to be made: there is naturally a risk of regression and/or re-traumatization if women's decisions are made for them. Counseling must be focused on personal strengths and insights of the survivor if it is to be effective, especially after incidents of IPV when women are often at their lowest point physically and emotionally. Using person-centered, trauma-informed therapy, counselors can assist in identifying personal boundaries and goals, solving problems, and planning for future while not taking those processes over themselves. Counseling is about the client's past, present and future; not about the counselor's feelings or thoughts about the client's choices or behavior. It must be person-centered, non-judgmental, and trauma-informed.

Limitations of this study

This phenomenological study was conducted on a small number of women (six), therefore its findings although having reached the saturation level might not be generalizable. The women described themselves as having overcome the difficulties of IPV; therefore the existence of resilience was assumed as a baseline. Individual differences and/or cultural contexts, however, might have accounted for the participants' behavior when faced with the stress and trauma of IPV. Instruments measuring resilience were not used, although they could be utilized in the future to create a mixed methods approach to the subject of IPV and resilience. Although care was taken to include women of different skin colors and ethnicities/cultures, the current findings might not be applicable for all diverse populations.

Suggestions for future research

Future research is needed in order that factors of resilience might be understood more completely in the phenomenology of IPV and DV survivors. Studies on survivors of IPV would do well to use an updated instrument of resilience such as the Cultural Resilience Measure (Clauss-Ehlers, 2008). The CRM offers specific data in regards to global coping, adaptive coping, maladaptive coping, and sociocultural support. Research results would provide professional counselors and specific answers on how the woman has historically negotiated stress within her sociocultural context. Treatment can then be tailored more effectively towards each woman's phenomenology as she transitions from victim to survivor.

FACTORS OF FREEDOM

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Table 1: Presence (+) of possible resiliency factors in women who are no longer experiencing intimate partner violence (IPV).

Participant pseudonym	Trusted person in childhood	Boundaries & expectations at home	Independent stance	Insight & ability to solve problems	Straight-edge stance on alcohol & drugs	Entity of powerful mother
Claudia	+		+	+	+	+
Amy	+	+		+	+	+
Wilma	+	+		+	+	+
Nicole	+	+	+	+	+	+
Jasmine	+	+	+		+	+
Lauren	+	+	+	+		+

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