

2016

Navigating new relationships during recovery from intimate partner violence: A phenomenological investigation of female survivors' experiences

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NAVIGATING NEW RELATIONSHIPS DURING RECOVERY FROM INTIMATE
PARTNER VIOLENCE: A PHENOMENOLOGICAL INVESTIGATION OF FEMALE
SURVIVORS' EXPERIENCES

by

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A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in the Department of Child, Family, and Community Sciences
in the College of Education and Human Performance
at the University of Central Florida
Orlando, Florida

Spring Term
2016

Major Professor
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This dissertation is dedicated in loving memory of David Flasz and Alicja Henenberg, true fighters and survivors who have taught me about love, life, and never giving up.

This dissertation is also dedicated to my incredible family, Peter, Alicja, Nicole, and Olivia, and my grandmother Anna, who have been by my side and supported and encouraged me throughout my life.

Words cannot describe how fortunate I am and how much you mean to me.

ABSTRACT

Much of the extant literature on intimate partner violence (IPV) centers on immediate needs and crisis interventions for victims and survivors, and limited emphasis is placed on the long-term recovery process. Researchers have identified post-IPV romantic relationships as a topic in need of further investigation, but to date, little to no research has focused on romantic relationships post-IPV. The present investigation provides a thorough literature review on the topic of recovery from IPV, introduces a phenomenological investigation of survivors' experiences of considering or navigating new relationships during recovery from intimate partner violence, and discusses findings and implications for counselors and counselor educators. Research questions and sub-questions included, (1) What are the lived experiences of female survivors of IPV who are considering or navigating new intimate relationships, and (1a) What are the helping and hindering experiences of considering or navigating new intimate relationships?

A phenomenological research methodology was utilized to answer the research questions. Interviews with 10 participants were the primary data collection source. Data analysis procedures followed recommendations by Moustakas (1994) and Colaizzi (1978). Research findings suggest that survivors engage in internal and psychological experiences as well as social and interpersonal experiences as they consider or navigate new relationships post-IPV. Internal and psychological experiences consisted of the following themes: (a) Reclaiming self through dating experiences, (b) Learning to trust self, (c) Difficulty trusting new partners, and (d) Facing other fears of dating. Interpersonal and social experiences consisted of (a) Exploring dating with new partners,

(b) Sexual exploration as part of navigating new partners (c) Negotiating boundaries and use of control with new partners, (d) Communication and support of new partner, (e) Modeling of healthy relationships by others, and (f) Caring for and protecting children.

ACKNOWLEDGMENTS

I want to first acknowledge my Chair and mentor, Dr. E.H. Mike Robinson. Over the past three years, you have taken me under your wing, provided me with countless of opportunities, and taught me what it means to be a teacher, researcher, and advocate. I can think of few individuals who are as caring, wise, and selfless as you are and who have made as much of a difference in the lives of others as you have. Your support and guidance have allowed me to grow and become not only a better counselor educator but a better person. I cannot imagine what this journey would have been without you, and I'm grateful I'll never have to.

I want to thank my committee member and mentor, Dr. David Boote, for your unwavering support. From the moment I stepped foot into my first qualitative research course with you, I have been growing and developing as a researcher and individual. I have rarely laughed as much or felt more "at-home" in a class and with a professor as I have with you. You value candidness, transparency, and openness, and your utmost respect and care for your students is unmistakable. I am grateful for the innumerable hours of advising and mentorship you have provided not only in the dissertation process, but throughout the program. I am grateful to have you as my mentor.

I want to thank my committee member and long-time mentor, Dr. Christine Murray, for all that you have done for me. Without you, I would never have gotten involved with research and probably never pursued my Ph. D. You gave me a chance when I least expected it and when I did not think I had much to offer. You mentored me

in research and helped me find my place in the counselor education profession. You have encouraged my ideas and my research, even when I did not believe in them myself.

Christine, I cannot put into words how much your encouragement and mentorship has meant and what a difference it has made in my life. I also want to acknowledge the incredible work you are doing in the family violence field, and the advocacy you embody. Through research, teaching, mentorship, collaborations, and immense service, you not only have a true passion for what you do, but your passion comes to life and makes a difference in the world. You are my inspiration.

I want to thank my committee members Dr. K. Dayle Jones and Dr. Matthew Munyon who supported and encouraged me when my dissertation was only a vague idea. Dr. Jones, you have an incredible way of making ideas come to life, and your honesty, feedback, and continuous support were paramount in making this dissertation happen. I have deeply appreciated your guidance, not only in this process, but throughout the program. Because of you, I am a better supervisor and writer, and I feel like I'm always learning from you. Dr. Munyon, you radiate love, support, and wisdom, and I am so glad our paths crossed in this dissertation process. You helped me brainstorm and formulate a clear path toward my comprehensive exams and dissertation, and your strong belief in my idea and my work has served as a motivating factor throughout the process.

I also want to acknowledge and thank Dr. Glenn Lambie for your continuous support throughout my time in the program. I have deeply valued our impromptu meetings and conversations, your extensive feedback and support for me and your students, and your help with my dissertation. Your humor and candidness are refreshing

and your wisdom has always pushed me to view things from new perspectives. Thank you for everything.

I want to thank Courtney Fyvolent and Katie Yurcisin, the incredible bright master's students who helped me with the data analysis of this dissertation. Courtney, I have known you since you and I both started our respective programs at UCF in 2013, and I am so grateful that I've had the chance to continuously work with you throughout this time. Your passion for family violence work and your diligence and dedication to every project you embark on is inspiring and has helped bring to life the research of my dissertation. I am so excited to see where your journey will take you, because I know it will be bright and fruitful. Katie, you have so much passion and care for others, and I am so grateful for your help with this dissertation and for the collaborations we have had. I know you will go far.

I want to acknowledge and thank my family: my dad, Peter; my mom, Alicja; and my sisters, Nicole and Olivia. To attempt to find words to describe my love and gratefulness for you is fruitless, but I'll try. I thank my lucky stars every day that you are my family and that we have the strong unfaltering bond that we have. Mom and dad, your constant push for your children to live up to their potentials and your selfless support and love for us is unrivaled. You have always served as role models of the important things in life and of unconditional love and support. Olli and Nicki, you are my rocks, and I don't know what I would do without you. They say people who have a sister in their lives are happier and healthier, and I am blessed to have two. Olli, I also want to thank you for

your hard work of editing of my dissertation. It was no easy feat and you helped me immensely. I love you all so much.

I also want to thank Joe. You have been there throughout my Ph. D. journey to celebrate with me when things went well, and support and push me when I did not think I would make it through. You are an incredible person with a unique experience and view of life, and I'm forever thankful you are in my life.

I want to acknowledge my cohort, the UN, for the times we shared together. We have cried and laughed, and I have grown as a person because of each and every one of you. It's been an honor to share this journey. I most importantly want to thank Zach. You are my cohort rock, and I have always been able to count on you. You are one of the most caring, reliable, and resilient people I know, and your support has meant the world to me. From the day we interviewed together in TA 420 on Valentine's Day 2013 to the moment we sat in that very room after we both passed our dissertation defenses, allowing things to come full-circle (which you love so much), we have shared a special bond that I hope we will continue to share as we start the next chapter in our lives (and many more).

I also want to thank the Orlando Jewish community and the many, many friends I've made there in the past couple of years. You have helped keep me sane and grounded and have allowed me to connect to something beautiful.

This dissertation would not have been possible without the participants who shared their stories. It is difficult to find the words to explain how sacred these interviews were for me. You shared with me a deep and personal part of your journeys and your

stories will forever live on, both on the pages of this study, but also in the hearts and minds of those who read it and are impacted by your experiences. I am humbled to have heard your stories, and I am grateful and inspired by your strengths and perseverance.

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CHAPTER ONE: INTRODUCTION

Intimate partner violence (IPV) is defined as any form of physical, sexual, emotional, verbal, financial, or psychological violence by a current or former intimate partner (Murray & Graves, 2012), and affects about half of all American women at some point in their lives (Center for Disease Control [CDC], 2015). Despite this figure, counselors are unprepared to work with victims and survivors of IPV and often do not understand or have knowledge in best-practice protocols (Bozorg-Omid, 2007). The research on IPV exists primarily in journals of social work, psychology, and nursing, and is all but absent in the counseling literature. In this regard, researchers have focused extensively on the negative effects of IPV, crisis interventions, and the dynamics surrounding IPV; however, to date, the long-term recovery process of survivors is insufficiently understood, especially through a counseling lens (e.g., Lewis, Henriksen Jr., & Watts, 2015; Murray & Graves, 2012). Additionally, while IPV occurs within the context of an intimate relationship, no research has been found that specifically examines the consequent relationship-formation process of survivors, post IPV.

Statement of the Problem

Survivors of IPV face a myriad of challenges after leaving abusive partners. These challenges include Post-Traumatic Stress Disorder (PTSD) (e.g., Bergman & Brismar 1991), depression (e.g., Mechanic, Weaver, & Resick, 2008), substance abuse (e.g., Kaysen, Dillworth, Simpson, Waldrop, Larimer, & Resick, 2007), negative financial consequences (e.g., Voth Schrag, 2015), negative physical and mental health

outcomes (e.g., Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith, 2002), and social stigma (Crowe & Murray, 2015). While the literature on IPV recovery is beginning to grow, the emphasis is still largely placed on the negative effects of IPV and how to *avoid* consequent abuse, rather than *how to form* new healthy relationships, how to use one's strengths to navigate new relationships, or what to expect navigating new relationships. Little focus is placed on the recovery that IPV survivors do make and how their resilience and strength helps them create positive, non-violent lives (Flasch, Murray, & Crowe, 2015; Lewis, Henriksen Jr., & Watts, 2015). While some studies have explored the recovery process of survivors of IPV (e.g., Allen & Wozniak, 2011; Flasch, Murray, & Crowe, 2015; Hou, Ko, Shu, 2013), no study was found that specifically examined the post-IPV relationship-formation and navigation process.

The literature on wellness (e.g., Granello, 2013) clearly posits that individuals in healthy intimate relationships are likely to reap benefits in positive physical health, have increased coping skills, report better life satisfaction, and report decreased symptoms of depression, stress, and anxiety (Kawachi & Berkman, 2001; Myers, 2000). Additionally, negative romantic relationships have severe adverse effects on health, including the decline of physical health and increased psychological distress (Umberson, Williams, Powers, Lui, & Needham, 2006). Still, research on attachment (Bowlby, 1953), and specifically adult attachment (Hazan & Shaver, 1987), supports the premise that individuals innately seek to attach to a partner in the same way that infants seek to attach to their caregivers for safety, security, and to have their basic needs met. From the limited research on navigating new relationships post-IPV, researchers have found evidence that

most survivors of IPV do, in fact, continue to date and navigate new relationships after leaving their abuser for good, but face grave challenges and confusion in this process, such as difficulty trusting men and being hyper-vigilant of abuse signs (e.g., Lewis, Henriksen Jr., & Watts, 2015). Since no study was identified in the literature which examined lesbian, gay, bisexual or transgender (LGBT) persons, researchers' previous findings of navigating new relationships post-IPV highlight those of heterosexual female survivors'. Outside the aforementioned findings, little else is understood about the post-IPV relationship navigation process.

IPV is a complex and multifaceted social and personal issue that as many as half of all women and at least 7% of men encounter at some point in their lives (CDC, 2003). While 90% of counselors receive some training on the topic of IPV, only half do so as part of the curriculum of their Master's programs, and 78% rate their training as inadequate (Bozorg-Omid, 2007). In fact, Bozorg-Omid (2007) found that 66% of counselors were incorrect in their knowledge of state standards for IPV treatment, which is an alarming rate, as half of all women in the United States have at some point experienced IPV, many of whom will likely be clients in counseling settings. Thus, it is essential that counselors be prepared to work with both victims and survivors of IPV through the long-term process of recovery. Further, it is critical that counselor preparation programs adequately prepare their students for working with a population that most of them will encounter at some point, specifically as survivors of IPV in long-term recovery may be more likely to be found in private practice settings rather than in crisis IPV agencies.

Traditional interventions with IPV victims and survivors are typically short term, shelter/agency-based and crisis-oriented where the outcome of “success” often lacks a clear definition (Burke et al., 2001; Brown, 1997; Ham-Rowbottom, et al., 2005; Wathen & MacMillan, 2003; Zink & Putnam 2005). In fact, up to 75% of women who received extensive emergency or transitional living shelter continued to exhibit signs of depression, trauma, and life dissatisfaction (Ham-Rowbottom et al., 2005). One director of an IPV shelter facility stated, “Women leave here better, but they don’t leave here healed—they aren’t happy, or goal directed or feeling empowered” (Marzey, 2007). In short, the healing process has just begun but the roadmap for creating a new life and new relationships has not been drawn.

Furthermore, much of the research in the literature focuses on crisis intervention and fails to emphasize the recovery made by many individuals. While crisis intervention and immediate needs indeed have an important place in the literature (Catallo, Ciliska, & MacMillan, 2012; Steinus & Veysey, 2015; Wosniak & Allen, 2011), what happens *after* the abuse ends is essential to understand, in order to properly inform treatment, help survivors recover, and potentially minimize the risk of returning to IPV relationships and further victimization. Many interventions aimed at helping IPV victims are in accordance with Prochaska and DiClemente’s (1982) Transtheoretical Model of Change ([TTM]; e.g., Burke et al., 2001; Brown, 1997; Chang, Dado, Ashton, Hawker, Cluss, Buranosky, & Scholle, 2006; Ham- Rowbottom, Gordon, Jarvis, & Novaco, 2005; Prochaska & DiClemente, 1982; Prochaska & Velicer, 1997; Prochaska, Norcross, & DiClemente,

1994; Prochaska, DiClemente, & Norcross, 1991; Wathen & MacMillan, 2003; Zink & Putnam 2005).

In the TTM, interventions are tailored to an individual's motivation and readiness to change, based on the stages of change (Alexander, Tracy, Radek, & Koverola, 2009; Frasier, et al, 2001; Shorey, Tirone, Nathanson, Handsel, & Rhatigan, 2013). The stages in the TTM include (a) pre-contemplation, (b) contemplation, (c) preparation, (d) action, (e) maintenance, and (f) termination, and interventions vary depending on where the client is in his or her change process.

While the TTM is a valid model in crisis situations, such as when the victim is still with the abuser, or immediately after the victim has left an IPV relationship (Catallo, Ciliska, & MacMillan, 2012), the problem with applying the TTM to long-term victims and survivors of IPV is that treatment often ends with "maintenance" or "management" of the abuse experience. That is, rather than providing holistic and integrative perspectives that incorporate recovery as a life change, the model focuses on preventing the return to abusive situations. Consequently, while survivors may eventually be free from abusive relationships and no longer show overt physical manifestations or psychological symptoms of trauma, they may not have an integrated or incorporated recovery process (Evans & Lindsay, 2008) where focus is placed on reclaiming the self (Wuest, & Merritt-Gray, 2001). Further, they often define themselves relative to their experience with violence, identifying themselves as a "victim" or at best "survivor" of abuse, rather than reclaiming a new or recovered identity (Abraham, 2007). While the TTM serves an important purpose in working with immediate victims and survivors of

IPV, it thus lacks in addressing long-term recovery that is still needed in the IPV literature. Little is yet known about specific challenges facing survivors of IPV as they recover long-term, and even less is known about how they navigate new intimate relationships, given that, as mentioned above, much of the focus in the literature is focused on *not returning* to the abuser. In fact, treatment and counseling options for long-term survivors are limited and presently needed in the field.

It is well known that IPV negatively affects individuals for years after the abuse (e.g., Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith, 2002). Nonetheless, survivors of IPV are able to prosper and establish healthy, non-violent lives, although more research is required to better understand the unique processes. Since research supports the link between healthy relationships and wellness, and since survivors of IPV do navigate the dating world post-abuse, it is important to understand the specific processes, challenges, and successes that they face. Better understanding of how survivors of IPV navigate new relationships post-abuse will help counselors prepare for treatment with survivors and their non-abusive partners to meet their unique needs. It will also help survivors gain a better idea of what they may expect after leaving their abusive partners, and will help them prepare for the long-term recovery journey.

Purpose of the Study

While the literature on IPV recovery is beginning to grow, no study has been identified that specifically examines the relationship-formation process post-IPV. This study seeks to better understand the unique lived experiences of survivors of IPV who

have considered or navigated new relationships post-IPV. This is done in an effort to close a major gap in the literature, to examine an important aspect of the recovery process, and to provide a framework for viewing post-IPV relationship-formation for survivors and for their counselors.

Theoretical Framework

Choosing a research tradition, or methodology, to frame one's qualitative study is comparable to choosing a theoretical orientation in working with clients (Hays & Wood, 2011). One of the reasons for this is that a research tradition (a) serves as a philosophical guide in research-based decision-making, (b) allows researchers to select an appropriate design for their research questions, and (c) increases trustworthiness (i.e., validity; Klein, 2008). Thus, in qualitative research, the theoretical underpinning of a study is drawn from the methodology that best answers the research questions. The present study will employ a phenomenological research methodology to get to the heart of the "lived experiences" (Creswell, 2013, p. 76) of the participants. In other words, a goal of phenomenology is to "grasp 'what' something is" and to get to the "essence" of the experience of a phenomenon (Wertz, 2005, p. 168).

In the 1930s, Husserl first created what we know as phenomenological research methodology. He was concerned with understanding the lived experiences, or the *Liebenswelt* ("lived world"), of individuals (Husserl, 1954; 1962). In the context of IPV and understanding survivors' unique experiences, it is essential for researchers to create a safe environment, respect the safety and confidentiality of the participants, and create a

respectful human connection with those involved in the research (Murray, Ong, Hall-Smith, Foreman, Akers, Flasch, Johnson-Hostler, Przewoznik, Guerrero, & Dooley, 2015). Creating a safe space for a survivor to tell her or his story is thus essential and can be utilized within the close researcher-participant relationship in phenomenological methodology. The present study will explore recovery experiences of women who are navigating new relationships post-IPV. Hearing their stories thus becomes essential to understanding the depth of their experiences.

Research Questions

In light of the literature and focus of the current study, the following research questions and sub-questions were identified: (1) What are the lived experiences of female survivors of IPV who are considering or navigating new intimate relationships, and (1a) What are the helping and hindering experiences of considering or navigating new intimate relationships?

Study Design

The design of the study was a hermeneutic phenomenological research methodology, which aims to examine the lived experiences of individuals as they pertain to a shared phenomenon (Hays & Wood, 2011). Data was collected and analyzed per phenomenological methodology recommendations (Moustakas, 1994; Colaizzi, 1978). The researcher was granted approval by the institutional review board at the University of Central Florida. The researcher recruited participants from various community

organizations, snowball sampling, and via electronic means. Participants included 10 female survivors of IPV who had considered or navigated new relationships post-IPV. Interviews lasted between 45 minutes and 2 hours, with most interviews lasting between 1.25 and 1.5 hours. All interviews took place face-to-face. The researcher traveled to three states in Eastern United States to collect the data. All interviews were audio recorded and transcribed by the researcher and two research assistants. Data was analyzed using the aforementioned data analysis methods. Findings are reported in chapter four of this dissertation.

Assumptions

The researcher assumed that all participants met the following required study criteria: (a) identified as female, (b) had left an abusive relationship at least two years ago, (c) were at least 21 years of age, and (d) had considered or navigated new relationships post-IPV. The researcher also assumed that consented participants were aware of the study procedures and efforts to maintain confidentiality and privacy. Finally, assumptions were made by the researcher that all participants were willing and comfortable to openly and candidly discuss their experiences of navigating new relationships post-IPV with the researcher, based on their approval of the informed consent and response to recruitment.

Definitions

Intimate Partner Violence

Intimate partner violence (IPV) is defined as any form of physical, sexual, emotional, verbal, financial, or psychological violence by a current or former intimate partner (Murray & Graves, 2012). About 30% of women have, at some point in their lives, been victims of sexual or physical assault by an intimate partner (Center for Disease Control [CDC], 2015), and half of all women will experience some form of physical abuse within an intimate relationship. Although in smaller numbers, men make up about 7% of victims in IPV relationships where there is a female perpetrator and male victim. In same-sex relationships (both for males and females), IPV affects about 30% of individuals (National Coalition Against Domestic Violence [NCADV], 2015). IPV occurs in a relationship where power and control is used to dominate and submit a victim (Tjaden & Thoennes, 2000) and to instill fear in the abused partner (Domestic Abuse Intervention Project [DAIP], 2011). IPV is carried out by the perpetrating partner through a variety of methods, including threats, intimidation, isolation, the use of children, coercion, emotional abuse, and sexual and physical violence (NCADV, 2015; Pence & Paymar, 1993). This process typically occurs over time, where physical violence often does not occur until further on in the relationship.

Physical Violence

Physical abuse is defined as “behaviors that threaten, attempt, or actually inflict physical harm” (Tjaden & Thonnes, 2000, p. 16). These behaviors include anything from

pushing, shoving, and restricting movement to punching, strangling, slapping, and using a gun. Physical violence ranges in severity and intensity based on the level of aggressiveness, frequency, intensity, and harm caused (Murray & Graves, 2012).

Sexual Violence

Sexual violence refers to the use of sexual coercion or force where the perpetrator attempts to engage the victim in sexual activities without the victim's consent (Murray & Graves, 2012; Tjaden & Thonnes, 2000). These behaviors can be related to pornography, sexual activities with objects or animals, forced prostitution, and coerced sexual acts.

Emotional, Psychological, and Verbal Violence

Emotional and psychological violence may be used interchangeably due to the overlapping nature of the two forms (Murray & Crowe, 2012). They refer to non-physical violence used by the perpetrator to instill fear and break down a victim's self-esteem and self-efficacy (O'Leary, 1999). These forms may include aggression, intimidation, threats, subjugation, isolation, domination, and control of the victim (Jacobson & Gottman, 1998). It also includes, among other forms, the perpetrator's use of control of a victim's time and activities, jealousy, selfishness, entitlement, stalking, harassment, written threats, nonconsensual communication, view of the victim as property, criticizing, ignoring, and making accusations (Jacobson & Gottman, 1998; Tjaden & Thonnes, 2000). Verbal abuse includes name calling and degradation and is also a form of psychological and emotional abuse.

Financial/Economic Abuse

Economic or financial abuse is when a perpetrator engages in “limiting, destroying, and controlling a woman’s access to economic resources and preventing her participation in the economic life and decisions of the family” (Adams, Sullivan, Bybee, & Greeson, 2008; Sanders & Schnabel, 2006, as cited in Voth Schrag, 2015, p. 343).

Some of the tactics used by perpetrators of financial abuse include sabotaging the victim’s finances and credit, stealing or controlling all finances, or negatively impacting employment or educational opportunities, such as access to work or schooling, or causing problems for the victim in her or his place of employment (Sanders & Schnabel, 2006; Voth Schrag, 2015).

Types of IPV

In the literature, three distinct forms of IPV are recognized, and it is important to understand the distinction between the various types. One type of IPV is known as *situational couple violence* (Johnson, 2008; Johnson, 2009; Johnson & Leone, 2005), during which violent incidents are limited to specific conflict situations and do not occur within a power and control dynamic where one partner has control over the other (Murray & Graves, 2012). Rather, situational couple violence generally reflects poor conflict resolution skills in a relationship. While situational couple violence may be severe and cause damage and distress in a relationship, there is generally not an overarching element of fear, power, and control, which is present in battering. *Battering*, or *intimate partner terrorism*, on the other hand, occurs within a power and control dynamic where one

partner has control over the other (Johnson, 2008). A third type of IPV is known as *violent resistance*, and is marked by victims fighting back against the abuse they have been subjected to (Johnson, 2008).

Dynamic patterns of IPV

In addition to types of IPV, researchers (e.g., Burge, Katerndahl, Wood, Becho, Ferrer, & Talamantes, 2015) have identified various dynamic patterns of violence that characterize abusive relationships. These patterns are described as *periodic*, *chaotic*, or *random*, each with various traits and manifested abuse dynamics.

The *periodic* pattern of IPV includes the *cycle of violence* model (Walker, 1979), which highlights the predictable, or cyclical, nature of IPV, and consists of three distinct stages: (a) *tension building*, where the victim ‘walks on eggshells’ in anticipation of the violent incident, (b) *explosion*, which signifies the violent incident, and (c) the *honeymoon phase*, where the abuser apologizes and makes promises of discontinued violence. The cycle then resumes with the tension-building phase, because the abuser is unable to sustain the honeymoon behavior for longer periods of time (NCADV, 2015; Walker, 1979). In the periodic pattern, events and outcomes are also said to be highly correlated, adding to the predictable nature of the abuse dynamics. For instance, in their study, Burge and colleagues (2015) provide an example of a male abuser going out drinking with his friends on payday, spending half his paycheck, and coming home that night ready for a fight with his partner.

The *chaotic* pattern of IPV is also characterized by repeated and constant patterns; however, the predictability of the abuse is only moderate. What may set off an abuser one day may not set him or her off the next. *Chaotic* dynamics is likely the home of situational couple violence, and can include mutual partner violence. In fact, family systems theory may help explain some of the dynamics of *chaotic* patterns of IPV (Giles-Sims, 1983; Ward, 1995).

The *random pattern* of abuse can be characterized by the constant force of power and control dynamics without the predictability of the *periodic* pattern. The Duluth Model of IPV is an example of this type of pattern, and is characterized by various forms of abuse centered on power and control (Pence, & Paymar, 1993). The *power and control wheel* is an illustration of the Duluth Model and consists of eight types of nonviolent forms of abuse that exist within a framework of physical abuse, power, and control. These include coercion, intimidation, emotional abuse, isolation, denying, using children, male privilege, and economic control.

Perpetrators, Survivors, and Victims of IPV

In the IPV literature, the term perpetrator, abuser, or batterer is used to describe individuals who perpetrate IPV. *Victim* is used to describe individuals who are currently in an IPV situation, whereas *survivor* is used to describe individuals who have left an abusive partner or who have experienced IPV in the past (Murray & Graves, 2012). While this terminology is not encompassing of the experience of individuals who have

experienced IPV, it helps to distinguish between those who are currently in IPV situations and those whose experiences are in the past.

Several researchers have suggested that using the term victim and survivor may be stigmatizing and even perpetuate the identification of an individual in relation to their IPV experience rather than as a unique and autonomous individual (Abraham, 2007; Wuest & Merritt-Gray, 2001). In fact, to honor participants' varying self-definitions, Abraham (2007) uses the term *women who experience domestic violence* in her work, arguing that "the women who talked to me saw themselves first and foremost as individuals with their own views on who and what they were – views which might change from day to day" (p. 15). It is thus important to consider the varying terminology and the effects that labels may have on individuals. For the purpose of this paper, the author will use the terms perpetrator, victim, and survivor, according to the aforementioned definitions, in order to maintain clarity and conciseness.

Organization of this Dissertation

This dissertation is organized in the following way: Chapter two includes a literature review which aims to (a) familiarize the reader with research on intimate partner violence (IPV), (b) familiarize the reader with current treatment approaches and focus on IPV in research and practice, and (c) draw from the research findings on the recovery process of IPV, including the construct of navigating new relationships post-IPV. The literature aims to contextualize the reader with literature on the topic of IPV and IPV recovery to set forth a springboard to the present study. Chapter three contains the

methods and methodology of the present study. Chapter four presents the findings of the present study. Chapter five consists of the discussion, which emphasizes implications for counselors and researchers as well as provides an in-depth discussion of the findings from chapter four and the previous literature.

CHAPTER TWO: REVIEW OF LITERATURE

Chapter two presents the literature review. The literature review includes (a) reviewing the literature on the IPV leaving process, (b) the impact of IPV on victims and survivors and current treatment models utilized to work with them, (c) providing an empirical review of the construct of IPV recovery, and (d) providing a rationale for examining survivors' experience of considering or navigating new relationships post-IPV.

Leaving IPV Relationships

The process of leaving an abusive relationship is complex and important to understand in the context of examining recovery and navigating new relationships post-IPV. While leaving is frequently understood as a one-time occurrence, it is, in fact, a multi-faceted process that occurs over time (Khaw & Hardesty, 2007; Patzel, 2001). That is, leaving an abusive relationship may be seen as an extended process of reevaluating the abusive relationship and making efforts to begin to disengage long before actually leaving (Baly, 2010). Some researchers suggest that this disengagement process takes place during the relationship when victims begin to seek information about abuse, telling friends or family members, empowering themselves (e.g., by regaining employment or going back to school), and seeking professional help (Chang, Dado, Ashton, Hawker, Cluss, Buranosky, & Scholle, 2006). However, many factors, especially safety, may prevent victims from taking greater steps (e.g., employment, telling friends) while still in the relationship.

There are many aspects that impact victims' decisions to leave abusive relationships, including safety, dynamics of the abuse, perpetrator characteristics (Panchanadeswaran & McCloskey, 2007), personal resources of the victim (Griffing et al., 2002; Reisenhofer & Taft, 2013), social influences (Anderson, 2012), and child-related influences (Moe, 2009; Panchanadeswaran & McCloskey, 2007; Smith, 2003). Thus, there are many things a victim needs to consider when deciding to leave an abusive situation. Despite the challenges, individuals do leave IPV relationships for good, often having experienced a critical turning point, defined, in part, as a "transitional event that redirects paths in the life course..." (Khaw & Hardesty, 2007, p. 415). A turning point in an IPV relationship may be defined as increased violence, an especially violent episode, abuse of children, increased awareness of abuse, and social support and counseling (Murray, Crowe, & Flasch, 2015).

While the literature on IPV is in agreement regarding the negative effects of IPV and recognizes the leaving process, little emphasis has been placed on the recovery and transformation that survivors make (Cobb, Tedeschi, Calhoun, & Cann, 2006). As such, the complete picture of the long-term recovery, strengths, resources, and new relationship-formation of survivors is frequently missed and poorly understood by practitioners and researchers.

Impact of IPV on Victims

The negative consequences of IPV are well-documented in the literature and include Post-Traumatic Stress Disorder (PTSD) (e.g., Bergman & Brismar 1991), depression (e.g., Mechanic, Weaver, & Resick, 2008), substance abuse (e.g., Kaysen, Dillworth, Simpson, Waldrop, Larimer, & Resick, 2007), negative financial consequences (e.g., Voth Schrag, 2015) and other physical and mental health outcomes (e.g., Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith, 2002). It is important to note, however, that victims of IPV have a wide range of varying IPV experiences in terms of the type of abuse, intensity and severity of the abuse, long-term exposure, as well as in terms of protective resiliency or coping factors.

While the aforementioned negative outcomes are strongly supported in the IPV literature, individual cases vary. For instance, one study used data from the National Violence Against Women Survey (NVAWS; Tjaden & Thonnes, 2000) to examine the differences in mental health consequences stemming from physical, psychological, and sexual abuse among male ($n = 7,122$) and female ($n = 6,790$) victims of IPV (Coker, et al, 2002). The researchers found that physical violence experienced by both male and female victims was related to an increased risk of poor health, depressive symptoms, substance use, the development of a chronic disease, chronic mental illness, and injury. When power and control was present, it exacerbated the aforementioned symptoms. Furthermore, the researchers found that when psychological and physical IPV scores on the survey were isolated, scores signifying psychological violence were found to be a stronger predictor of the abovementioned negative health outcomes than were scores on

physical violence. These results highlight the importance of recognizing psychological violence as a serious form of IPV that indeed carries the same or more serious negative health outcomes on victims and survivors of IPV.

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is defined in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), as a *Trauma- and Stressor-Related Disorder* (APA, 2013) which occurs as a result of exposure to some form of trauma. The DSM-5 contains eight criteria (A-H) for the diagnosis of PTSD, with the first (criterion A) stating that the traumatic response must have resulted from at least one of the following: (a) directly experiencing the traumatic event, (b) witnessing the traumatic event in person, (c) learning that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental), or (d) experiencing first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related). Criterion B states that the person must meet criteria for persistent re-experiencing of the event. Criterion C involves avoidance of stimuli that are associated with the trauma and numbing of general responsiveness. Criterion D includes symptoms of negative alterations in cognitions and mood associated with the traumatic event(s). Criterion E concerns alterations in arousal and reactivity. Criterion F states that the persistence of symptoms lasts for more than one month. Criterion G requires that the disturbance causes clinically significant distress or impairment in functioning. Criterion

H requires that the disturbance is not attributable to the physiological effects of a substance or other medical condition.

The correlation between domestic violence and PTSD is well-documented in the literature (Bergman & Brismar 1991; Housekamp & Foy, 1991; Kemp, Rawlings, & Green, 1991; Lipsky, Field, Caetano, & Larkin, 2005). That is, IPV often leads to traumatic responses to the severe physical, emotional, and sexual assault experienced and lasts for several years, even after the violence has ended. Researchers have found that PTSD symptoms are found in somewhere between 31% and 84% of IPV survivors (Voth Schrag, 2015) and that “people subjected to prolonged, repeated trauma develop an insidious progressive form of posttraumatic stress disorder that invades and erodes the personality” (Herman, 1997, p. 78). Based on research findings, Herman (1997) proposed a dose-response curve which posits that the extent of abuse exposure is related to the severity of PTSD symptoms and consequently to the ease or the difficulty in recovery. Thus, an individual who has experienced persistent and expansive IPV is more likely to exhibit more severe symptoms of PTSD and have a more difficult time recovering from the abuse experience. However, since individuals differ greatly in various abuse experiences, personal resources, coping, and resiliency factors, as well as in the perception of their abuse experiences, it is difficult to establish a criterion-based formula for the relationship between specific IPV exposure, PTSD symptoms, and expected recovery experience. Therefore, it is important to bear in mind the varying trauma-responses and recovery experiences of IPV survivors.

Depression

PTSD is rarely the sole diagnosis for survivors of IPV (Dutton, 2009). In fact, comorbidity with other diagnoses is well-documented and primarily includes symptoms of depression (Kessler, 2003; Kessler, R. Sonnega, Bromet, Hughes, & Nelson, 1995; Nixon, Resick, & Nishith, 2004). In one study, researchers conducted a meta-analysis to investigate IPV as a risk factor for mental disorders (Golding, 1999). They found that 48% of survivors experienced depression as a result of IPV. In another study of predominately African American women residing in domestic violence shelters ($N = 413$), Mechanic, Weaver, and Resick (2008) found that 45% experienced moderate depression and 31% experienced severe depression. Additionally, Coker and colleagues (2002) found that all types of IPV (e.g., physical, psychological, verbal) rendered those exposed more than twice as likely to experience depression as compared to individuals who had not experienced IPV. The literature is clear that individuals who have experienced IPV are more likely than those who have not to experience depressive symptoms following IPV exposure. It is important to note that a high number of survivors are likely to experience comorbid diagnoses or symptoms of both PTSD and depression, making it important to focus on recovery efforts on each of these disorders, in addition to placing emphasis on viewing survivors within the context of their experiences.

Financial Effects

Financial, or economic, abuse is a form of abuse that is not as prominently discussed in the literature but one that is of great importance and that oftentimes hinders

survivors' of IPV independence post-abuse (Voth Schrag, 2015). In fact, Pyles, Katie, Mariame, Suzette, & DeChiro (2012) argue that “economic justice continues to be one of the most elusive forms of justice for women . . . Without access to economic opportunity, it is difficult to be self-sufficient enough to live free of abuse” (p. 92). Financial abuse is defined as the ways through which a perpetrator limits, controls, or hinders financial independence in the victim, and includes means to “sabotage employment, steal money, make economic threats, and cause the physical and mental health consequences of IPV, all of which have been cited as additional barriers to economic security” (Voth Schrag, 2015, p. 342). Thus, by perpetrating financial violence, abusers immobilize their victims and hinder financial independence, which may have otherwise provided or aided in a path to freedom and recovery.

Social Effects of IPV

Societal effects of IPV are evident, as IPV costs over \$8.3 billion annually in lost work productivity, as well as physical health, mental health, and legal costs (Burke, Gielen, McDonnell, O'Campo, & Maman, 2001; CDC 2003). In addition, the medical expenses associated with IPV add up to between \$3 and \$5 billion annually (Frasier, Slatt, Kowlowitz, & Glowa, 2001). Thus, IPV is a personal and social problem that requires understanding and intervention efforts, both crisis-wise and long-term in order to break the cycle.

Furthermore, IPV is the leading cause of injury among women, and results in close to two million injuries and 1,300 deaths each year for U.S. women aged 18 and

older (CDC, 2003). There is a myriad of negative effects associated with IPV, including physical and psychological harm, low self-esteem, low self-efficacy, Post-Traumatic Stress Disorder (PTSD), greater potential for re-victimization, financial problems, academic and employment consequences, and death (Murray & Graves, 2012; Tjaden & Thonnes, 2000).

Stigma Related to IPV

Additionally, internalized and social stigma exists in both social and clinical contexts, which may impact help-seeking behaviors among survivors who fear being blamed for their situations. In a mixed-method quantitative and qualitative study of 231 participants, content analysis procedures were used to explore practitioners' attitudes of stigma toward survivors of IPV (Crowe & Murray, 2015). The researchers found that survivors experienced stigma in the form of feeling blamed, dismissed, and denied by the following categories of professionals: mental health professionals, attorneys and judges, health care professionals, law enforcement, professionals in the employment or education systems, parenting-related professionals, and friends and family (Crowe & Murray, 2015). While most of the stigma was experienced as coming from professionals in the court system and law enforcement officers, mental health professionals were also included as a source of stigma, evidencing need for counselors to further understand the dynamics of IPV, including not only survivors' general recovery processes of IPV, but also the specific elements involved, which are essential for counselors to help their clients.

Recovery from IPV

Researchers (e.g., Anderson, Renner, & Danis, 2012; Hou, Ko, & Shu, 2013; Neuman Allen & Wozniak, 2011; Wuest & Merritt-Gray, 1995, 1999, 2001) have found that survivors embark on a complex process following IPV experiences. They have identified various processes and stages of IPV recovery, as well as specific elements that play a role in the IPV recovery process for survivors. This section will present information on the following topics: (a) defining IPV recovery, (b) post-traumatic growth, (c) research on IPV recovery, (d) navigating new relationships post-IPV, and (e) the connection between wellness and healthy relationships.

Defining IPV Recovery

According to Allen and Wozniak (2010), recovering from a past abusive relationship is “a social, spiritual, cultural, and psychological process” (p. 37). Farrell (1996) described this process as “a multidimensional phenomenon consisting of physical, mental, and spiritual components... [that involves]...reconnecting the fragments of the self by putting into perspective the past experiences of abuse” (p. 31). Further still, Evans and Lindsey (2008) described the process as integration rather than as recovery, arguing that recovery from IPV is unlikely and even undesired. In fact, the researchers found that most of the participants in their qualitative study ($N = 43$) persisted to be affected by their past IPV experiences, and that the goal was to integrate the experience into their lives rather than to recover from it. In fact, the term *recovery* was viewed as rooted in regaining a pre-IPV version of the self or becoming free from negative symptoms, which

none of the participants could relate to. Rather, *integration* allows for what Wuest and Merritt-Gray (2001) describe as *putting it in its rightful place*, or living with the experience while still moving on with life. In a phenomenological study on the recovery process of six survivors of IPV, researchers named the recovery phase *piece by piece* based on survivors' descriptions (Lewis, Henriksen Jr., & Watts, 2015). One participant described the recovery process as "...I had to put myself back together piece by piece" (p. 384). Thus, a recurring theme is found in the literature that describes recovery from IPV as a process whereby a survivor rebuilds him- or herself after the abusive experience.

It is important, however, to note that recovering from IPV is not a prescriptive experience, but rather one that includes unique and individual factors that impact the course of recovery (Farrell, 1996; Lilly, 2008). This may include different terminology or definitions of the experience (Evans & Lindsey, 2008). Additional factors that may be involved in the recovery process include social support, access to resources, resiliency, and the extent of abuse (Song, 2012). For instance, for someone who has access to financial and social support, the recovery process may include support factors and resources that may be absent in someone else's process. Further, the extent of emotional and physical abuse and control may impact recovery factors, such as hospitalization and the ability to regain control and direction in one's life. Additionally, individual expectations for recovery or life without abuse may play a factor in the consequent unfolding of the recovery process (Humbert, Engelman, & Miller, 2014).

As previously mentioned, one factor that may impact the progression of recovery is preparedness of recovery. In a phenomenological study of eight female survivors,

recruited from a domestic violence agency, Humpbert, Engelman, and Miller (2014) aimed to investigate survivors' expectations of recovery from intimate partner violence. All participants had been out of their abusive relationships for six months. Using semi-structured interviews, the researchers identified six themes related to the expectation of the upcoming recovery process. These included: (a) I want to make a better life for my children, (b) this will make me stronger, (c) I have to try to get stability in my life, (d) learning how to have a relationship with myself, (e) I know that I can do it on my own, and (f) I know in my heart that it gets better. Bridging the themes uncovered in the researchers' study of expectations of recovery with actual experiences of long-term recovery may provide insight to the gap that exists and may provide a springboard for interventions and treatment with immediate survivors of IPV.

Post-Traumatic Growth

Post-traumatic growth (PTG) refers to the growth that can follow a traumatic experience, and has received increased attention in recent years (Ai & Park, 2005), especially in areas of childhood sexual abuse and rape (Cobb, Tedeschi, Calhoun, & Cann, 2006). Calhoun and Tideschi's (1998; 2004; 2006) model of PTG explains that PTG may be set in motion when an individual's worldview or assumptive reality is challenged by a traumatic event, which then opens up the opportunity for introspection, cognitive engagement, and rumination of the event.

While research is limited on PTG following IPV, researchers suggest that survivors of IPV do in fact experience PTG. Cobb and colleagues (2006) compared PTG

scores of individuals currently in IPV relationships with those of individuals who had left IPV relationships. They found that individuals who had left IPV relationships showed higher levels of PTG compared to individuals who were still with their abusive partner. Specifically, research findings suggest that survivors of IPV experience more meaningful interpersonal relationships, enhanced ability to accept support, increased probability of helping others in similar situations, enhanced religious and spiritual beliefs, enhanced introspection and awareness, and increased self-control (Senter & Caldwell, 2002). Furthermore, Burt and Katz (1987) found that survivors of trauma reported feeling more confident, felt increased meaningfulness, were concerned with social justice, had an increased sense of self-efficacy and resilience, and seemed to have relationships that were deep and meaningful, including those with intimate partners.

Additionally, Ai and Park found that individuals who had experienced trauma had stronger coping skills, stronger relationships and better personal resources (Ai & Park, 2005). In fact, Follingstad, Brennan, Hause, Polek, and Rutledge (1991) found that IPV survivors' emotional health was better after the end of the IPV-relationship than it had been prior to the abusive relationship, possibly attributed to the PTG that occurred after the IPV experience. Thus, it is clear from the literature that some survivors who leave abusive relationships experience PTG. However, the factors related to how PTG comes about and the discrepancy in who experiences it remains largely unknown. By better understanding the recovery process of survivors, researchers may shed light on some of these processes.

Research on IPV Recovery

In this section, the author provides a summary of research on the topic of post-IPV recovery (e.g., Hou et al 2013; Merrit-Gray & Wuest 1995; Smith et al 2003). In the literature, researchers found evidence of developmental processes or stages of recovery as well as specific elements that exist in the IPV recovery process.

Inclusion Criteria

In order to be included in the following section, the following criteria had to be met; studies had to: (a) be peer-reviewed research, (b) be empirical in nature, consisting of quantitative, qualitative, or mixed-method designs, and (c) focus on the long-term recovery process of survivors of IPV. Exclusion criteria included (a) non-empirical, non-peer-reviewed studies, (b) theoretical or conceptual works, and (c) research focusing on other elements of IPV, not specifically related to long-term recovery (e.g., immediate or crisis needs of victims or survivors).

Developmental Processes of IPV Recovery

Through a thorough literature review, the researcher identified studies that investigated the developmental or process-like experiences of IPV recovery. In one study, Farrell (1996) conducted a phenomenological investigation with seven female survivors of IPV, all of whom had been out of abusive relationships for at least one year. Farrell identified four themes in the participants' experiences of healing: (a) flexibility, (b) awakening, (c), the relationship, and (d) empowerment. Flexibility involved acknowledging past experiences, exploring and adjusting boundaries in relationships with

others, and increasing resiliency and self-awareness. Awakening involved realizing one's inner strength and freedom, such as the ability to make choices. The relationship theme related to participants re-establishing relationships and integrating oneself into the social context, and the empowerment theme centered on participants' accomplishments and ability to move forward freely. Farrell's (1996) model outlines a general progression of IPV, where survivors move from one phase to another, ending with the empowered individual.

In another study, Smith (2003) interviewed 15 survivors of IPV and focused on their experiences of recovering from their abusive relationships. Smith identified three stages in the journey of recovering from past IPV: (a) the abusive past, (b) struggles, and (c) healing and growth. The abusive past referred to survivors leaving behind their past abusive relationship and letting go of it. The struggles theme related to the struggles that the survivors faced as they moved beyond their IPV relationship and into a violence-free life. While some survivors remained stuck in non-recovery, others moved to the third phase of healing and growth. Overall, Smith noted that challenges faced by survivors in their recovery processes included being able to let go of the past, finding their voices, becoming self-reliant, rediscovering themselves, forgiving themselves and others, and finding a sense of purpose. As other studies noted, Smith's (2003) findings confirm an overall progression of recovery from IPV, ending in a phase of healing and personal growth.

Wuest and Merritt-Gray (2001) conducted a study with a homogenous set of Caucasian female survivors of IPV ($N = 15$) in rural Canada. The study was a

continuation of the researchers' findings in a previous study which investigated the IPV leaving process of women (Merritt-Gray & Wuest, 1995; Wuest & Merritt-Gray, 1999). Findings from their previous qualitative study ($N = 13$) indicated that there were four stages of leaving abusive relationships: (a) counteracting abuse, (b) breaking free, (c) not going back, and (d) moving on. In their follow-up study, Wuest and Merritt-Gray (2001) aimed to understand more about the final, *moving on*, stage; that is, the process by which survivors establish safe, nonviolent lives and relationships after abuse. Using a feminist grounded theory methodology and semi-structured interviews, the researchers found that the recovery process consisted of the following stages: (a) figuring it out, (b) putting it in its rightful place, (c) launching new relationships, and (d) taking on a new image. Wuest and Merritt-Gray's (2001) findings highlight the importance of survivors' need to explore their experiences and *putting it in its rightful place*, not allowing it to take control of their lives anymore. An important finding also includes *launching new relationships*, which will be further discussed in this paper, and which provides a rationale for the present study. Moreover, their findings highlight the need to establish new identities and the complex intrapsychic and social processes that exist in the recovery process.

In another study, Abraham (2007) followed 23 female survivors of IPV as they embarked on their journey from recovery in the United Kingdom. The study utilized a feminist participatory research methodology framed around Maslow's Hierarchy of Needs (Maslow, 1987) and included participants aged 21 to 68 years old with varied demographic and geographic backgrounds. The participants were in different stages of recovering from IPV; some were living in refuge or shelter environments, while others

had lived independently for up to five years. Abraham's findings indicate three phases in the recovery process: (a) reception, (b) recognition, and (c) reinvestment, which were non-linear and allowed for flexibility. In the reception phase, survivors left the IPV relationship and sought refuge. This phase mirrored the first stage of bereavement, and feelings lined up with those typically experienced when facing an initial loss (e.g., denial, shock, numbness). In the recognition phase, survivors became more in touch with their feelings: "Feelings of loss and anger, which had been submerged by shock and numbness on arrival in the refuge, become more apparent" (Abraham, 2007, p. 45). In the reinvestment phase, survivors made strides to reinvest in the community, seek independence, and begin a violence-free life. The three phases outlined by Abraham mirror findings from consequent studies and lay out a foundation for a process of recovery, which includes loss, trauma, and recovery.

Flasch, Murray, and Crowe (2015) aimed to expand the breadth of the previous studies and include a more diverse sample (i.e., ethnically, socially, financially, gender-wise, geographically, age-wise, and IPV progress-wise). The researchers utilized qualitative methods, and collected data using an online narrative survey to reach a broad participant pool. The study was the largest qualitative study found in the IPV recovery literature and included 123 participants (e.g., survivors of IPV for over two years) representing a diverse sample from 10 countries. The researchers identified specific elements in the IPV recovery process and also found that survivors progressed through a cyclical process that waxed and waned interchangeably throughout the recovery process. That is, while a general development toward healing seemed to be present, several

elements interplayed simultaneously and specific experiences could promote either growth or “steps back” in the recovery experience.

Specific Elements in IPV Recovery

In addition to developmental or process-like models, some researchers investigated specific elements or experiences that participants encountered in their IPV-recovery. Anderson (2012) completed an exploratory study that used a mixed-methods approach to identify women’s perceptions of their recovery process and adaptation after IPV experiences. The author used standardized measures of psychosocial functioning to identify levels of PTSD and resilience for women formerly in an abusive intimate partner relationship. These included the Psychological Maltreatment of Women Inventory (PMWI) to measure psychological abuse (Tolman, 1989; 1999); a modified version of the Violence Against Women Survey ([VAWS], Tjaden & Thoennes, 2000) that included 14 items of physical violence and 2 items of sexual violence; and finally, the PTSD Checklist Version for Civilians (PCL-C), a 17-item, self-report rating scale used to assess symptom clusters (i.e., intrusion, avoidance, and arousal). The researchers also used qualitative methods in the form of semi-structured interviews and focus groups. Participants who recovered well tended to have higher ratings on the following items: “I have at least one close and secure relationship which helps me when I am stressed” ($M = 3.49$), and another item with an elevated mean for the total sample—“I take pride in my achievements” ($M = 3.35$). The authors concluded that developing support systems and mobilizing resources were central to participants’ resilience and ultimately to their recovery from domestic violence. Further, accessing spiritual resources and informal

support was particularly helpful for their healing and growth. Anderson's findings shed light on the fact that specific participant characteristics, attitudes, and social, spiritual, and community resources are essential in successful recovery from IPV.

Additionally, Researchers Hou, Ko, and Shu (2013) used a phenomenological methodology to examine the experiences of eight Taiwanese women aged 33 to 51 years old as they recovered from a past abusive relationship. The women had been out of abusive relationships ranging from 1 to 13 years. Based on their findings, the researchers described IPV recovery as *reconstructing the self*, which encompassed four themes: (a) feeling shame, (b) creating mastery, (c) recognizing the imperfect self, and (d) embodying the self by helping others. Feeling shame related to participants' and their families' experience of feeling ashamed of the abuse and the termination of the relationship. This theme highlighted the cultural factors related to patriarchal communities where male-on-female violence is tolerated. Creating mastery referred to survivors "increasing their abilities, readjusting their attitudes, being flexible, and acquiring autonomy in their daily lives" (Hou, Ko, & Shu, 2013, p. 163). The theme of recognizing the *imperfect self* related to participants' ability to see themselves as imperfect beings who could make mistakes. The authors noted that social support was also especially important in participants accepting themselves. The final theme of embodying the self by helping others referred to participants' desire to find meaning in their lives, and that a significant source of meaning was to help others in their community who were going through similar experiences. The researchers' findings added to the Western literature by examining Asian cultural factors in IPV recovery.

In their study on the IPV recovery process, Lewis, Henriksen Jr, and Watts (2015) interviewed six women about their IPV recovery experience. The researchers found two main themes, including (a) processes and (b) supports. The process themes included (a) spirituality, (b) facing death, (c) future relationships, and (d) hope and encouragement. The support themes included (a) professional help and (b) informal supports (family/friends/other survivors). The researchers' findings highlight the importance of examining specific aspects of the IPV recovery experience, which may serve as helpful or hindering experiences.

The second part of Flasch, Murray, and Crowe's (2015) study identified specific elements included in the IPV recovery process. In corroboration with previous research which highlighted developmental processes of reclaiming the self, themes were found that included (a) recreating the self, (b) power and freedom to direct one's own life, (c) healing from physical and emotional trauma, and (d) importance of social support. Some findings that were previously limited in the literature included the (e) importance of advocacy and helping others in the recovery process (Flasch, Murray, & Crowe, 2015; Murray, King, Crowe, & Flasch, 2015) and (f) navigating new intimate relationships as an essential component in participants' experiences. This study added to the research by identifying specific elements in the recovery process in addition to using a large representative sample.

Clinical Interventions in IPV Recovery

Through a thorough literature review, only one study was identified that explored the efficacy of a treatment model. Allen and Wozniak (2011) used a mixed-design

methodology to investigate the experiences of women who participated in a Rites Of Passage group and evaluated the efficacy of the group treatment in a sample of IPV survivors ($N = 11$) who were no longer in states of crisis. The researchers wanted to emphasize a holistic nature of recovery that focused on helping women develop alternative ways of thinking about themselves and their futures. This was accomplished using a group curriculum of various creative and alternative group interventions, including cultural myths, projective stories, meditation, active day dreaming, and personal metaphors. The researchers used the PTSD Checklist (Civilian Version) to measure the differences in PTSD symptoms before and after the group curriculum. The PTSD checklist is a 17-item survey that asks participants to rate the severity of their PTSD symptoms on a 5-point Likert scale. At the completion of the group intervention, the participants reported improvements on all items on the PTSD checklist, and statistically significant results were obtained for 8 of 17 items (e.g., Repeated, Disturbing Memories or Thoughts; Avoid Activities Related to Stressful Experience; Memory Blockages). Qualitative data was gathered through semi-structured interviews and focus groups and included themes related to (a) creating a safe place, (b) establishing autonomy, (c) taking pride in appearance, (d) reclaiming self, (e) developing inner peace and serenity, and (f) rejoining the community. The researchers' findings suggest that group modalities focusing on symptoms of PTSD may help survivors move through the process of IPV recovery.

Summary of Research on IPV Recovery

Current research in the literature on IPV recovery provides a context for the recovery process that survivors of IPV encounter. That is, being in an IPV relationship carries with it negative effects and trauma, such as PTSD, depression, and other physical and mental health outcomes. Further, research on IPV recovery emphasizes a process of regaining pieces of the self and reclaiming oneself. The findings of the reviewed studies on recovery from IPV highlighted both developmental frameworks for IPV recovery as well as specific elements extant in the recovery experience. Developmental findings often indicated that participants experienced a stage of *not going back, trying to maintain*, and *living a fulfilling life*. Specific elements included the importance of self-esteem, positive support, and finding a way to re-establish the self and take charge of one's life.

However, there are several limitations to the current studies, in that most were conducted with small qualitative samples and provided broader process models of recovery rather than specific examinations of distinct factors. No literature was found that directly examined specific elements identified in the research, but rather provided an overview of the overall experience of IPV recovery. While all studies found themes related to factors involved in the recovery process, only Wuest and Merritt-Gray (1999) expanded on their existing findings. In the study, Wuest and Merritt-Gray (1999) aimed to further explore the stage not going back based on findings in their previous study (1995) on the leaving process of victims of IPV. Additionally, Anderson's (2002) study was the only study aimed at understanding the varying factors of participants who recovered *well* from those who recovered *less well*.

While the current literature aids in understanding post-IPV recovery, further research is needed to better understand specific aspects of the recovery process.

Navigating New Relationships Post-IPV

The researcher completed a thorough search of the literature to identify articles that focused on new relationships post-IPV. The researcher utilized the following online EBSCOhost databases for research articles: PsycINFO, Academic Search Premier, ERIC, and PsycARTICLES. The following search terms were used in the initial search: "domestic violence" OR "intimate partner violence" OR "spousal abuse" OR "partner violence" OR "battered women*" AND "survivor*" OR "intimate partner violence recovery" OR "recovery" OR "new relationships" OR "post-traumatic growth" OR "resilience." This search yielded 2,846 results. The researcher examined the first 100 results, and found only one article (Neustifter & Powell, 2015) that related to new relationships post-IPV. In an effort to narrow the search results, the researcher used the following search terms: "domestic violence" OR "domestic violence survivor*" OR "intimate partner violence" OR "spousal abuse" OR "partner violence" OR "battered women*" AND "new relationship*" OR "relationship formation" OR "romantic relationship*" OR "non-violent relationship*" OR non-violence OR non-violent. This search yielded 497 articles. The researcher reviewed the first 100 results and identified the same article (Neustifter & Powell, 2015) as the only relevant one. In a final effort to narrow down results to more specific ones, the researcher used the following search terms: "domestic violence" OR "domestic violence survivor*" OR "intimate partner

violence" OR "spousal abuse" OR "partner violence" OR "battered women*" AND "new relationship*" OR "healthy relationship*" OR "relationship formation." This search yielded 127 results, out of which the same article (Neustifter & Powell, 2015) was the only relevant one. Most articles identified in the searches related to prevention efforts, treatment modalities, or research related to the impact of IPV on victims and their children.

Since IPV takes place within the context of an intimate relationship, it is surprising that only one study was found (Neustifter & Lisa Powell, 2015) that focused exclusively on new relationships post-IPV. The IPV literature and treatment modalities, while including information on red flags and warning signs to avoid abusers (Murray & Graves, 2012), pays little attention to the actual process of navigating new intimate relationships post-IPV. Through a thorough literature review, only four studies were found (i.e., Flasch, Murray, & Crowe, 2015; Lewis, Henriksen Jr, & Watts, 2015; Neustifter & Powell, 2015; Wuest & Merrit-Gray, 2001) that specifically included information on navigating new relationships in their findings.

Neustifter and Powell (2015) used a grounded theory methodology to investigate relational resilience to long-term psychosocial consequences of abuse by previous partners. In their study, they interviewed survivors of IPV ($N = 11$) who were currently in non-violent relationships. Neustifter and Powell's (2015) first research question aimed to investigate IPV survivors' relational strengths in their post-IPV non-violent relationships. They found that those strengths included (a) strong communication skills, (b) positive sexual interactions, and (c) the ability to distinguish and contrast the new relationship

from the past abusive one. Neustifter and Powell's (2015) second research question investigated what factors contributed to participants' resilience and their new non-violent relationships. They found that in addition to the elements aforementioned (e.g., strong communication skills), factors that contributed to participants' resilience included participants not viewing themselves as being defined by the abusive experience (i.e., as victims or merely survivors of IPV). Further, contributing factors to resilience included support systems that refrained from providing advice or judgment but that instead provided the support the survivors needed. Neustifter and Powell's (2015) third research question investigated participants' experiences of resilience in their non-violent relationships. They found that participants experienced a great deal of happiness and affection toward their new partners, that partnership and communication was greatly valued, and that they were able to have individual identities within the relationship as well as the experience that each partner supported and helped the other. However, the researchers also found that participants and their partners continued to struggle with the residual effects of IPV trauma, as well as faced logistical challenges of past-IPV, such as custody issues, financial issues, and stalking behaviors by the previous abusive partner. While this study examined individuals' experiences in current non-violent post-IPV relationships rather than the dating process overall, it provided insights into the elements present in post-IPV romantic relationships as well as the helpful and hindering factors.

Flasch, Murray, and Crowe (2015) investigated overall recovery experiences in 123 IPV survivors. One of their findings included *navigating new relationships*. The researchers found that participants experienced fear and apprehension at the prospect of

entering new intimate relationships. Those who attempted new relationships were hypersensitive to triggers and warning flags of IPV behavior and had difficulty discerning between healthy and non-healthy behaviors. Other survivors were too afraid to ever enter into new relationships and had made decisions to focus on self and children, and give up romantic love. Others still described having found love, and described the patience and understanding that was needed by their current healthy partners to help them build trust and become vulnerable.

In another study, Wuest and Merritt-Gray (2001) investigated the post-IPV recovery process. In a theme related to launching new relationships post-IPV, they found that participants expressed discomfort of being without a partner in their lives, post-abuse, and that attending events, dinners, and social gatherings without a partner was uncomfortable and foreign. However, the participants seemed ambivalent in their desire to find a romantic partner, expressing fear and apprehension. A notable finding was that *launching new relationships* seemed to be different at various stages in the recovery process, where participants in the *breaking free* stage of leaving reported forming relationships as a form of refuge or support, rather than as a form of romantic and intimate connection. Relationships also seemed to range from “just sex” (p. 88) to “real involvement” (p. 88) depending on where in the recovery process survivors were. Additionally, *difficulty of trusting* was a main theme among women who were beginning new relationships.

In Lewis, Henriksen Jr, and Watts (2015) study, the researchers investigated post-IPV recovery. One of the themes in their findings, *future relationships*, emphasized two

main components of survivors' experiences regarding future relationships: (a) having difficulty trusting men and (b) being hyper-vigilant of men's behaviors. Some of the descriptions of these themes included participant statements that when partners raised their voices, there was an instinctual fear that the partner would turn violent. While the researchers found the dating process post-IPV as an important component in survivors' recovery, little emphasis was placed on exploring this theme further or providing in-depth descriptions of processes. Through participant quotes included in the article, it was evident that participants struggled to not only trust men, but also to trust their own instincts of determining *right from wrong* regarding men's behaviors and specific circumstances and events.

While limited studies exist that examines post-IPV relationships, researchers' have found (Flasch, Murray, & Crowe, 2015; Lewis, Henriksen Jr, & Watts, 2015; Neustifter & Powell, 2015; Wuest & Merrit-Gray, 2001) evidence that point to a need for further examination and understanding of the phenomenon. There is some indication in the literature that individuals in post-IPV recovery experience various stressors in terms of navigating new relationships. These stressor include: (a) difficulty in their consequent relationships, facing fear, apprehension, premature termination, and hypersensitivity, but also (b) abstention from consequent relationships, and (c) newfound love in healthy relationships (Flasch, Murray, & Crowe, 2015; Neustifter & Powell, 2015).

In the literature, stages are identified in the process of navigating new relationships post-IPV, where initial relationships may serve as support and refuge from IPV relationships and "just sex," and where, as survivors progress through recovery,

romantic involvement eventually becomes more desired (Wuest & Merritt-Gray, 2001). The present study builds on findings that highlighted the importance of navigating new relationships in the IPV recovery process (e.g., Flasch, Murray, & Crowe, 2015; Lewis, Henriksen Jr., & Watts, 2015; Neustifter & Powell, 2015; Wuest & Merritt-Gray, 2001).

Connection between Wellness and Healthy Relationships

Several researchers have established that there is a connection between overall wellness and healthy romantic relationships (Liu & Umberson, 2008; Mastekaasa, 1994). However, this link seems to be mediated by the quality of the relationship (Donoho, Crimmins, & Seeman, 2013; Umberson, Williams, Powers, Liu, & Needham, 2006). That is, in relationships where there is marked distress, it makes sense that overall health and wellness in the partners is decreased. Similarly, in relationships where the quality of the relationship is high, research findings suggest that the supportive nature of the partnership may buffer from psychological distress (Mastekaasa, 1994), physical health problems (Schoenborn, 2004), and mortality (Rendall, Weden, Favreault, & Waldron, 2011).

The literature on wellness (e.g., Granello, 2013) clearly posits that individuals in healthy intimate relationships are likely to reap benefits in positive physical health, have increased coping skills, report better life satisfaction, and report decreased symptoms of depression, stress, and anxiety (Kawachi & Berkman, 2001; Myers, 2000). Additionally, negative romantic relationships have severe adverse effects on health, including the decline of physical health and increased psychological distress (Umberson, Williams,

Powers, Lui, & Needham, 2006). Still, research on attachment (Bowlby, 1953), and specifically adult attachment (Hazan & Shaver, 1987), supports the fact that individuals innately seek to attach to a partner in the same way that infants seek to attach to their caregivers for safety, security, and to have their basic needs met.

From the limited research on navigating new relationships post-IPV, researchers have found evidence that most survivors of IPV do, in fact, continue to date and navigate new relationships after leaving their abuser for good, but face grave challenges and confusion in this process, such as difficulty trusting men and being hyper-vigilant of abuse signs (e.g., Lewis, Henriksen Jr., & Watts, 2015). However, little else is understood about the post-IPV relationship-formation process. Thus, rather than focusing on avoiding abusive relationships, the field of IPV needs to move toward an integrative model that takes into account the discernible health and wellness benefits that can be fostered in a supportive relationship. Nevertheless, it is essential that helping professionals remain mindful of survivors' choice as to whether they desire to enter new relationships or whether they choose to abstain from romantic involvement. By better understanding the present patterns and experiences of survivors who navigate new relationships, we will be better able to support survivors in their post-IPV recovery.

Research Questions

In light of the literature and focus of the current study, the following research questions and sub-questions were identified: (1) What are the lived experiences of female survivors of IPV who are considering or navigating new intimate relationships, and (1a)

What are the helping and hindering experiences of considering or navigating new intimate relationships?

Chapter Summary

Thousands of individuals seek individual and couples' counseling each year for issues related to personal and relational distress. Since 30% of women have been in IPV relationships, one may assume that such problems surface both in individual struggles as well as in current romantic relationships and may be an important aspect of counseling. However, counselors consistently report not being properly trained to handle IPV situations (Bozorg-Omid, 2007) and many do not have proper knowledge about best practices in treatment. While couple and family counselors are required to have at least some basic training, many are unprepared (Murray & Graves, 2012).

While little research has been conducted on the topic of recovery of IPV, and even less on the process of navigating new relationships, evidence is found in the literature to support the need for further exploration of this topic. However, several limitations and gaps in the literature are recognized in the IPV recovery literature: (a) all studies identified in the IPV recovery literature were found in social work, psychology, and nursing fields, and none were found in the counseling literature, (b) studies almost exclusively utilized qualitative methodologies, (c) studies almost exclusively contained small homogenous sample sizes with female participants, and (d) while stages and themes were identified, only one study (Merritt-Gray & Wuest, 1999) further investigated themes identified in previous studies. Four studies (Flasch, Murray, & Crowe, 2015;

Lewis, Henriksen Jr., & Watts, 2015; Neustifter & Powell, 2015; Wuest & Merritt-Gray, 2001) identified forming new relationships or navigating new intimate relationships post abuse as main themes in the recovery process that needed further investigation. However, through a thorough literature review, only one study (Neustifter & Powell, 2015) was found that focused exclusively on new intimate relationships post-IPV.

The present study builds on findings that highlighted the importance of forming new relationships (Lewis, Henriksen Jr., & Watts, 2015; Wuest & Merritt-Gray, 2001) and engaging in satisfying non-violent ones (Flasch, Murray, & Crowe, 2015; Neustifter & Powell, 2015) in the IPV recovery process. There is some evidence in the literature that individuals who go on to the process of recovery experience various stressors in terms of navigating new relationships: (a) difficulty in their consequent relationships, facing fear, apprehension, premature termination, and hypersensitivity, but also (b) abstention from consequent relationships, and (c) newfound love in healthy relationships (Neustifter & Powell, 2015). In the literature, stages are identified in the process of navigating new relationships post-IPV, where initial relationships may serve as support and refuge from IPV relationships and “just sex,” and where, as survivors progress through recovery, romantic involvement eventually becomes more desired (Wuest & Merritt-Gray, 2001). The following chapters will outline the present study which further investigated this construct.

Limitations in IPV Recovery Research

In a review of the literature, we identified several investigations of post-IPV recovery. These studies consisted primarily of small qualitative samples in the United

States (Smith, et al), Canada (Merritt-Gray & Wuest, 1995), and Taiwan (Hou, Ko, & Shu, 2013), although elements of quantitative analyses were found in a limited number of studies (e.g., Anderson, 2012; Neuman Allen & Wozniak, 2011), and were used mostly to measure Post Traumatic Stress Disorder (PTSD) symptoms prior to and after an intervention, or to distinguish PTSD symptoms between individuals who had recovered well and not well. Most studies were done with homogenous samples of women.

CHAPTER THREE: METHODOLOGY

Based on the information gathered in the literature on the process of overcoming abuse, it was evident that further research needed to be completed on the recovery process of IPV. The studies that were completed provided a general overview of the process of recovery (i.e., not going back, maintenance, and prosperity), and factors that played a role in the progression through these stages (e.g., social support, advocacy, and recreating one's identity). Based on the context of the topic as well as the theoretical framework, a phenomenological approach (Moustakas, 1994; Polkinghorne, 1989) was appropriate, since we aimed to explore the lived experiences of individuals who were navigating new intimate relationships post-IPV, a topic we know little to nothing about (Hays & Wood, 2011).

Choosing a research tradition, or methodology, to frame one's qualitative study is comparable to choosing a theoretical orientation in working with clients (Hays & Wood, 2011). One of the reasons for this is that a research tradition (a) serves as a philosophical guide in research-based decision-making, (b) allows researchers to select an appropriate design for their research questions, and (c) increases trustworthiness (i.e., validity; Klein, 2008). Thus, in qualitative research, the theoretical underpinning of a study is drawn from the methodology that best answers the research questions. The present study employed a phenomenological research methodology to get to the heart of the "lived experiences" (Creswell, 2013, p. 76) of the participants.

Purpose of the Study

While the literature on IPV recovery is beginning to grow, no study was identified that specifically examined the relationship-formation process post-IPV. This study seeks to better understand the unique lived experiences of survivors of IPV who consider or who navigate new relationships post-IPV. This is done in an effort to close a major gap in the literature, to examine an important aspect of the recovery process, and to provide a framework for viewing post-IPV relationship-formation for survivors and for their counselors.

Research Questions

In phenomenological research tradition (Creswell, 2013; Husserl, 1954; Moustakas, 1994; Polkinghorne, 1989), the researcher is concerned with asking questions that target how individuals experience the phenomenon and what their specific experiences are with it. Thus, research questions and sub-questions included: (1) What are the lived experiences of female survivors of IPV who are considering or navigating new intimate relationships, and (1a) What are the helping and hindering experiences of considering or navigating new intimate relationships?

Research Design

The present study employed a phenomenological research methodology to get to the heart of the “lived experiences” (Creswell, 2013, p. 76) of the participants. Phenomenological methodology is a supported choice for studies that aim to explore a

phenomenon that has little empirical understanding (e.g., Creswell, 2013). Thus the present study explored an inadequately-understood phenomenon of IPV survivors who were navigating new relationships post-IPV. Hearing their in-depth stories became essential to understanding the depth of participants' lived experiences, and phenomenological methodology created a space for such inquiry.

Phenomenological Research

In the 1930s, Husserl first created what we know as phenomenological research methodology. He was concerned with understanding the lived experiences, or the *Liebenswelt* ("lived world"), of individuals (Husserl, 1954; 1962; 1970). In other words, the goal of phenomenology is to "grasp 'what' something is" and to get to the "essence" of the experience of a phenomenon (Wertz, 2005, p. 168). However, Husserl recognized that *we can only know what we experience*, which became a basic tenet of phenomenology. That is, a phenomenological study is not concerned with finding the ultimate truth about a phenomenon, since such a truth does not exist. Rather, participants' perceptions of their lived experiences creates the structure of the phenomenon (Giorgi, 1985; Husserl, 1954; 1962; 1970; Patton, 1990). Thus, a phenomenological study is described by Patton (1990) as "... one that focused on descriptions of what people experience and how it is that they experience what they experience" (p. 71). Phenomenology is concerned with understanding not only the phenomenon as it occurred, but also the meaning that was created in the process and the internal world that was engaged (Schwandt, 2000).

Phenomenology and IPV

In the context of IPV and understanding survivors' unique experiences, it is essential for researchers to (a) create a safe environment, (b) respect the safety and confidentiality of the participants, and (c) create a respectful human connection with those involved in the research (Murray, Ong, Hall-Smith, Foreman, Akers, Flasch, Johnson-Hostler, Przewoznik, Guerrero, & Dooley, 2015). The close researcher-participant relationship in phenomenological methodology allowed for the aforementioned conditions to be met.

Procedure

The researcher obtained approval for the study from the Institutional Review Board (IRB) at the University of Central Florida, Office of Research and Commercialization. Since the study was determined to be of *minimal risk* to participants, signatures were not required on the consent form.

Sampling and Recruitment

Determining sample size in qualitative research varies widely, based on numerous factors, such as methodology, saturation, and quality of the data (Gall, Gall, & Borg, 2007). For phenomenological research, Polkinghorne (1989) recommends between 5 and 25 participants; however, other researchers (e.g., Hays & Wood, 2011; Wertz, 2005) have argued that it is saturation that should determine sample size in qualitative studies (i.e., no new information is found). Based on this premise, a preliminary participant sample

size of 10 was set, with flexibility to include additional participants if saturation was not reached. Saturation was reached with 10 participants, which made up the final sample.

In qualitative research, all sampling is purposive, since we are by definition looking for a specific sample which meets the inclusion criteria of the study (Hays & Wood, 2011) and which best aims to answer research questions (Gall, Gall, & Borg, 2007). In this study, we used purposive sampling to identify a sample of participants for individual interviews that (a) identified as female, (b) were at least 21 years old, (c) had been out of an abusive relationship for at least two years (e.g., Murray & Graves, 2012), and (d) had considered or attempted to navigate new intimate relationships post IPV. A two-year minimum of IPV-free time was set, based on precedence in previous studies (e.g., Flasch, Murray, & Crowe, 2015; Murray, Crowe, & Flasch, 2015), in order to maintain a safety boundary for the participants. In addition, research on IPV suggests that once a survivor has been out of an abusive relationship for two years, the risks of re-entering one are significantly lower (e.g., Murray & Graves).

Types of purposive sampling included snowball, or chain, sampling (asking individuals to recommend participants that meet the requirements) and criterion sampling (participants meet specific criteria of the study) (Gall, Gall, & Borg, 2007). To achieve purposive sampling, the researcher recruited participants by distributing flyers in community-based agencies (e.g., Jewish Community Center, religious organizations, and women's community agencies), displaying recruitment posts on social media and on community listservs, and contacting counselors and friends who might be familiar with individuals meeting study criteria. Recruitment material (Appendix D) was framed in a

positive and empowering way, where participants were encouraged to share their stories and contribute to important research.

When considering the sampling of IPV survivors, there were additional aspects to consider, which potentially influenced their experiences and which included: (a) time spent in the abusive relationship, (b), the severity of abuse, and (c) time since the abusive relationship, (d) present symptomatology, (e) personal and resiliency factors, including post-traumatic growth, and (f) participants' definitions of IPV and being IPV-free. For instance, one person's definition of IPV may be different from that of another's, and depending on the varying definitions, it is possible that some participants, while defining themselves as being IPV-free, may still have been in IPV relationships. Recruitment focused on non-clinical populations; that is, the goal was to recruit participants from the general population to get a more homogenous and transferable sample, recommended in qualitative research for purposes of trustworthiness (i.e., validity) (Creswell, 2013; Gall, Gall, & Borg, 2007).

Participants

In the recruitment process, the researcher identified 10 participants who expressed interest in participating in the study, met criteria outlined in the consent form, and were able to be interviewed in person in a location that was feasible for both the researcher and the participants. The 10 participants lived in eight cities and three states on the Eastern border of the United States. The researcher traveled to eight cities and three states (i.e., Florida, Pennsylvania, and Maryland) to collect data through face-to-face interviews.

Participants were interviewed in four cities in Florida ($n = 4$), two cities in Pennsylvania ($n = 2$), and two cities in Maryland ($n = 4$). One of the participants who was interviewed in Pennsylvania was a resident of Virginia and only briefly visiting Pennsylvania.

Participants consisted of 10 female survivors of IPV who were at least 21 years of age, who had been out of an abusive relationship for at least two years, and who had considered or navigated new relationships after leaving their abusive ones. The age range for participants was 30 to 55 years. Participants' self-reported ethnicity included Caucasian/White/American ($n = 6$), Hispanic/Mixed-Hispanic ($n = 2$), Israeli/White ($n = 1$), and Pakistani/American ($n = 1$). Five participants described themselves as straight or heterosexual, four described themselves as bisexual, and one described herself as lesbian. Four participants were currently single or casually dating, while two participants described themselves as in a relationship. Four participants were either married, engaged, or in a long-term committed relationship. Half of the participants ($n = 5$) had children with the abuser. Participants varied in their highest educational level: High School education ($n = 1$), some college education or an associate's degree ($n = 2$), Bachelor's degrees ($n = 2$), Master's degrees ($n = 4$), not reported ($n = 1$). The most common educational level was a Masters degree, and out of the four participants with Master's degrees, two were pursuing their doctoral degrees. Five participants reported having full-time employment, and four reported having part-time employment. Household income levels ranged from "Son's SSI check" to \$90,000. Table 1 illustrates participants' demographic information.

Table 1:

Participants' Demographic Information.

	Age	Ethnicity & Cultural Background	Sexual Orientation	Relationship Status	Nr. of Children	Highest Completed Education	Employment Status	Household Income
Alesha	41	White, American	Heterosexual	Cohabit	Y	MA	Underemployed	\$32K
Kristen	31	European American	Lesbian	Engaged	N	MA	PT	\$72K
Valerie	33	Caucasian American	Bisexual	Dating	N	MA student	PT, Student	< \$12K
Jasmine	37	White, Israeli, American	Straight	In a relationship	Y	AA	PT, Student	< \$10K
Lucy	32	White, American	Bisexual	Cohabit	N	BA	FT	\$90K
Gabby	40	Caucasian	Straight	Single	Y	N/A	PT	N/A
Naomi	35	White, American	Bisexual	Cohabit	N	Some college	PT, Student	N/A
Abby	55	Mexican American Hispanic	Straight	Single	Y	HS	FT	< \$10K
Dana	44	Asian, Pakistani American	Straight	Single	Y	MA	FT	\$50K
Sierra	30	White & Hispanic American	Bisexual	In a relationship	N	MA	FT, Student	\$60K

Note. The information above is self-reported by the participants. Y = Yes. N = No. FT = Fulltime, PT = Part-time.

IPV Background and History

Participants also ranged in their IPV history. Most participants had been in one abusive relationship ($Mdn = 1$, $M = 1.3$, $SD = .71$), had been out of their abusive relationship for an average of 9.3 years ($SD = 7.81$), and had spent an average of 4.72 years ($SD = 3.72$) in their most recent abusive relationship. Participants experienced different types of IPV in their most recent IPV relationship: verbal abuse ($n = 10$), emotional/psychological abuse ($n = 10$), physical abuse ($n = 7$), financial abuse ($n = 5$), sexual abuse ($n = 4$), religious/cultural abuse ($n = 2$). All participants reported power and control as present in their IPV relationships. Six participants reported having no contact with their abusers; two reported having current contact with the abuser; and two reported having sporadic contact with the abuser. Participants also experienced varying levels of systemic responses or intervention as a result of the IPV: law enforcement involvement ($n = 6$), hospitalization as a result of IPV injuries ($n = 0$), women's shelter ($n = 2$), and domestic violence protective order filed ($n = 2$). Out of the 10 participants, one reported she currently fears her abuser, four reported that they sometimes fear their abuser, and five reported that they do not fear their abuser. Table 2 highlights participants' unique IPV backgrounds.

Table 2:

Dynamics of Most Recent IPV Relationship.

	Ales ha	Krist en	Valer ie	Jasmi ne	Lucy	Gabb y	Nao mi	Abby	Dana	Sierr a
Years Since Leaving	6	4	4	5	11	11	6	28	16	2
Total IPV Relationships	1	1	2	1	1	n/a	3	1	1	1
Years in IPV Relationship	13	2	1.5	3	2	n/a	3	7	4	7
Children with Abuser	Y	N	N	Y	N	Y	N	Y	Y	N
Sex of Abuser	M	TG	M	M	M	M	M	M	M	M
Power and Control	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Types of Abuse	V, E, Ps, F	V, Ph, E, Ps, F	V, E, S, Ps	V, Ph, E, Ps, F	V, Ph, Ps, S, E, F	V, E, Ph, S	V, E, Ps, F	V, Ps, Ph	V, Ph, Ps, S, E, F, C, R	V, Ph, S, E, Ps, R
Current Contact with Abuser	Yes	No	No	Yes	No	No	No	No	SP	SP
Law Enforcement Involved?	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes	No
Hospitalization?	No	No	No	No	No	n/a	No	No	No	No
Shelter?	Yes	No	No	No	No	n/a	No	Yes	No	No
DVPO* Filed	No	No	No	Yes	No	n/a	No	Yes	No	No

	Ales ha	Krist en	Valer ie	Jasmi ne	Lucy	Gabb y	Nao mi	Abby	Dana	Sierr a
Currently Fear Abuser?	ST	No	No	ST	ST	n/a	No	No	ST	Yes

Note. Responses reflect participants' most recent IPV relationship. * DVPO = Domestic Violence Protective Order. V = verbal abuse; Ph = physical abuse; Ps = psychological abuse; E = emotional abuse, F = financial abuse, S = sexual abuse; C = cultural abuse; R = religious abuse. M = Male. TG = female-to-male transgender. ST = sometimes. SP = sporadic.

All 10 participants had received some form of counseling during their lives, which is worth noting as a possible factor when interpreting the results of the findings. Table 3 illustrates participants' descriptions of their social support (e.g., friends, family, love) and counseling experience.

Table 3:

Social Support and Counseling

Participants	How would you describe your current social support	Have you ever been in counseling or attended support groups or similar? Please explain.
Alesha	Very strong, partner and friends	In and out of counseling all my adult life
Kristen	I have great social support. I have a strong friend group locally as well as neighboring states.	Yes, both specifically related to the IPV and otherwise. I have not attended groups before; only individual and couples sessions.
Valerie	I have supportive friends who validate and acknowledge what I went through. There were 2 friends in particular that were supportive when it happened, they knew him, too. We had all been friends and did things together socially	Yes, I attended counseling within a month after the rape and worked with this therapist for a year
Jasmine	I finally have a good social support group. Friends that get me out and help me socialize	Yes, 4 therapists, currently doing EMDR which is helping me process. I go to group therapy as well.
Lucy	Amazing, supportive friends, husband, and therapist	Yes, attended therapy and worked through PTSD trauma and the abuse cycle
Gabby	N/A	N/A
Naomi	Strong, I have old friends who are loyal and new friends with good perspective and open arms	I have attended several al anon meetings and saw a counselor for a brief time when I was married
Abby	Good support, religious community, friends	Yes, I attended support groups at the women's shelter
Dana	I have wonderful friends, family, and family that I chose for myself. I also have an incredible relationship with my son and while he is not my support system, he both IS my reason and GIVES me reason to work at being happy.	Yes. I was in individual and group counseling. This was paramount to my healing and self-recovery.
Sierra	Good- mom and good friends	Yes, lots of counselors

Note. Self-reported answers regarding current social support and counseling experience.

Data Collection

Data collection in qualitative work may include interviews, observations, document analysis, and more (Creswell, 2013; Hays & Wood, 2011). In phenomenological research, data collection is most frequently completed through long interviews (e.g., Husserl, 1954; 1962; Moustakas, 1994, Wertz, 2005). Participants may be interviewed several times for trustworthiness purposes and to gain additional information (Hays & Wood, 2011). In this study, data collection consisted of individual interviews. All participants were given copies of the informed consent form (see Appendix C) and had the opportunity to ask questions prior to the beginning of the data collection. All participants were given clear instructions on the process of the study, including confidentiality and privacy, audio recording, follow-up interviews, and data analysis. All participants were informed that they had the option to opt out of the study at any time and decline to answer any question(s) (both during the interview and on the demographic form). All participants approved verbally to the terms of the consent form.

Interview Process

All interviews took place face-to-face in a private setting, mutually agreed-upon by the researcher and the participants. The researcher conducted the interview per protocol. The interviews lasted between 45 minutes and 2 hours, with eight interviews lasting between 1 and 1.5 hours. All interviews were audio recorded. Prior to the interview, the researcher explained the interview process to the participants. Gall, Gall, and Borg (2007) state that it is important that the researcher maintains objectivity and

does not lead the participant. To avoid leading the participants, the researcher avoided making affirmative statements or asking leading questions. However, prompts for additional information, specific details, or clarification were made. The researcher summarized and paraphrased statements throughout the interview process to ensure participant statements and meanings were being understood. At the conclusion of the interview, the researcher asked if the participants wanted to add anything that had not been brought up during the interview, providing an opportunity for the participant to share additional pertinent information.

Instrumentation

Instruments utilized in the present study included (a) the interview protocol and (b) a demographic questionnaire.

Interview Protocol

The interview protocol (Appendix B) was designed in accordance with phenomenological recommendations (e.g., Creswell, 2007; 2013; Moustakas, 1994). That is, *grand tour* questions were designed to get to the *what* and *how* of the phenomenon and guided the interview; secondary questions were asked to aid in this process, build rapport, and obtain clarification and specific examples (Creswell, 2013). Outlined below are the grand tour (1-3) questions and follow-up questions utilized in the interview:

1. Please briefly describe your history of being in intimate partner violence (IPV) relationship(s).
 - a. Please tell me how your last IPV relationship ended.

2. Please briefly tell me about the process that started when your most-recent IPV relationship ended.
 - a. What were some significant moments?
 - b. What is your current general wellbeing?
 - c. What were some challenges and successful moments?
3. Please tell me about your process of navigating intimate relationships since your last IPV relationship.
 - a. Have you dated since then?
 - b. Are you currently dating or in a relationship, taking a break, or have you chosen to abstain from relationships?
 - c. What is the emotional experience of navigating this experience?
 - d. What are some challenges you face in the process?
 - e. What are some common challenges in relationships? How do you handle challenges in your relationships?
 - f. What are some successful moments?
 - g. What are your needs?
 - h. What are your fears?
 - i. How has the progression of dating changed since you first began dating?

Is there a difference in your first experiences compared to your most recent?
 - j. How have your needs changed since you first began dating or first left the abusive relationship?

- k. How does your past IPV experience affect your current process of dating (if at all)?
- l. What has the quality of your dating process and new relationships been like?
- m. What about children in the process?
- n. What (if any) support have you gotten in this process?
- o. What are your hopes and expectations for the future?
- p. How have you changed as a result?
- q. Have you received formal support such as counseling? Please describe.

Demographic Questionnaire

A demographic questionnaire was also utilized to collect information that may be important to contextualize the participants' experiences and understand their baseline of non-abuse. A complete demographic form is found in Appendix A. Questions on the demographic form included (a) how long participants had been out of their most recent IPV relationship, (b) the total number of IPV relationships participants had been in, (c) the history and nature of participants' previous IPV relationships, which included questions about time spent in IPV relationship(s), types of IPV present, nature of power and control dynamics, number of children, whether contact with the abuser was ongoing, magnitude and intensity of the abuse, whether participants were hospitalized as a result of the abuse, whether law enforcement was involved as a result of the abuse, whether a domestic violence protective order (DVPO) was filed as a result of the abuse, the sex/gender of the abuser, whether participants currently feared their abuser, and any other pertinent

information that participants wanted to share (d), the nature of current social support, (e) whether participants received formal support, such as counseling regarding their IPV experience, (f) whether they had attempted to navigate new relationships post abuse, (g) how many non-violent relationships they had since their abusive relationship, (h) how many times participants tried to date or otherwise explore possible relationships after their abusive one(s), (i) how participants described the overall quality of dating/relationships after their last abusive relationship, (j) to what extent past abusive relationship(s) affected participants' current dating experiences, (k) whether participants were currently in a romantic intimate relationship, (l) how participants described their current wellness in the following areas: physical, emotional, spiritual, social (friends, family, support), social (love), environmental (e.g., home and community), occupational, intellectual, coping skills (e.g., stress management) financial, and fun and leisure, (m) participants' age, (n) participants' ethnicity, (o) participants' sexual orientation, (p) participants' highest completed education, (q) participants' current employment status, (r) participants' current household income, and (s) participants' engagement in any advocacy or volunteer work.

Data Analysis

Data analysis encompasses a critical step in the research process. There are specific recommendations for data analysis processes based on the type of qualitative research that is conducted (Creswell, 2007; 2013; Hays & Wood, 2011; Wertz, 2005). The purpose of phenomenology is to get the *essence* of the experience with a given

phenomenon. In this study, the researcher attempted to understand what it was like for participants to navigate new intimate relationships post IPV. The researcher was investigating both overarching themes that were found in all or most of the interviews, also referred to as the *essential invariant structure* (Creswell, 2013, p. 82; Moustakas, 1994), as well as for variations in the experiences of participants. The data analysis was completed by two independent researchers for trustworthiness (i.e., validity of the study) purposes, which will be described further in the section on trustworthiness.

Traditionally, phenomenological research includes the following overarching processes with some variations: (a) the verbatim transcription of audio-recorded interviews, (b) identification of important or significant statements, (c) hierarchical coding or clustering of themes, and (d) rich descriptions of the findings (Colaizzi, 1978; Creswell, 2007; 2013; Hays & Wood, 2011; Husserl, 1954; 1962; Moustakas, 1994; Polkinghorne, 1989). The researcher utilized a combination of Moustakas' (1994) and Colaizzi's (1978) data analysis recommendations for phenomenological research.

Moustakas' (1994) Data Analysis Method

Moustakas (1994) describes the meaning-making process of phenomenological research, and includes in this *horizontalization*, where the goal is to examine the data objectively and without judgment, giving equal weight to all statements, before clustering it into themes. Moustakas (1994) described this process as “an interweaving of person, conscious experience, and phenomenon. In the process of explicating the phenomenon, qualities are recognized and described; every perception is granted equal value, nonrepetitive constituents of experience are linked thematically, and a full description is

derived” (p. 96). In this step, the researcher typically reads and re-reads transcripts several times, identifies significant statements, and begins to create a coding scheme, identifying overarching themes, categories, and meanings. This scheme may be hierarchical, depending on the themes and meaning units identified. The data is then viewed from multiple perspectives, ensuing in the *essential invariant structure*, which describes the shared experiences of the participants and what can be concluded about the phenomenon (Creswell, 2013, p. 82). *Textural descriptions* refer to the *what* of the experiences; that is, *what* have the participants experienced? The *structural* and *rich* descriptions refer to the specific experiences that give participants voice in the research. It is important to include participants’ words in these descriptions (Merriam, 2009). Polkinghorne (1989) describes the *essential invariant structure* as, “The reader should come away from the phenomenology with the feeling, ‘I understand better what it is like for someone to experience that’” (p. 46).

Colaizzi’s (1978) Data Analysis Method

Colaizzi’s (1978) method of data analysis includes a clearly-laid-out seven-step process. The *first step* includes transcribing all audio recordings. The *second step* includes extracting significant statements, identified as statements that relate directly to the phenomenon. The *third step* includes formulating meaning from the significant statements; that is, assigning meaning or restating the sentence by adding a signifier (e.g., self-esteem) to the statements that were identified as significant. The *fourth step* includes clustering the aforementioned meanings into categories or themes. The *fifth step* includes developing an *exhaustive description* (Edward & Welch, 2011, p. 165), defined as a

synthesis of the theme clusters and meanings. The *sixth step* includes identifying the overarching structure of the phenomenon, or the essence of participants' experiences, through analysis of the exhaustive description. The *seventh step* in Colaizzi's method of data analysis includes member checking, or validating the essence of the phenomenon with the participants in the study and eliciting feedback. Participants' feedback should then be incorporated in the study findings.

Procedures of Data Analysis in the Present Study

Interviews were audio-recorded and transcribed verbatim by the researcher and two research assistants. The audio files and transcripts were kept on the researcher's password-protected computer in a password-protected file. Once the audio recordings were transcribed, the recordings were deleted. Participants were initially assigned a number (1-10) and any identifying information was deleted (Gall, Gall, & Borg, 2007). The demographic questionnaires were compiled and transferred into a password-protected Microsoft Excel spreadsheet, with all identifying information removed and participants being assigned the aforementioned participant numbers. During the data analysis process, the researcher used a *random names generator* (<http://www.behindthename.com>) to substitute participants' and other associated names with fictitious pseudonyms to keep track of participant statements and make the findings easily comprehended.

Using Moustakas' (1994) and Colaizzi's (1978) methods of data analysis, the researcher engaged in the data analysis procedures outlined below. All transcripts were

analyzed individually, so as to maintain a clear description of each participant's experience. The researcher recruited two Master's students from the University of Central Florida counseling program to serve as research assistants. The research assistants assisted the researcher in engaging in Moustakas' initial procedures and Colaizzi's *first step* of data analysis by transcribing all audio-recorded transcripts verbatim. No identifying information was included, as the researcher did not use participants' names in the interviews. Any mention of real persons in the audio recordings (e.g., abusive partner, children, and friends) were removed from the transcripts by the main researcher and substituted by a word that described that person to ensure consistency of meaning (e.g., abuser, child, and friend).

Once all transcripts were transcribed, the researcher and one research assistant engaged in Colaizzi's *second step* of data analysis by reading and re-reading digital copies of all transcripts independently of each other (Moustakas, 1994) and identifying significant statements (i.e., those related to the phenomenon) by highlighting them in the word processing program, Microsoft Office Word 2013 (Colaizzi, 1978). The researcher and research assistant then reviewed each other's significant statements on each transcripts and maintained overlapping significant statements. Statements which had only been highlighted on one researcher's version of the transcript were discussed, upon which the researcher and research assistant reached consensus on whether or not the statement was significant to the phenomenon and should be kept.

The researcher and the research assistant conducted the third step of Colaizzi's (1978) data analysis procedure by independently reviewing all transcripts and assigning

meanings to each highlighted statement. The researcher and research assistant then reviewed each other's transcripts. Statements which differed in assigned meaning were discussed, upon which the researcher and research assistant reached consensus on which meaning best described the significant statement.

The researcher conducted *step four* of Colaizzi's (1978)'s method by clustering the meanings into themes. The meaning descriptors from each transcript were copy-pasted into a new document to capture the essence of that participant's experience. Repetitive or overlapping meaning descriptors were discarded, and theme clusters were created. The research assistant and an additional researcher on the author's dissertation committee, Dr. Boote, assisted the researcher in reviewing the final clusters based on the data. Each provided feedback and recommendations, which were included in the final compilation of theme clusters.

The researcher combined Colaizzi's (1978)'s *Step five* and *Step six* due to the repetitive nature of the steps, and used recommendations from Moustakas (1994) to create exhaustive descriptions of each theme cluster. The researcher engaged in this process by extensively describing each theme cluster, incorporating participants' quotes and *thick descriptions* of their experiences. The researcher further engaged in writing the *essence* of the phenomenon by identifying the overarching structure of navigating new relationships post-IPV. This can be found in *Chapter Five: Findings*.

The final step in Colaizzi's (1978)'s method includes member checking. The researcher engaged in member checking by sending digital copies of the clustered themes along with descriptions of each theme to all participants. Participants were asked to

provide additional feedback on the cluster themes as they saw fit. Out of the 10 participants, 9 responded to the researcher and provided feedback via the telephone, face to-face with the researcher, or via e-mail. One participant was contacted twice and did not respond. Options for providing feedback were made available to ensure member checking procedures could be completed. All participants agreed with both the identified themes and with the descriptive findings in chapter 4 of the study. One participant provided clarification regarding her narrative, which was adjusted accordingly by the researcher. All participants were thanked for their efforts and were told to contact the researcher if they thought of anything else.

Trustworthiness

Trustworthiness is the term used in qualitative research to describe methods utilized to enhance the validity of the study.

Epoche

In this current study, the researcher conducted epoche, which was a term coined by Husserl (1954; 1962) to describe a process in which a researcher (a) brackets his or her own experiences and describes his or her own relationship with the phenomenon and (b) declares positionality, by stating any assumptions and biases he or she may have. Due to the researcher's personal experience with the phenomenon, the researcher continuously took notes of personal reflections, biases, and assumptions throughout the study's process, and continuously referenced this information to check for objectivity while conducting interviews. As part of the bracketing process, the researcher wrote down

personal answers to the interview questions asked of participants and also completed the demographic form. The researcher's epoche is found below.

Multiple Persons Conducting Data Analysis

In this study, the researcher utilized two additional research assistants as well as a dissertation committee member, Dr. Boote, in the data analysis process. Two persons completed data analysis independently, to make sure multiple perspectives on the data were seen. The researcher and one research assistant engaged in Colaizzi's second step of data analysis by reading and re-reading digital copies of all transcripts independently of each other (Moustakas, 1994) and identifying significant statements. The researcher and research assistant then reviewed each other's significant statements on each transcripts and maintained overlapping significant statements. Statements which had only been highlighted on one researcher's version of the transcript were discussed, upon which the researcher and research assistant reached consensus on whether or not the statement was significant to the phenomenon and should be kept. In Colaizzi's (1978) third step of data analysis procedures, the researcher and assistant independently reviewed all transcripts and assigned meanings to each highlighted statement. The researcher and research assistant then reviewed each other's transcripts. Statements which differed in assigned meaning were discussed, upon which the researcher and research assistant reached consensus on which meaning best described the significant statement. Once all data was analyzed, the researcher solicited feedback on the analysis findings from students in a PhD-level advanced course in qualitative methods in education. Their feedback was included in the final analysis.

Triangulation

Triangulation describes the idea that there are different perspectives on the same phenomenon (Creswell, 2007; 2013). In this study, the researcher achieved triangulation by gaining perspectives from participants in several cities and states. The 10 participants in the study lived in eight cities and three states on the Eastern border of the United States. The researcher traveled to eight cities and three states (i.e., Florida, Pennsylvania, and Maryland) to collect data through face-to-face interviews. Participants were interviewed in four cities in Florida ($n = 4$), two cities in Pennsylvania ($n = 2$) and two cities in Maryland ($n = 4$). One of the participants who was interviewed in Pennsylvania was a resident of Virginia and only briefly visiting Pennsylvania. Further, the participants varied in demographic profiles, including age, ethnicity, sexual orientation, socioeconomic background, and dynamics of the IPV they had experienced.

Member-Checking

The researcher engaged in member-checking by sending digital copies of the clustered themes along with descriptions of each theme to all participants. Participants were asked to provide additional feedback on the cluster themes as they saw fit. Out of the 10 participants, nine provided feedback. The researcher engaged in member checking by sending digital copies of the clustered themes along with descriptions of each theme to all participants. Participants were asked to provide additional feedback on the cluster themes as they saw fit. Out of the 10 participants, 9 responded to the researcher and provided feedback via the telephone, face to-face with the researcher, or via e-mail. One participant was contacted twice and did not respond. Options for providing feedback

were provided to ensure member checking procedures could be completed. All participants agreed with both the identified themes and with the descriptive findings in chapter 4 of the study. One participant provided clarification regarding her narrative, which was adjusted accordingly by the researcher. All participants were thanked for their efforts and were told to contact the researcher if they thought of anything else.

Peer Debriefs

Throughout the progression of the study, the researcher engaged in peer debriefs with committee members regarding all parts of the study, including data collection and recruitment, the structure of the study, and data analysis. Additional perspectives and feedback was provided and incorporated into the research proceedings.

Detailed Audit Trail and Field Journal

The researcher kept a detailed audit trail and field journal throughout the study. This included notes after each interview, reflections on the data and interviews, continuous referral to epoche (Husserl, 1954; 1962) to maintain objectivity, and confidentiality of the data.

External Auditor

The researcher employed an external auditor to review transcripts and the final results to ensure the researcher had minimized bias and accurately represented participants' experiences.

Bracketing, & Positionality

The researcher conducted epoche, which was a term coined by Husserl (1954; 1962) to describe a process in which a researcher (a) brackets his or her own experiences and describes his or her own relationship with the phenomenon and (b) declares positionality, by stating any assumptions and biases he or she may have. The epoche was referenced continuously by the researcher to check for objectivity. The researcher's epoche is found below.

I am a 30 year old woman, currently pursuing my doctoral studies in counselor education and writing my dissertation on the process of navigating new relationships after an IPV relationship. I grew up in Sweden to Eastern European Jewish immigrant parents and moved to the United States at the age of 14. Since then, I moved back and forth to Sweden twice and eventually returned to complete my Bachelor's degree in psychology and my Master's degree in couple and family counseling and clinical mental health counseling at two different universities in Southeastern United States. In my clinical experience, I worked extensively with primary and secondary victims and survivors of IPV, adults and children, in community and shelter settings. I also supervised counseling students who were working with victims and survivors of IPV. Further, I have engaged in research on the topic of IPV since I was invited to join a family violence research team, headed by Dr. Christine Murray, in my Master's program. Additionally, I co-taught a Master's-level counseling course on family violence. I have also had personal experience of being in an IPV relationship for four years, and was able to leave that relationship close to a decade ago. This experience sparked my passion for research and practice to

prevent IPV in our communities, and doubtlessly results in a biased perspective on the present study. Therefore, it was important that I maintained objectivity and referenced my positionality and bracketing throughout.

It is my belief that survivors of IPV experience a complex recovery period, and that many factors play a role in “successful” recovery, including a rebuilding of the self through experiences that enhance self-efficacy and self-esteem. I believe that social support and resources is essential in the recovery from IPV, and also that certain factors can impede the process, such as social stigma and self-blame. I believe that life circumstances, such as children and finances, and dynamics of the abusive relationship, such as intensity and frequency of abuse, also impact the recovery process.

In terms of navigating new relationships, I think that many survivors struggle with trust and erect barriers to emotional intimacy. I also believe that some fall into a cycle of abuse and end up in consequent violent relationships while others become hyper-vigilant and struggle to recognize normal behaviors from abusive signs and characteristics, further alienating potential healthy partners. I believe that new relationships may bring to life old wounds and that romantic intimacy may trigger symptoms of PTSD in survivors of IPV. Therefore, I think an essential component for IPV survivors who are navigating new relationships will include finding balance and patience with each other, that sharing experiences with a supportive partner will help in the recovery process, and that communication and anger will be important factors to address. With my philosophical roots in attachment theory, I believe humans have an innate need to attach to a romantic partner. Having experienced IPV may impact the consequent dating process and wellness

in new relationships. My hope is that this study sheds light on some of the specific struggles and successes of dating and creating new relationships post-IPV so that we can better prepare survivors for this process and help them navigate through the dating world successfully rather than focus on what to avoid (i.e., red flags), which has been the overwhelming focus in the IPV literature on relationships post-IPV.

CHAPTER FOUR: FINDINGS

Chapter four illustrates the findings of the present study, namely how participants considered or navigated new relationships post-IPV. In this chapter, the researcher presents detailed profiles of each participant detailing their overall experiences with IPV relationships and the initiated recovery processes. This is to contextualize each participant, to understand their history of IPV, and to understand their overall recovery process prior to focusing on how they considered or navigated new relationships post-IPV. The researcher also presents a thematic analysis of interviews with 10 participants. This chapter aims to answer the research questions and provide an encompassing description of the phenomenon.

Participant Profiles: IPV Background and General Recovery

Participant 1: Alesha

Alesha is a 41 year old White heterosexual woman. She describes the abusive relationship she had with her ex-husband as one that started when she was young, only 18 years old. Alesha mentions she was “looking for a father figure... someone to take control of my life” and that the abuser immediately did just this. In fact, he was “very paternal, very in charge” and “there wasn’t very much that we did separately.” She describes that the relationship did not start out as “noticeably abusive” but that as she started to figure out who she was and how she was going to live her life that “things started to diverge” and that his controlling behaviors became more apparent. Gender roles in this relationship were strict and traditional, and as Alesha began to explore herself

more, especially in the context of academic and professional experiences, she began to realize that “he wasn’t treating me as a full partner and as an equal player.” As Alesha moved toward independence and pursued professional endeavors, she realized that her colleagues treated her with more respect than did her husband: “With all of that validation from my cohort, and people asking for my advice, and then coming home and expecting to be a dutiful wife and being under his wing.”

However, his emotional abuse and gaslighting caused her to question herself frequently: “You think that because you’re crazy, you think that because of your family background... I think also it’s just like I didn’t get hit so it must be okay...” Social messages and stigma also played a role for Alesha and contributed to her difficulty in making a decision:

It’s just such a Catch-22, because if a woman stays with someone who is physically abusive, it’s like, well why did she stay with him? She should have just left... but if she leaves him before he gets physically abusive it’s like, ‘oh, it’s not like he was hitting you.’ So you can’t win.

At this time, things were worsening at home. Her husband used verbal and emotional abuse to assert control, calling her names and engaging in constant arguments that eventually escalated into physical abuse: “I was a whore, I was a slut... he became very controlling... couldn’t be disengaged... and so we were just arguing, arguing, arguing and then, um, at one point he threw a pair of scissors at me.”

Things escalated quickly when Alesha decided she wanted the two of them to stay in separate bedrooms: “He started complaining about how that there is legal precedence

for sexual relations between married couples and that I legally owed him sex... it was like someone scrambled his brains.” One day, things got so bad that Alesha thought her ex-husband was going to kill her, which prompted her to leave him and enter a battered women’s shelter:

He was driving and was white-knuckled and started driving in a direction that I didn’t know where we were going. And I was like, ‘where are we going?’ And he wouldn’t talk to me, and pulled over in an abandoned lot and screamed at me for half an hour. And like, I...I really didn’t know, like is he going to kill me here? Or is he...? Like it was very, very frightening.

Sensing an impending request for a legal separation, the abuser threatened Alesha, “You could have a separation but I’m going to report you as abandoning the kids, and you will never see them again.” Alesha reflects, “So at that point I felt like I had no other option than... I left with the kids after school on a Friday for the women’s shelter.” At the women’s shelter, Alesha was able to pick up the pieces and begin to rebuild herself through counseling and support. The shelter staff helped her care for the kids, complete necessary separation and government assistance paperwork, call the courts, and help her find a place to live. She reflects, “And it was just nice to have people say ‘you aren’t crazy’... I haven’t been crazy all this time.”

After she got her own apartment and moved out of the shelter, things were bittersweet. On the one hand, she embraced independence and a violence-free existence; on the other hand, things were tough, especially financially: “I remember the first time when I got the food stamps and I went to the grocery store and it... I just remember

crying because for the first time my refrigerator was full, my cabinets were full.”

Alesha’s recovery included exploring herself through relationships, dating, and sex, and as she began to take charge of her life, she felt better emotionally and physically.

Alesha’s journey of navigating new relationships post-IPV is found further down in the results section.

Participant 2: Kristen

Kristen is a 31 year old European American Lesbian woman who is currently engaged to be married with her partner. She met her abuser, a woman who eventually began a female-to-male transitioning, while in graduate school. Kristen explains her initial attraction and the red flags she ignored: “She was so good looking. I was so fascinated with her... in hindsight, I knew it was going to be bad.” The abuse escalated, and Kristen made several attempts to improve the situation: “I really think when all the abuse was happening I was confused and confused that I, that I, could change her... I convinced myself I was doing good work.” Kristen explains the progression of abuse:

There was a lot of control uh trying to create dependency from me to her... [then, the physical abuse started]... She started off by holding me down in fights, she was bigger than me, so she would just she would not let me move, it sounds silly but there was just a lot of restriction to my movement.

Kristen’s family had already distanced themselves from her because they did not approve of her serious relationship with another woman, and while the emotional and physical abuse escalated, Kristen found herself isolated from friends and support systems:

I had isolated myself so much that I wasn't bouncing my relationship off anything else like... 'oh hey, in your relationship does he like grab you by the back of the head and make you fight with him when you are trying to put space in between you two?' I never asked those questions... so I also had like an alter-perception of reality because I didn't talk to people about what was real. And I think that my phase in my life, I was in my first real job and I was thinking 'I want to handle this on my own, adults figure things out on their own.' That was kind of my thinking.

Without support and an outlet for her emotions and experiences, in addition to the emotional, physical, sexual, and psychological abuse, Kristen found it difficult to trust herself: "I had a lot of 'are you sure it is this bad?'" However, she eventually realized she needed to leave, and she made the move when her abuser wouldn't know what she was doing: "She couldn't know where I was because if she did she would have come to get me." The recovery process started right away for Kristen:

When I left, I felt really guilty, really sad... questioned my decision... and then that first night was super pitiful. I slept on the floor, I didn't have a bed... I was like... 'this is legit.' That was my actual... when I was lying on my new carpet in my apartment I was like 'I was totally abused. I'm an abused person.' That was a terrible night, but the next morning when the sun rose and life went on I was like 'hell yeah! Look at what I did!'

Kristen began seeing a counselor, sharing her story with others, and reconnecting with friends and support systems and was able to feel a sense of empowerment. However, she

struggled with the after-effects of IPV and had to work hard to reach a place of balance. Her story of navigating new relationships and finding herself in the process can be found further down in the results section.

Participant 3: Valerie

Valerie dated a man, Mike, for about a year, during which most of the abuse did not seem prominent until the end and as she reflected on it in hindsight. In college, Valerie was raped by a classmate, and she had severe trust issues and residual PTSD from the event, which she had worked on in counseling for years. However, Mike was not physically abusive; rather, he was emotionally and verbally abusive and would constantly invalidate her feelings and make her feel like she could not trust her own instincts. He would “punish” her if she did not act in a way he wanted her to by refusing to talk to her or by yelling at her. He would pick fights every time they had plans, so that they would end up canceling their plans. After she initially broke off the relationship, Mike stalked Valerie, and would wait for her outside her apartment in the morning. Realizing how bad things were becoming, Valerie distanced herself from Mike as much as she could. She refused to answer his phone calls or text messages.

However, one night, in a weakened emotional and physical state, she responded to his phone call and invited him over to help her when she was sick and no one else was available to help her. Mike came over in the evening and initially seemed to be helpful, helping her as she was vomiting and suffering from severe flulike symptoms. However, when he went to get her medicine, he instead drugged her with a date-rape drug. Valerie

passed out and later came to, realizing she was being violently raped by Mike and found herself unable to move or respond. In the morning, retrograde amnesia and effects of the drug prevented her from fully understanding or remembering what had happened, but over the next year, through intense counseling, memories would slowly return. At the time of the event, she realized she was naked and in pain, and Mike was still in her apartment. She confronted him in horror, and he eventually admitted to what he had done.

And I'm thinking, 'what the fuck just happened' and my heart was pounding. I pointed my hand to him and said "You!! You!!" Don't you dare act like you don't know what you did! He was like "Whoa, whoa what are you talking about?" and I said "You know what you did, oh my god, oh my god!! I can't believe you did this to me, and you knew what happened to me before!" He just had this look of fear.

Valerie was severely affected by this experience emotionally and began questioning herself increasingly during this time, which became a major point of focus during recovery.

Really the worst part was, I thought, how in the hell did you end up being with someone who was capable of doing that, what's wrong with you, Valerie, that you, you picked this person? That was the worst part, was that I felt like I had this severe deficit for ending up having loved somebody who was capable of having done this to me, that was the hardest part for years, for years.

This questioning of herself and of others became a constant struggle and permeated every decision and every interaction she found herself in. In fact, she didn't let a male—other than her dad and gay friends—into her apartment for over a year.

What does this say about me and trusting men, and actually having a real hard time trusting people after that... Especially men, like you think you can really know somebody and holy crap, and then they can do that, and so trust became this massive issue. There would even be friends that I would meet and they could do something and I would be like 'Whoa what was that?' You know, and I'd go like 'Wow you're really paranoid Valerie, like you're really paranoid, or maybe you're just right, maybe you're picking up on something,' and so it would be this constant back and forth... I became extremely protective of myself and my space, and felt that I was like a wolf and this was my territory, and I was very intentionally doing this for as long as I felt I needed to. I was allowing myself to just do that and embrace the need to just do that.

Valerie's recovery focused primarily on beginning to trust people and herself again, and with a therapist, she "started to take myself through my own exposure therapy, and my therapist was totally on board with it and helped me make it more intentional than I would have." Valerie's story of navigating new relationships after her IPV experience continues later in this section.

Participant 4: Jasmine

Jasmine is a 37 year old straight female who grew up in Israel and has lived on and off in the USA throughout her adult life. In Israel, she had a successful career and “I loved my job, I loved my life, I was happier than I ever was.” In her late 20s, when she was in the US visiting her parents, she met a man named Grant. Immediately she started to see things she did not like and that did not feel good; however, she ignored her feelings. Jasmine explains,

I saw signs of jealousy and things that I didn’t like, but I don’t know... I overlooked them, my family really liked him... I just went along with it even though in my gut I felt like, this is not right, you know.

Her relationship with Grant moved at a fast pace: “He quickly wanted to have me move in, wanted to marry me, have kids, everything just moved fast forward.” Grant was a successful and affluent business man and “very narcissistic.” It did not take long before Grant was emotionally breaking Jasmine down. Grant began to drink heavily, watch porn, and abuse animals, and through his manipulative ways, Grant made Jasmine feel like she was to blame for not being enough for him. He “just shot my self-esteem down and just felt like I wasn’t what he needed, wasn’t good enough.”

If I would leave a drawer an inch out or open, then he would open every single door and every single drawer on the entire house, stick them out completely to show me I did something wrong. It was just an extreme. It was never a normal response to anything.

Jasmine explains how she ended up isolated from all her friends and family, not only because Grant disapproved of her social life, but because he would embarrass and humiliate Jasmine every time they were in public. The physical abuse also escalated. Jasmine explains she was never in love with Grant, but rather saw her relationship with him as a social obligation to please her parents. She explained that she desperately wanted to get out, but that Grant threatened her using their child. However,

I... finally got the nerve to call my family, and tell them like 'I can't deal with this anymore, and he was threatening me' ... And I didn't wanna leave my house to go to my parents because I didn't wanna leave my baby with him, but I had to, I was terrified... And I went to my parents' house, they went to the police.

However, the police was not responsive to Jasmine and her family and said "They can't do anything unless I call while it's happening, so they can see it, or there's some sort of evidence." Terrified, Jasmine went back to her home, and tried to escape with her son during a morning walk. However, Grant caught her.

He told me that, these were his exact words 'you even called the police and my home is no longer a safe place for me or my child. You are gonna have to suffer some serious separation anxiety now, and you've done this to yourself and you've done this to your child. I'm not coming home, you will not see your child, I will meet you in public places, until I see that you have changed into the woman I expect you to be, and then I will decide when and if you get to see your child.'

Jasmine suffered severe anxiety and panic attacks during this time, but fought with her lawyers and her entire life savings to get out of the relationship and gain custody of her

son. However, this was not an easy feat. Grant was affluent and had multiple resources and connections within the community, which made the divorce process and custody fights incredibly difficult. Their divorce took 5 years to complete as a result of Grant's incessant court battles with his lawyers.

He totally works the system. He knows. He's so calculating, so manipulative about everything... and in court, he looks like a pristine citizen, like there's nothing he can do wrong. He makes all this money, and he's educated, and here's this woman who doesn't work, who can't find a job because she's like emotionally distraught because of her situation.

Jasmine almost lost custody several times, but eventually the courts awarded her and Grant joint custody. For the next few years, the battle would continue. Forced to see Grant frequently and respond to his harassment, "I was scared of my own shadow, scared of everything... I just never knew, you know, where he was gonna come up from or what he was gonna do." She also felt like an inadequate mother for putting her child in this position.

I felt guilty about [my son] not being able to be with me, and he would cry when he couldn't be with me, didn't wanna leave... I was afraid of what was going on over there, felt like a bad mom... gave all my attention to my son because it felt like I owed him that, I felt like I robbed him of that.

Grant would continue to abuse Jasmine emotionally, physically, verbally, and psychologically, using their child as leverage, and Jasmine's mental and physical health suffered greatly. He would also continue to intimidate and threaten her, but every time

she attempted to involve the police, her outreach would backfire and be used against her in court by Grant who claimed she was making things up and was emotionally unstable. She felt powerless to do anything.

I was looking over my shoulder every second, and worried what he was gonna do, he owned 20-some firearms, I was afraid of my safety, my family's safety, the courts didn't take them away from him. He threatened me with them, threatened to kill himself too, put clips in his gun to terrorize me, and so I... I don't know, there's a heightened state of fear all the time, whereas at home I guess it was more predictable because I kinda had a pattern and kinda knew a lot of times what to expect and what was gonna happen. I could control it in a different way. Here I couldn't control it at all, I never knew when it was gonna come, where it was gonna come from.

Through extensive counseling and by slowly beginning to understand what had happened to her, Jasmine's situation improved, and she began to rebuild herself, albeit constantly in fear of her abuser and dealing with symptoms of PTSD.

There was such a disconnect, I was like a walking zombie, like honestly, people would talk to me and I would hear what they were saying, but I felt like I was in a fog all the time, I felt like I heard you, and I'm processing what you're saying and I'm answering, but I don't know what I'm saying and I can't focus, and I felt myself tuning out, but I didn't understand what it was. I thought I was just really tired. But now I know it's because my... limbic system is in hyper drive all the

time, so doesn't know when there's danger or not danger and I'm constantly in high alert.

Jasmine is slowly beginning to rebuild her self-esteem and surround herself with "safe people" who she feels will be nonjudgmental and starting to

Get out and talk to people, and that was very difficult, but that actually helps somehow, and to get past that. That awkward stage where you don't know how to act because you just haven't been around people. I feel like someone threw me into a cave for like 10 years.

Jasmine is also learning to be more assertive, differentiate between healthy and abusive behaviors, and to really listen to the warning signs. She is also working to forgive herself and stop blaming herself for her experience:

...I'm embarrassed. How could I put myself in that situation, how could I stay in that situation? I feel like society doesn't understand. Not just what it takes to leave but what it means... like you're embarrassed, you don't want anyone to know you've been in that.

However, she is starting to build up her self-efficacy and trust in herself.

More listening to your gut... and I think I'm better able to do that now than I ever was before. And... just to listen to the real alarms going off inside me, when something says 'something is not right,' don't doubt it.

Jasmine's story of beginning to date again and navigate new relationships is found in the results section further down.

Participant 5: Lucy

Lucy dated a man, Paul, who increasingly got more controlling. She notes that it happened so slowly that she did not realize it until she was further along in the relationship. She describes it as a “systematic breakdown.” She explains, “I guess it just breaks you down ‘cause you know there’s gonna be more good days than bad and the bad don’t seem so bad when you know that you’re gonna get breakfast in the morning.” To summarize the escalation of violence and the social isolation that followed, Lucy explains:

It got to the point where we lived together and that’s when it really changed ‘cause once we moved in together I guess he realized.... he didn’t feel the need to be nice anymore and all of the sudden it was control and you can’t wear that, you’re not going here, you can’t talk to this person, and I don’t want you talking on the phone with your friends, I’m going through your phone calls, I’m breaking your phone so you- you don’t have a phone for two weeks and it’s just us and who are you gonna call and what are you gonna do about it... and you realize you have no friends ‘cause you’ve told all your friends that your relationship is more important than their friendship and now you absolutely have nowhere to go, no one to call, nobody that’s gonna sit there and throw a fishing pole out and say ‘hey.’

Asking for help and getting out proved more difficult for Lucy due to her pride and feeling like she had always been able to take care of herself, that she was independent and strong. “I convinced myself it didn’t affect me, it wasn’t changing my life, I was

proud of myself, I was proud that I made it through another night.” Lucy began focusing on school and work, things that made her feel normal and like things were fine. One night, however, things got really bad and Paul choked Lucy. She was terrified and realized that something had to change, but at this point, she did not have resources, support, or a place to go. She was able to begin the process of leaving him, but Paul continued to stalk Lucy for almost a year after the initiation of the break-up. For instance, Paul frequently showed up at Lucy’s place of employment, and she was concerned for both her and her family’s safety. She had never told her family what was happening, since “again, it’s pride. It’s, jumping off a cliff with your pride.” She met a couple who decided they wanted to help Lucy and took her in. She also received support from Paul’s family who sent him abroad in fear that he may do something terrible if he stayed. After Paul left, Lucy felt safe physically, but tried to drown herself in work and in rejecting and not dealing with her emotions. She started drinking and “... became that bitchy fucking bartender, bitchy fuckin’ server, and if you even said one wrong thing to me or one—one thing that was slightly flirty or sexual—I would I... I quickly put you in your place.” She continues, “I went from being actually like a super shy, like super friendly person to being very um, protective of myself... the more armor I put on, the bigger wall that I put up, I think the more self-destructive I became.” Lucy’s journey to recovery continued with her self-exploration through new relationships and dating experiences.

Participant 6: Gabby

Gabby described her behavior during her youth as starting to date at a far too early age and engaging in heavy partying, which involved a large quantity of drugs and alcohol. During this this period of her life, she met a man, Steven, and “it was so bad right away, it was so familiar, so toxic... it was so toxic. But at the same time, it was quite exhilarating.” However, the abuse escalated quickly, and Gabby was able to leave that relationship. She then met another man, Greg. Initially, Greg was a “charmer” and “fulfilled some desire of narcissism, even more innocent than narcissism... to be wanted, as an adult, as a human, as a mom.” However, the abuse with Greg also escalated quickly, especially when Gabby got pregnant and Greg wanted her to have an abortion that she refused. Gabby explains, “During the pregnancy, the physical abuse got really bad. I thought maybe he was trying to kill the baby.” Greg began restricting the food intake to the home, disabled the vehicle so Gabby couldn’t leave, and was extremely abusive. On several occasions, Gabby left Greg and moved in with her parents, but eventually she returned to him. One night, Greg came home while under the influence of drugs, and proceeded to violently rape Gabby. At this point, her oldest son became involved, and tried to help his mother. Greg was arrested and Gabby filed for an injunction. Gabby explains what happened next:

In court, when he was trying to get the injunction lifted because of work issues, he said to the judge, “You know, your honor, I will tell you this, that injunction is not gonna keep me from showing up in the middle of the night and doing something to her” and everybody in the courtroom was like “aaahhhh” you know the

prosecutor.. state attorney was like... I can't believe he just said that, did he just say that?

After that, the judge awarded Gabby full custody, and she was able to begin the healing process. Her focus became strictly on her children:

I was desperate, I was grasping. I... it was all about my kids. I was not going to allow my children to be subjected to this, I was not...it was all about my kids. If it had just been about me... it's kinda... had it just been me... wouldn't have been so unable to leave, so paranoid to leave the physical environment. But if it would have just been me, I cant see that I would have wanted to... I don't know... I was very desperate, I was petrified, it wouldn't have been for me, again, but... it was about saving my children. It was totally mom-mentality, where I was mentally, spiritually... was mom... "Save my kids save my kids"

Gabby left Greg for the last time after receiving full custody of her children. She began to focus on working hard, studying, and taking care of her four children. "She describes the process as becoming healthy again, beginning to volunteer, and deciding to homeschool her children to give them full attention. Her process of considering and navigating new relationships is described further along in this section.

Participant 7: Naomi

Naomi came from "an incredibly abusive childhood" and describes always having had a poor view of herself and of how she should be treated by others. She was in several abusive relationships where the physical and emotional abuse was severe. She describes

herself as a caregiver and people pleaser; “the alpha female that was mom that took care of everything that kept everything together.” She found herself involved with not only abusive men, but with a social group that was not supportive of her, and that consisted of individuals who were involved with criminal and drug activity. She describes, “I mean there wasn’t anybody around to talk to about that, you know he had, effectively allowed me to cut myself off from my entire support structure.” After leaving her final abusive relationship, Naomi took time to reflect on her life and made major changes:

It took me a long time to realize like, it’s not gonna be fine, I’m choosing the same person, this is the same person over and over again just with a veneer that’s different and what I’m doing isn’t different at all. I guess I just got tired of being pathetic and dumping my emotional bullshit on people and realized that I needed to be by myself, and so I was for, I guess about like, four or five years.

Naomi decided she needed to do something with her life and began going to college to channel her caregiving tendencies in a healthy and productive way, which paved the way for her recovery and health:

As I started to examine things and not just throw myself emotionally into something, and really start to build myself up into the person that I wanted to be where I felt comfortable with myself and I didn’t need somebody else. I.. I... I want to take care of people, I want to do that and I was doing that at my detriment. Being like “you could finish your degree and like go out and, and work in this in, in, in a healthy way, work with children, change the system if you want to, do all of these things”... all of a sudden, that energy could be channeled and

instead of into a codependent abusive relationship into like “oh look there’s your life, it’s been waiting for you.”

Naomi’s process of considering and navigating new relationships is described further along in this section.

Participant 8: Abby

Abby is a 56-year-old Hispanic American female who grew up in the Midwest and later moved to the Northeast United States where she met her husband, Brandon. There had always been tension in Abby’s family, as her mother favored her sisters and always treated Abby differently. When Abby met her husband and her mother “found out that he was black, my mother told me point blank that I was dead to her.” Without support from her family, “... it was horrible and... I just felt... I felt devastated.” Abby became more isolated with her new husband, who gradually became more emotionally and physically abusive. She had two children with him. Abby explains her experience and the gradual escalation and cycle of abuse:

There are moments where they’re just so loving and attentive and they’re doing everything right... I don’t think you really realize it when you’re in it... it’s like afterwards, but it’s so.... I don’t know how to describe it... I mean they really get in your head. And you really start to feel like... like maybe you deserve this... like maybe if you tried harder to be a better wife, or whatever it is, that they... are expecting of you... I don’t know. They really make you feel like you brought this on yourself. Like it’s all your fault, like if maybe you just wouldn’t... you keep

your mouth shut... wouldn't argue back or just do what they say when they say, and it's just... it's really hard because you really start to feel like... like maybe you're doing something wrong.. like maybe you're the one that's... you know... he wouldn't hit you if you would just behave yourself. Almost like a child.

Abby began having dreams about killing Brandon, and remembers a particularly vivid dream where she awoke, finding herself shaking him to make sure he was alive. After a particularly dangerous incident when Brandon almost killed Abby, she was able to leave, file a protective order, and escape to a battered women's shelter. She mentions the importance of her children in this process: "I could not see myself raising my boys, letting them see their father abusing their mother... I said I'm gonna raise another generation of abusers." After leaving the shelter and finding an apartment, Abby explains the fear that followed.

He would come by the apartment, because you know our apartments, the doors weren't locked downstairs, so you could come all the way up to the apartment, and it was so terrifying, because I thought "oh my God, what if he breaks down the door and comes after me and the police don't get here in time..."

Abby was able to start making her recovery, but she still suffered from symptoms of PTSD, financial struggles, and lack of support. "There was never any support... never. It was never any support from my family... I got more support and help from strangers." Abby moved out of state and began becoming involved with a religious community where she found support and friendship. Her story of navigating new relationships continues below.

Participant 9: Dana

Dana is a 44-year-old Pakistani-American woman who grew up in a traditional Pakistani family in Northeastern United States. She describes her family as one with traditional values and family structure, but who were extremely supportive of each other:

Sanctity of marriage is very important to my parents, they were not lovey-dovey touchy-feely but they loved each other, supported each other in ways that you don't necessarily see on TV, but it's really... when it comes down to the nuts and bolts of it, that's what a relationship should look like.

She explains how she met her husband, Darryl, through her family, and how cultural norms influenced the initial encounter: "Pakistani culture can be kinda conservative, so a lot of people have arranged marriages... so while I didn't have an arranged marriage, it was kinda an introduction through family." Dana describes her ex-husband as someone she initially found attractive, confident and strong... "I just thought that was marriage material... he was... I really uhm... educated... had a solid job." However, Darryl began to become controlling and emotionally abusive before the marriage, during their engagement, after discovering that Dana had been sexually active with another man she had dated before Darryl. Darryl threatened to end their engagement. Dana describes: "I kinda begged him to come back into the folds and... I don't know if that shifted things in my mind, kinda like onwards I felt like I always... sort of ... owed him something..." Once married, the abuse escalated and Darryl's control and emotional abuse increased. He became physically abusive as well. He broke down Dana's self-esteem, and she questioned herself frequently during this time. Her stress and anxiety led to significant

weight loss. After Dana became pregnant, Darryl became “Really cruel and... very intimidating and antagonistic...” She left her husband three to four times during the pregnancy but eventually moved back in with him. Once, after the baby was born, there was a “huge blow up... he was grabbing my son from me, throwing him on the bed to get to me, was very physical to the point where I was just... you know terrified...” Dana describes this as the “pivotal point” leading to her escape, which she planned with the help of her parents: they were to pick her up in the morning on a corner near her home, during a morning stroll with the baby.

After leaving Darryl permanently, Dana moved in with her parents with whom she still lives today. The recovery process for Dana included individual counseling as well as group counseling with other IPV survivors. She had to deal with child custody visitations from Darryl during which her son “Would throw himself on the ground and driveway, just screaming...” Dana was fearful about what was happening at her ex-husband’s house and worried about being unable to protect her son. “He would have nightmares, he would cry... my son would beg me not to go, and of course I would have to take him... ‘I need to,’ I said... but so [we] had also some coping mechanisms in place.” Dana often feared that her son would grow up to be an abuser like his dad, if his dad had his way, but eventually, her ex-husband stopped visitations and Dana received full custody. Dana describes her son as:

Such a wonderful wonderful, wonderful young man, and one of those people that people love. He’s just a truly one of the most well-liked kids in this school and with peers, adults... and I’m just so grateful and I really think about it so often and

it terrifies me... to think that what, who he would have been... and he would have been something completely different.

Dana's close relationship with her son has been a major part of her recovery, as has living with her supportive family, and working in an IPV agency. Being able to have supportive family around her was extremely important for Dana's recovery:

When I came home and I had a shitty day at work or... you know... a tough day or something, something happened at the grocery store, or someone cut me off [while driving]... they were like 'oh my gosh driver!' [showing support for her frustrations with the driver who cut her off] and I could come home and share that with them.

Dana also ended up having a conversation with her son about his father, which brought them even closer and helped her son understand his mother better. She began opening up to her family and others about the abuse that had happened in the marriage. She explains that her son is the reason she never pursued dating after leaving her husband, and while they are extremely close, Dana and her son have a pact that they each need to live their own lives too:

... We sort of have a pact, my son and I, that... I kinda told him that he does not need to be responsible for my happiness, and I then promised him... he said...

"Well then I don't... I want the same, that I don't want you to be responsible for mine."

Dana's consideration of the dating process post-IPV is explained below.

Participant 10: Sierra

Sierra explains how growing up in the Mormon culture prevented her from seeing the ‘red flags’ that presented themselves in the relationship. She was to honor and obey her husband in all circumstances, which included submitting to sexual activity whenever he so desired, ignoring her own health and wishes, and being subjected to verbal, physical, sexual, and emotional abuse. During this time, Sierra became isolated from her friends and family, particularly since Dan insisted on moving to different states frequently. Dan explored a number of failed business ventures and forced Sierra to utilize all of her student loan funds to support the relationship. As Sierra and Dan became physically further removed from their Mormon roots, Sierra began seeing a mental health therapist and started to realize that her relationship with Dan was abusive. She began to disown her Mormon culture and eventually left the Mormon Church, which she had resolved to be oppressive. With her therapist, she explored her experiences of her relationship with Dan, but was not yet ready to leave him. At one point, Sierra and Dan even attempted couple’s counseling, which proved a failure, as a result of Dan’s sabotaging and controlling nature.

I found a therapist that helped me see the narcissism and manipulation and... she had me keep a journal of things he said versus things he did and that was the most eye-opening thing... this particular therapist, she had a copy of the criteria for narcissistic personality disorder and I was like ‘oh shit.’

As Sierra began thinking about leaving Dan, the violence escalated and the threats increased: “He told me ‘if you leave me I’ll just hide all the money and you won’t get a dime’.” Sierra began to plan her escape from Dan, but found it extremely difficult.

There were times when he was like... threatening to jump over the balcony, I thought I was gonna have to Baker Act him [Baker Act refers to in/voluntary commitment to a psychiatric hospital for someone who is a threat to themselves or others. In this case, Sierra feared Dan might commit suicide], screaming and yelling at me, telling me I was gonna be nothing without him, I would never find anybody as good as him... yeah.. It was really tough. And then he had the gall to ask me to continue sleeping in the bed with him for his own comfort, which I did because I was scared of him.

Once Sierra finally moved out of the home she shared with Dan, she moved in with a friend who became her biggest ally and helped her with adjusting to her new life.

However, she had to maintain a civil relationship with Dan, who, through the divorce and settlement process, was ordered to help her repay her student loans. Sierra's recovery experience continues to this day, and she still maintains limited contact with Dan due to his financial obligations, which he frequently defaults on. Sierra's process of navigating new relationships helped her rebuild herself, and a description is found further down in this section.

Description of Findings

In this section, the researcher has aimed to present the findings of the study. The participants in the present study encountered a combination of *internal and psychological* experiences, and *interpersonal and social* experiences as they considered or navigated intimate relationships post-IPV. The *internal and psychological* experiences consisted of

the following themes: (a) Reclaiming self through dating experiences, (b) Learning to trust self, (c) Difficulty trusting new partners, and (d) Facing other fears of dating. The *interpersonal and social* experiences consisted of (a) Exploring dating with new partners, (b) Sexual exploration as part of navigating new partners (c) Negotiating boundaries and use of control with new partners, (d) Communication and support of new partner, (e) Modeling of healthy relationships by others, and (f) Caring for and protecting children.

Figure one illustrates the interconnectedness between both the *internal and psychological* experiences and the *interpersonal and social* experiences. Each reinforced the other and served as interweaving aspects of IPV recovery.



Figure 1:

Navigating New Intimate Relationships During IPV Recovery.

Frequency tables four and five explain the frequency of each specific experience.

Table 4:
Frequency table of internal and psychological experiences in navigating new relationships post-IPV.

Internal and Psychological Experiences		Typical (6-10)	Frequent (3-6)	Variant (1-3)
Reclaiming Self through Dating Experiences	Independence and empowerment	x		
	Regaining ownership of self	x		
	Realizing what healthy looks like	x		
	Increased self-esteem	x		
	Counseling as support through dating process	x		
	Curiosity about sex	x		
	Healing of self	x		
	Getting in touch with own sexuality	x		
	Taking risks	x		
	Hopeful about the future	x		
	Taking charge of one's life	x		
	Building up self through relationships	x		
	Realizing self is deserving of love and happiness	x		
	Shifting view of men and others	x		
	Challenging social and cultural expectations		x	
Learning to Trust Self	Evaluating new situations	x		
	Reflecting on experiences	x		
	Questioning self	x		
	Attunement to gut and own instincts	x		
	Creating own rulebook	x		
	Self-acceptance	x		
	Trusting self to make decisions	x		
	Learning to understand own needs	x		
	Feeling like a burden to new partner			x
Difficulty Trusting new Partners	Red flags	x		
	Hypersensitive to signs	x		
	Triggers and flashbacks	x		
	Building trust over time	x		
	Fear new relationships will turn abusive	x		
	Fear/difficulty trusting men		x	
Facing Other Fears of Dating		x		
	New to dating world Age and stage of life		x	

Internal and Psychological Experiences	Typical (6-10)	Frequent (3-6)	Variant (1-3)
Social expectations and norms		x	
Lack of skillset			x
Abuser retaliation			x
Fear of normal			x

Note. Typical = 6-10 participants; Frequent = 3-6 participants; Variant = 1-3 participants.

Table 5:

Frequency table of interpersonal and social experiences in navigating new relationships post-IPV.

Social and Interpersonal Experiences		Typical (6-10)	Frequent (3-6)	Variant (1-3)
Exploring Dating with New Partners	New partner opposite of abuser	x		
	Exploring emotional connections	x		
	Exploration prior to commitment	x		
	Changing of needs over time	x		
	Exploring likes and dislikes	x		
	Safety in dating	x		
	Partnership and equality	x		
	Exploring self through dating experiences	x		
	Difficulty being single		x	
	Safety in women		x	
	Companionship		x	
	Refraining from dating			x
		x		
Sexual Exploration as Part of Navigating new Partners	Curiosity about sexual exploration			
	Sex as freeing	x		
	Sex as empowering	x		
	New interactions	x		
	Exploring with safe partner (e.g., friend)	x		
	Bridging sex with intimacy	x		
	Learning to enjoy sex	x		
	Get in touch with own sexuality	x		
	Exploring likes and dislikes	x		
	Sex in place of emotional connection		x	
	Exploring multiple partners		x	
	Openness about own sexuality		x	
	Sex as control		x	
	Challenging previous judgments about sex		x	
Sexual Exploration as Part of Navigating new Partners	Safety in women		x	
	Abstaining from sexual intimacy			x
		x		
Negotiating Boundaries and Use Control with New Partners	Pendulum swung the other way			
	Increased assertiveness	x		
	Finding middle ground	x		
	Boundaries to emotional intimacy	x		
	Learning to set appropriate boundaries	x		
	Standing up for self	x		
	Setting strict boundaries	x		

Social and Interpersonal Experiences		Typical (6-10)	Frequent (3-6)	Variant (1-3)
	Protective of self	x		
	Communication about boundaries		x	
	Problems recognizing boundaries		x	
	Sex as power and control			x
	Need for structure			x
Communication and Support of New Partner	Openness about IPV experience	x		
	Communication and dialogue	x		
	Safety and support of new partner	x		
	Safe and supportive partner characteristics	x		
	Discussions about boundaries and fears	x		
	Expression	x		
	Articulating needs	x		
	Managing conflict	x		
	Relearning how to argue	x		
Modeling of Healthy Relationships by Others	Watching others in healthy relationships	x		
	Recipient of healthy treatment	x		
	Modeling by new partner	x		
	Partnership and equality	x		
	Watching others in unhealthy relationships as deterrent		x	
	Lack of relationship models			x
Caring for and Protecting Children*	Guilt for establishing new relationships		x	
	Fear of new partner around child		x	
	Openness with children		x	
	Protecting children		x	
	Focus on child instead of dating			x

Note. Typical = 6-10 participants; Frequent = 3-6 participants; Variant = 1-3 participants.

*Only 5 participants had children, and frequencies should be interpreted with this in mind.

The main research question asked: “What are the lived experiences of female survivors of IPV who are considering or navigating new intimate relationships?” and included the following sub-question: “What are the helping and hindering experiences of considering or navigating new intimate relationships?” This section outlines the collective experiences of the participants in the research study, which included an interweaving nature of *internal and psychological* experiences and *interpersonal and social* experiences of considering or navigating intimate relationships post-IPV.

Internal and psychological experiences consisted of the following themes: (a) Reclaiming self through dating experiences, (b) Learning to trust self, (c) Difficulty trusting new partners, and (d) Facing other fears of dating. *Interpersonal and social* experiences consisted of (a) Exploring dating with new partners, (b) Sexual exploration as part of navigating new partners (c) Negotiating boundaries and use of control with new partners, (d) Communication and support of new partner, (e) Modeling of healthy relationships by others, and (f) Caring for and protecting children.

Internal and Psychological Experiences

Internal and psychological experiences included those that occurred within participants, intrapsychically, as they navigated new relationships. These experiences related *not* to interpersonal processes or behaviors, but rather were the internal reactions, the development of trust, and the personal growth that occurred during participants’ consideration and navigation through new romantic relationships post IPV. Internal and psychological experiences included (a) Reclaiming self through dating experiences, (b)

Learning to trust self, (c) Difficulty trusting new partners, and (d) Facing other fears of dating.

Reclaiming Self through Dating Experiences

Reclaiming oneself through dating experiences referred to the growth, self-exploration, and self-determination that occurred during participants' dating experiences post-IPV. The elements involved included independence and empowerment, reclaiming ownership of oneself, challenging social and cultural expectations and norms, realizing what healthy relationships and behaviors entailed, increasing self-esteem, healing, accessing resources to help with growth, getting in touch with one's sexuality, taking charge of one's life, building oneself up through relationships, experiencing a shifting view of men and others, feeling hopeful about the future, and realizing oneself is capable and deserving of love.

Naomi described how the way she viewed herself and the world changed post-IPV as she explored new relationships and as she began to feel worthy of love.

There's so many layers to it. I don't really know how to say it. You feel like you deserve [the abuse] on some level. And then when you come into your own you still feel like you don't deserve anybody to be with you, and then you move onto that next level and go "oh no wait, those two things can be reconciled." I deserve somebody who's worthy of me and saying that someone's worthy of you doesn't mean you have a big ego. Like discovering that you want someone who's worthy of you just means that you want somebody who's compatible with you. It's redefining how I looked at the world.

Naomi's experience sheds light on the extended process of navigating post-IPV relationships and life, and demonstrates the complex layers of achieving healing, self-acceptance, and self-love.

Another participant, Lucy, struggled in her post-IPV relationships and at one point realized she was becoming an abuser in a new relationship. Once she realized what was happening, she sought counseling and explored the PTSD symptoms that were manifesting and the need for control she was experiencing, and thus began finding a way to grow toward health and happiness:

I decided that I didn't—I wasn't gonna spend the rest of my life as a victim. I wasn't gonna spend the rest of my life as the girl that was in an abusive relationship. I wanted to be Lucy and I wanted to be the girl that I would've been had I never met him. And so that was what drove [me], was "I'm not gonna let this person who's been out of my life [for years], ruin my life. I can't let him ruin my life 'cause then he won. Even though he's not stalking me [anymore], even though he's not present in my life, [he's] fucking with my life..." if I didn't move on and do something healthy, he won.

Another participant, Valerie, explained her experience of being hopeful about the future, and of being able to overcome the abusive experience.

While it's devastating to go through all that, you know, it's... and you sure as hell don't know it's gonna be in the moment, but I believe ultimately in like something... there will be, you know... gifts in this. There will be flowers that come out of this dark dirt, you know. There will be.

Participants' experiences of reclaiming themselves through dating illustrated their process of reconciling with their past experiences and experiencing personal growth as a result of exploring themselves and new partners.

Learning to Trust Self

Participants' stories highlight the complex internal experience of learning to trust oneself when considering and navigating new relationships post-IPV. Participants discussed the importance of being attuned to their "gut" and instincts, rather than relying on old patterns and previous responses to situations. Participants explained that they had stopped listening to themselves while in their abusive relationships, and that, post-IPV, they now had to relearn how to do so, constantly questioning whether their instincts were valid or whether they were a response to their IPV trauma. Participants also described experiences of not feeling good enough for new partners, specifically feeling like a burden, due to their IPV experiences.

Naomi's experience highlights the confusion of trying to trust in the idea that she is good enough for her partner and that she is not a burden: "I guess there's a tiny part of me that's like waiting for him to get exasperated with how pathetic I am, and be like 'I'm sick of doing all these things for you.' Yeah that is- that's scary." Jasmine's experience further illustrates the difficulty participants had in trusting themselves and seeing themselves as valuable, worthy, and not a burden to their new partners:

I feel like a burden to... (crying)... it just feels like... my mind, my thought process was "Who's gonna wanna be with someone with so many problems?" and "Who would sign up for this when it could be so much easier?" Things don't have

to be so hard. And I know that I'm a good person and I have a lot to offer, but I feel like I'm a burden. I feel like I have this whole... a single mom with a child, that's nothing! Like... this is like a serious package to take on. You know... to date somebody like me.

Jasmine's story also highlights the residual symptoms of post-IPV experiences, specifically the abuser's breakdown of survivors' self-esteem. Part of participants' development of trust included asking themselves questions, talking themselves through situations, and evaluating circumstances carefully before making decisions. Jasmine further explains how she has been able to move closer to trusting herself:

More listening to your gut, and I think I'm better able to do that now than I ever was before. And... just to listen to the real alarms going off inside me, when something says 'something is not right,' don't doubt it.

However, participants also shared that there was a constant process of self-doubt, followed by learning to trust that their experiences were valid, and learning to accept themselves without attempting to please those around them. Furthermore, participants questioned their own judgment for having at one point trusted their abusive partner.

Valerie explained,

The worst part was, really the worst part was, I thought, how in the hell did you end up being with someone who was capable of doing that, what's wrong with you, Valerie, that you, you picked this person?... like you think you can really know somebody and holy crap, and then they can do that, and so trust became this massive issue... There would even be friends that I would meet and they could do

something and I would be like “Whoa, what was that?” You know, and I’d go like “Wow you’re really paranoid Valerie,” like “You’re really paranoid, or maybe you’re just right, maybe you’re picking up on something,” and so it would be this constant back and forth.

Experiences of learning to trust themselves were poignant for all participants, and commonly included the aforementioned processes. Participants’ stories also illustrated the progression of trust that came about from emotionally corrective experiences in their dating processes. For instance, Valerie struggled for a long time to trust herself to discern “good men” from “abusive men,” and refused to allow any man into her apartment for an entire year. However, corrective experiences, particularly becoming friendly with her neighbor, allowed her to increase trust in herself and others and taught her to rely on her “gut” instincts.

Difficulty Trusting New Partners

Participants were candid in their accounts of the difficulty of trusting new partners after their IPV experiences. Since nine participants had been in IPV relationships with men, the difficulty of trusting new partners was experienced most often as difficulty of trusting men. Specific triggers and red flags rendered participants hypersensitive to flashbacks and symptoms of PTSD and further complicated their ability to trust potential partners. Abby explains how she felt that she could never trust men again after the abuse she had experienced: “You really don’t trust men. Because you really... any man that talks to you, or that even starts to show interest in you, those walls go up right away.”

Abby further explained a specific incident that happened when she started dating a “really good guy” after her abusive relationship. She explained,

I think the walls really went up with him when the first time that we kinda sort of had a disagreement, and I could see he was getting a little bit mad and his voice kinda got a little bit louder, and it’s like... everything in me was just like *shutdown*, and the walls went up, and I was just like... I was ready... because I was like “There is no way I’m gonna let a man put his hands on me again.”

Abby’s story highlights the hypersensitivity to reminders of the abuser and illustrates how symptoms of PTSD emerged in moments of such experiences. It further highlights the lack of trust participants experienced when it came to men, even men they judged as “really good guys.” Finally, Abby’s experience outlines the interchangeability between trusting oneself and trusting others, and how trusting oneself to discern healthy and unhealthy behaviors seems paramount in being able to trust others. Difficulty trusting others, including non-romantic partners, was also a common experience, but will not be explored further in this paper, since it does not directly relate to the research questions.

Facing Other Fears of Dating

Facing other fears of dating were characterized as fears or fear-related experiences that did not fit into other categories, and included fears of past abusers’ retaliation, fear of having a *normal* relationship, age and stage-of-life issues, social expectations, a lack of a skillset for dating, and being fearful about entering the dating world after having been out of it for a long time.

Participants in this category shared their fears of entering the dating world after having been single for long periods of time. Gabby, who decided not to date for a decade after leaving her abuser and who is only now beginning to date again, described the process, which includes stage of life issues, fears about what is normal, and fears about being new to the dating process.

So I think my skillset is gone, and now I'm 40 and I waited so long. I've never been with a man [after leaving my abuser]. I've never had sex with a man, I mean I used to date older guys, but they were 28, so that was... I mean, my husband was 4 years older than me, so that was comfortable for me. But I've never... he was... 33 last time we were together. I've never been with anyone older than that.

I have no idea!

Gabby's experience sheds light on the fears of encountering the dating world at a different age than when she was last part of it.

Other fears included those of abuser retaliation, which was experienced by several participants. Jasmine described her fears of dating new partners, worrying that her abuser would find out and retaliate against her and her new partner. She experienced guilt for putting her new partner in that situation.

I'm afraid that my crazy ex will become even more crazy on me, and what is he gonna do to try to get that person in jail or something happened where he's gonna try to do something to that person, because he's very calculating and 10 steps ahead all the time.

Interpersonal and Social Experiences

Interpersonal and social experiences included those that related to participants' social and behavioral responses to considering and navigating new romantic relationships post-IPV. These experiences consisted of (a) Exploring dating with new partners, (b) Sexual exploration as part of navigating new partners (c) Negotiating boundaries and use of control with new partners, (d) Communication and support of new partner, (e) Modeling of healthy relationships by others, and (f) Caring for and protecting children.

Exploring Dating with New Partners

Exploring dating with new partners included participants' experiences of encountering the dating world after leaving their abusive partners. Common experiences included participants dating new partners that were "opposite" of their abusive partner; finding a safe partner to explore with; using dating as a way to explore themselves and heal within the context of a relationship; using dating as a way to explore their likes and dislikes; finding safety in romantic relationships with women rather than with men; exploring new emotional connections in a safe environment; movement toward equality and partnership in new relationships; exploring several partners prior to making commitments to one; refraining from dating altogether; and the changing of needs in relationships as a result of time and growth in the dating process.

Participants' statements in this category reflected encountering and exploring the dating world and included the trial-and-error process of meeting new partners, engaging in casual and committed dating with different kinds of partners, and figuring out their

“place” in the dating world and with new partners. Participants’ accounts include realizing what kinds of partners they were attracted to and what kinds of relationships they desired.

Valerie describes her process of beginning to date men online as a way to desensitize herself from the fear she experienced and to take steps to expose herself to potential partners, to challenge herself, and to grow as an individual.

I couldn’t really imagine being with a man. I really started to take myself through my own exposure therapy, and my therapist was totally on board with it and helped me make it more intentional than I would have. And I had decided to try online dating, and not because I was looking for a relationship, but because I wanted to meet men and not be afraid... So that was really empowering for me, and it was also freeing to know that I can just go to meet somebody and doing this to like see how I feel and kind of observe myself in the process.

Further, Jasmine experienced healing as a result of dating a new man after leaving her partner: “So... do I know that this is the person I wanna be with? No. Is this right for me now? Yea. Cuz it’s helping me work through this, and somehow it’s helping me.” Valerie and Jasmine’s experiences shed light on the healing, empowerment, and personal growth that participants experienced as a result of navigating new relationships. Many participants experienced feelings of empowerment by making decisions regarding dating, learning to recognize red flags, and learning to set limits. Another participant, Sierra, expressed a sentiment shared by many of the participants, namely that of excitement regarding exploring new partners and experiencing new relationships. Several

participants found safety in dating women, and also experienced a drive to explore their sexual orientation and extend the boundaries to which they had previously been confined.

[I was] looking forward to different kinds of dating, especially because I had never dated outside the Mormon church, and also... since then had uhm... been able to come to terms with... uhm... my being bisexual and had never... never had the chance to date women, so I wanted to do that.

However, participants also discussed the challenges they faced as they left their abusive relationships and recognized the difficulty of being single. Several participants noted that they almost immediately entered new committed relationships that eventually failed. Some described this process as one in which they thought they were ready for commitment but in fact were not, while others described it more as a need for companionship and difficulty being alone. Further still, others discussed the financial benefit of partnering up. Alesha described her motivation to enter a serious two-year relationship almost immediately after leaving her abuser as one of both loneliness and as one of financial benefit:

I think it was just subconscious, and that I didn't have any other model for my relationship other than full live-in boyfriend/husband, so I think that's the model I went towards. And economically it made sense I wasn't scraping so hard.

Overall, participants moved through various dating experiences that changed how they viewed themselves and others and that helped them get in touch with their own needs. However, these needs changed as they progressed through their dating experiences, moving from a need for safety, exploration, and personal desires to a need for

partnership, equality, and love. Six of the ten participants are currently in committed relationships that they describe as healthy and supportive.

Sexual Exploration as Part of navigating new Relationships

A common component of participants' dating experiences was the exploration of their sexuality and new sexual partners. Many participants had, in their abusive relationships, had negative experiences surrounding sex. They had experienced sex as a form of power and control by their abusers and been forced to engage in sexual activities. Few participants had experienced sex in the context of healthy relationships and love.

Additionally, some participants had met their partner at such a young age that they had never experienced sex with other partners. For many participants, sexual exploration served as a freeing and empowering experience wherein they could explore their sexual preferences, learn to bridge sex and emotional intimacy, learn to enjoy sex, challenge previous notions of sexuality and chastity, and become comfortable as sexual beings.

Sierra explains the process of her first sexual encounter after leaving her abuser, and how the experience served to challenge some of the cultural and familial norms that were ingrained in her, as well as help her become more empowered.

[My friend] brought her boyfriend's hot friend [to the bar], so that was my first post-marriage hook-up... and that was really fun, it was really good for me! He was just this hot-head idiot, six-pack, was great! Nothing in common (laughing)... I think it was this reclaiming of like... my sexuality, my choices, being able to trust myself that... I remember like being in the bathroom with [my friend], and she was like "You can have sex with him if you want to." Like really,

I can?! [My abuser] isn't there to tell me that means I'm slutty or a bad person... or... anything... it's ok for me to make this choice and do this because I want to, because he's hot... and I want to.

Sierra's recount of beginning to explore her sexuality through other partners echoed the experiences of many participants. Sierra and other participants initially engaged in sexual exploration without the goal of beginning a relationship; rather, sexual exploration was used as a form of self-exploration and empowerment.

Many participants initially used sex as a substitution for emotional connection or as a tool to maintain control and not get too close emotionally to a potential partner.

Lucy's experience of distancing herself from emotional connections and using sex as a "contract" with her partners as well as a way to stay in control is described here:

I didn't wanna date, I didn't want a relationship. I didn't want any of that and it— whatever this is for, this but it was agreed-upon consensual sex and just getting off. And after that it was "I'm going home, you go away... we go back to our own places." Again, there's no date, there's no emotional connection, but I just needed that and I don't know if that's 'cause I was... or if that was because that was a way that I could, let out um... some of my emotional issues, and just kind of make it seem like I had control once again, you know? Going on a date puts you emotionally out there... sex doesn't do that when sex becomes nothing, because it's just this thing that was used to, in an abusive relationship, to either a) make things better or b) to gain more control.

Lucy's account of her experiences highlights the distinct difference between participants' sexual encounters and their dating relationships, as these were oftentimes two different experiences, especially when participants had just left their abusers. Further, Lucy's description brings up an important aspect of participants' experiences, as many participants had to change the way they viewed sex and viewed themselves as sexual beings.

However, while many participants embarked on sexual exploration with new partners, some chose to abstain from sex and relationships altogether, which was most often related to their decision to focus on their children and a lack of a desire to pursue relationships.

Participants described that while sex was initially separate from emotional connections and committed relationships, they eventually encountered the desire to bridge sex with intimacy, love, and commitment. Valerie explains how sex and emotional intimacy were bridged when she met a man with whom she felt a deep emotional connection, safety, and love, and with whom she could have open dialogues about her emotional and sexual needs and fears.

And then it happened, I met this other person, Mark, and I knew the desire to be in a relationship was there now, I felt it strongly, and if it worked out that I met him, and it worked out that he, being the way that he is, was exactly what I needed. I needed that emotional intimacy and trust in conjunction with sex, to have, what I feel, was the final layer of healing, which I felt that it was, at least for me... I did tell him "OK so here's the deal, here's what I've been through," you

know, “You probably should just know this about me, and I want to move forward with you. This is terrifying, and so now you know why.” I felt that I needed somebody who was willing to have an open dialogue with me when it came to having sexual intimacy, where I could say, “I don’t feel safe right now,” and have somebody know what the hell I’m talking about... to be able to go “OK, it’s OK.”

Negotiating Boundaries and Use of Control with New Partners

The category of negotiating boundaries and using control with new partners included participants’ experiences of negotiating boundaries in post-IPV dating experiences and relationships, as well as the emergence of control. This category highlighted the lasting effects of the trauma associated with IPV, which manifested here as a need to maintain power and strict boundaries with others to protect themselves. Participants shared that, in their abusive relationships, they had no power or control over anything, but were rather the object of their abusers’ implementation of power and control. Once they left their abusers, most participants experienced an overwhelming need to be in control of their own lives, their surroundings, and of those around them, including their partners.

Several participants used variations of the phrase, “the pendulum swung the other way” to describe their experience of initially being controlled, passive, fearful, and submissive in their IPV-relationships, and then needing to control everything, becoming assertive/aggressive with others, setting strict boundaries to intimacy, and maintaining

power and control over themselves after leaving the IPV-relationship. Participants spoke of their journey to “find the middle” rather than living on two extreme sides of the coin.

Participants’ need to maintain control and negotiate boundaries manifested in several different ways, but frequently included behavioral distancing and verbal negotiations of boundaries. Lucy’s need for control and boundaries manifested in the following way:

I became that bitchy fucking bartender, bitchy fucking server, and if you even said one wrong thing to me or one... one thing that was slightly flirty or sexual, I would—I quickly put you in your place. Um and that was my way of trying to regain ownership of myself. And I had zero tolerance for shitty comments, zero.

And um, so I went from being actually like a super shy, like super friendly, person to being very um, protective of myself.

Lucy’s account highlights not only the need for power and control that she experienced, but also the triggering experiences that often “put her over the edge.” Participants often described how even subtle romantic interest or sexual advances shown by others served as a trigger for them and created a “fight or flight” reaction, which often manifested as “extreme responses” in order to protect themselves and stay in control.

Lucy further describes how sex became a tool of control for her, a way to engage in a desired behavior within the framework of rules, set expectations, and strict boundaries. She found that she negotiated “sex contracts” with her partners to make sure that no one ever got too close:

Yeah and you know, you set up the rules. I was so proud of myself. “We have the rules and blabadeblah” and “I’ll meet you here” and—and you know, you won’t know where I live and you’ll never guess my number or you’ll never get this. And we don’t talk, and we just go back to somebody, like to a hotel, and do that, and then I leave.” And it was a sense of control, like *you can’t hurt me, you can’t—you will never make me compromise anything that I’m doing. I... I own this.*

Another participant, Kristen, described how she used strict boundaries in her dating experiences to counteract the lack of boundaries she had in her abusive relationship:

So I went the opposite direction. So my boundaries pre-abuse were “I’m a doormat. I would do anything. What do you need? Take advantage of me...”

[Then] I was the total opposite. I was really rigid. “Yes, we can go to dinner, but I am leaving by 8:30. No, I can’t see you today because I have decided I’m taking a bath instead today.” And so totally unwilling to bend. I really was hyper-aware of my needs. Everything was about me for a while.

Furthermore, Valerie did not let a man into her home for an entire year while she was working through her need to protect herself and stay in control. However, participants recalled recognizing that their need for control and strict boundaries was getting in the way of healthy relationships with others. They eventually began a journey to move closer to the “middle,” which often involved learning from others and from their own experiences. Kristen explains,

Totally rigid is not me, and no boundary is not good either. So I had to come to the middle about it. And I wasn’t enjoying dating because I was so rigid. But

that's what it felt right to do. I convinced myself this way was bad so stop doing that and then it was, overcorrect and do all of this, and then I came back to the middle. And the more I dated, the more I talked to people and the more I moved toward the middle the more I felt like myself.

In the next section, participants described how they were able to move toward healthy boundaries and compromise to achieve healthy relationships.

Communication and Support of New Partner

This category contained participants' stories of learning to communicate in the context of a healthy relationship, learning to express themselves and articulate their needs, receiving support from their partners, and sharing their stories of abuse. Further, participants recounted having to learn and relearn how to manage conflict and arguments, since conflict in their previous abusive relationships manifested as IPV.

Jasmine described her experience of dating a supportive and kind man who she feels that she can lean on for support and with whom she can share things and express herself.

He's a good support system, he's a good person. He... is honest. And then... uhm... I'm letting myself be vulnerable in such that I share with him things that I don't... that I haven't shared with anybody for this whole time, the whole time I was married I couldn't, I didn't share things with him. My current boyfriend, I don't hold anything back, I tell him everything I'm thinking, whereas before I could be screaming something in my head, five million times but I couldn't open my mouth to say them, because I was so afraid. Here I just say them. I'm not afraid of anything, because if it's not gonna work out, that's fine. I trust him, I'm

not scared of him. It's almost liberating that I can actually open my mouth and say what's on my mind. So I feel like that's helping me immensely.

Like Jasmine, many participants expressed a sense of liberation and empowerment related to voicing themselves and being able to experience partnership and equality with their partners. While this was often an extended process for participants, and while it raised issues of fear and trust, finding a supportive partner with whom they could express themselves and learn how to communicate with seemed essential for most participants.

Naomi recounts how conflict and arguments changed since she entered a relationship she describes as healthy and as a partnership, but that residual trauma of IPV still persists.

Being in an abusive relationship is so much about living in the moment. It's so much about damage. He's screaming at me right now he's hitting me right now, he's telling me how much I suck right now, and I'm in this dark, spiraling black hole, and you never really climb out of that. There's never a moment where you're not in fight-or-flight. You never have a moment where you're not walking through a fog, just trying not to bump into something... and then looking at a healthy relationship and realizing what my responsibility in a healthy relationship was, and what their responsibility in a healthy relationship was. Realizing it's not gonna be perfect, you're both gonna be emotional, you're gonna get mad and say shitty things, but I don't have to run away when that happens and I don't have a fight for my life when that happens. And you know what, tomorrow morning we're gonna wake up and go "I'm really sorry about that."

Naomi's account echoed that of many participants and illustrated the difficulty of relearning not only behavioral strategies to managing conflict, but also dealing with emotional reactions ingrained in them as a result of IPV.

Modeling of Healthy Relationships by Others

Modeling of healthy relationships by others was an important aspect in considering and navigating new relationships post-IPV. Some participants recalled never having had role models of healthy relationships, while other participants recalled having had such role models but that their abusive relationship had clouded their view of what "healthy" looked like. All participants described modeling by others as essential in their journey toward establishing safe and supportive relationships. Modeling by others included both watching others in healthy relationships as well as being the recipient of positive treatment by others, including supportive partners. Further still, one participant explained that watching other IPV survivors enter unhealthy relationships served as a deterrent for her to enter relationships herself.

Kristen describes her post-IPV dating experience of becoming involved with a woman who was a great role model for boundary-setting. Kristen remembers being intrigued by the way her partner set healthy boundaries and modeled positive communication. Being a recipient of such behavior helped Kristen learn skills for how to navigate consequent relationships: "I would learn from these relationships... Jenny and I didn't work out, but we are very good friends and we are no longer dating, but I took her model into my other relationships."

Sierra had a similar experience in which a new partner asked for her perspective on something and was genuinely interested in her opinions and expertise, a stark contrast to the experiences with her ex-husband, who never cared about her views or opinions.

Sierra recalls,

So, he remembered what I did, one. And two, he's asking me for help, which was in such stark contrast [to my ex-husband]. Then, right away, this guy was like... he'll ask me, like "I wanna know... I was reading this and I wanna know what you thought, because this is something you know more about than me." I think he's just been like a... a model of... a safe person, a healthy relationship with a man... that I didn't know was possible. Uhm.. and I still like have never met anybody like him.

In Sierra's case, healthy modeling by a new partner helped her to better understand partnership, equality, and what a healthy relationship could look and feel like. As such, Sierra's story portrays the impact that such modeling may have on an IPV survivor.

While Lucy eventually met a man she loves and with whom she experienced a great deal of positive modeling, she recounts initially watching other people in healthy relationships and seeing what a model of a healthy relationship could look like.

I think it was seeing... yeah relationships where people communicate and really... people, you know, help the other one become—support each other. And support was not—I'd been given safety, I'd been given support on some levels, but I had not seen like interactions of a healthy relationship, um, at a point where I was ready to notice. I mean obviously the couple that I moved in with had a

happy relationship, but I wasn't—I wasn't paying attention at that point 'cause I was too fucked up I guess.

Lucy's story details her experience of watching couples in healthy relationships, and resultantly sheds light on the readiness needed to be able to see and recognize healthy relationships. Overall, participants experienced personal growth and movement toward healthy relationships by watching others in healthy relationships and by receiving healthy and supportive treatment by a partner.

Caring for and Protecting Children

Half of the participants ($n = 5$) in the present study had children with their abuser and experienced a need to care for and protect their children after leaving the IPV-relationship. Many participants experienced guilt related to “having chosen” an abusive father for their children, splitting up the family, and feeling unable to give their children everything they believed they deserved. As a result, some participants abstained from dating altogether and others postponed dating in order to fully focus on their children and to “make up” for not having an involved father, or having an involved father who abused their mother and who was not a positive role model for their children. Out of the five participants who had children with their abuser, only Jasmine shared court-mandated custody of her child with her abuser. The remaining participants and their children had none or limited contact with the abuser.

Having children affected participants' decisions to pursue and engage in relationships and dating post-IPV. Participants described that they felt a need to protect their children when starting new relationships, ensuring that their new partners treated

their children well, and that their children liked their new partner. Furthermore, many participants discussed the importance of being open with their children regarding the previous IPV and encouraging dialogue regarding their experiences. Jasmine explains how her new partner's supportive and loving treatment of her son helps her feel capable to continue the relationship and build trust. "He's really good to my son, so it makes it easier for me to trust him. I mean. I don't completely trust anyone with my son, but I do feel like he's good to him."

Dana chose to completely abstain from dating and relationships when she left her abuser 16 years ago. She made the decision to focus solely on her child and their relationship. She recounts her decision, as well as the social and cultural expectations and pressures that others put on her to date, and mentions that she may at some point be ready to explore other parts of herself, and that that may include dating.

[My son] is really the reason... he's a big part of the reason why I don't... I'm not in a relationship... *want* to be in a relationship... My main focus is... you know, I'm the sole parent... trying to raise somebody, you know... in this very challenging world that we live in, and there are people that don't understand that. However, Dana was always cognizant of not wanting her son to be dependent on her, nor feel like he has to be responsible for her happiness. She adds,

We sort of have a pact, my son and I, that... I kinda told him that he does not need to be responsible for my happiness, and I then promised him... he said...

"Well, then I want the same, that I don't want you to be responsible for mine." So

I said “Deal” and I’ve worked so hard to make sure that, you know, I have things lined up that I want to do for when he goes off [to college].

Another aspect that participants discussed was that of child custody visitations by the abuser. While a few participants’ children are older now, many of them recall the initial problems with visitations by the abuser and how that affected not only their children, but also themselves. Visitations guaranteed that a relationship with the abuser was impossible to forgo, and as such, many of the participants who had children were unable to move forward in their healing process due to frequent contact with the abuser, and constant feelings of worrying about the safety of their children. Jasmine describes the guilt she experienced and is still coping with, as a result of shared custody:

I was focused on spending my every moment with my child because I just wanted to make sure he was OK. ‘Cause I felt guilty about him not being able to be with me, and he would cry when he couldn’t be with me, didn’t wanna leave. I was afraid of what was going on over there, felt like a bad mom, went into a really... gave all my attention to my son because it felt like I owed him that, I felt like I robbed him of that.

Participants’ experiences of recovering from IPV and considering and navigating new relationships were doubtlessly affected by the fact that their children were involved in the process. Despite this fact, many participants recalled finding ways to merge their new relationships with their existing family. Alesha explains how communication with her children about her new partner and relationship helped facilitate the process of integrating the two in a positive and loving way:

[My new partner] is a very different person. We were at the point where I introduced him [to my children]. [My son and I] had a lot of driving time to [my children's] father's house, so we would always talk. So I asked him about [my partner] and he said, "So, finally over the attraction of anger issues?" And I said, (laughing) "Touché."

Interweaving Nature of Findings

As is illustrated in Figure 1, participants' experiences were interweaving in nature. That is, while themes were categorized into internal and psychological experiences and interpersonal and social experiences, these experiences interplayed with each other and occurred simultaneously. As participants engaged in the behavioral or social experiences, these experiences affected their internal and psychological ones, which, in turn, continued to affect their behavioral and social experiences. To illustrate, Sierra initially became involved with new partners with the support of her friend who brought her along to venues where Sierra was able to make decisions about new partners. As she made the decision to become sexually active with new partners post-IPV, she experienced feelings of empowerment, control, and trust in herself, which allowed her to continue to date others and navigating the post-IPV dating experience. Similar experiences manifested for several of the participants, including Valerie and Kristen. As Valerie and Kristen began to date again, they were able to increase trust in themselves and others, increase self-efficacy, and were able to loosen the rigid boundaries and their need for control that they had experienced. They were subsequently able to continue to

engage in new dating experiences. On the contrary, negative or challenging social and interpersonal experiences also affected participants' internal and psychological ones. Participants noted that when they had a negative experience, they lost trust in their own abilities to make accurate judgements about others, which affected their decisions to attempt dating again. Sierra described one incident where a man she had judged to be safe and kind attempted to force her into sexual activity. Sierra explained that this experience set her back and made her question her instincts and judgment about others, affecting her subsequent dating experiences.

Chapter Summary

Participants in the present study shared their experiences of considering or navigating new relationships after leaving their abusive ones. They experienced many interweaving elements, including *internal and psychological* experiences and *interpersonal and social* experiences which were present as they considered or navigated new intimate relationships during their IPV recovery.

The *internal and psychological* experiences consisted of the following experiences: (a) Reclaiming self through dating experiences, (b) Learning to trust self, (c) Difficulty trusting new partners, and (d) Facing other fears of dating. The *interpersonal and social* experiences consisted of (a) Exploring dating with new partners, (b) Sexual exploration as part of navigating new partners (c) Negotiating boundaries and use of control with new partners, (d) Communication and support of new partner, (e) Modeling of healthy relationships by others, and (f) Caring for and protecting children.

Visual Illustrations of Individual Experiences

This section provides the concept maps of all participants' unique experiences of navigating or considering new relationships post IPV. It also provides a summary of participants' dating experiences.

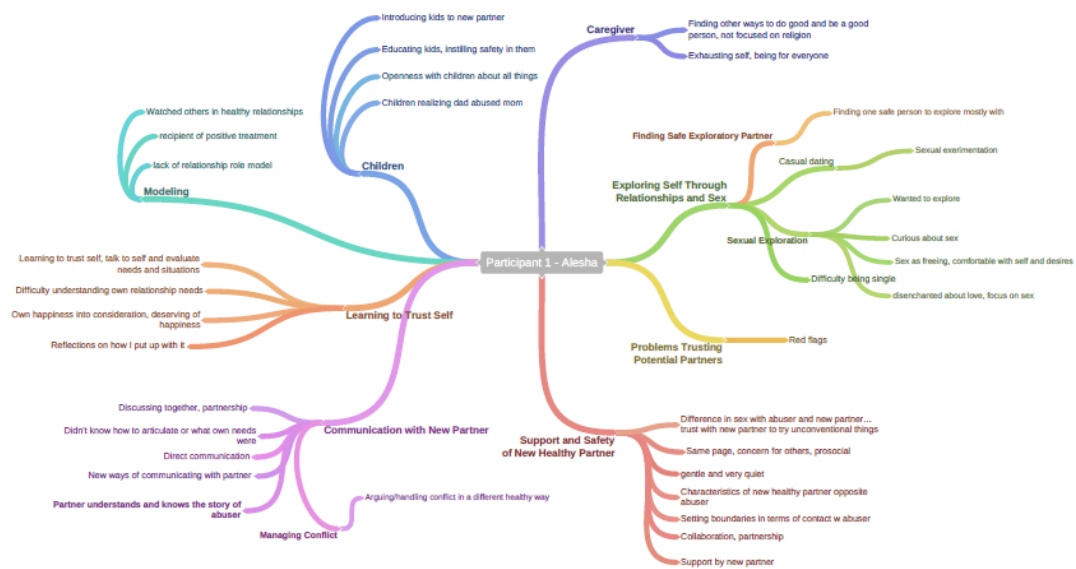


Figure 2:

Concept Map of Alesha's Experiences



Figure 3:

Concept Map of Kristen's Experiences

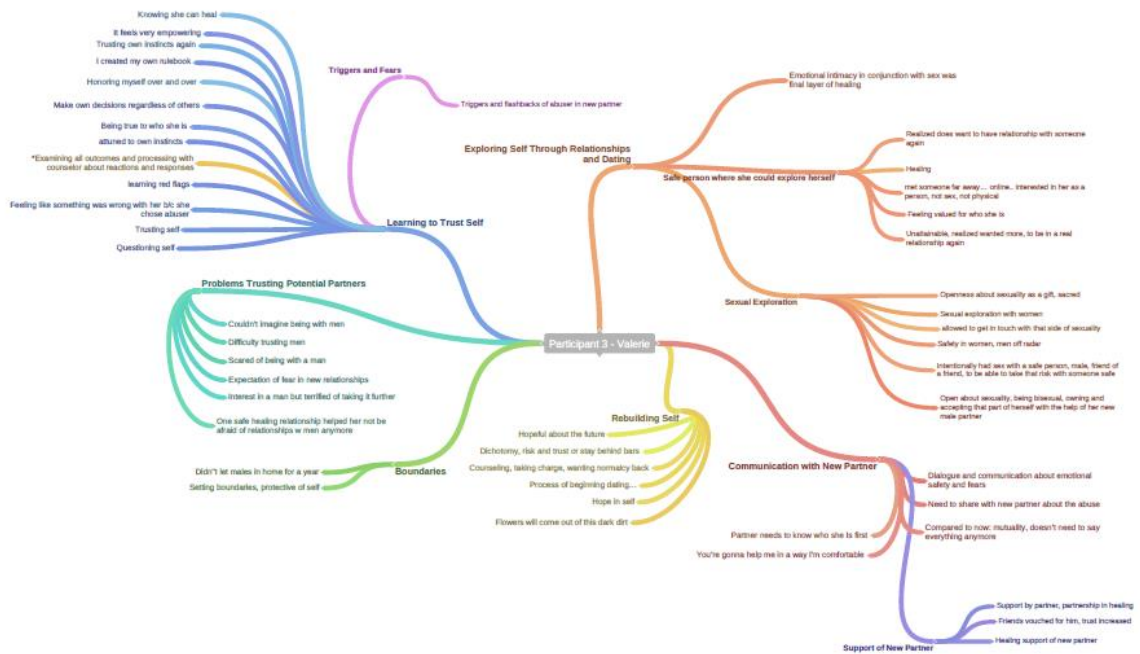


Figure 4:
Concept Map of Valerie's Experiences

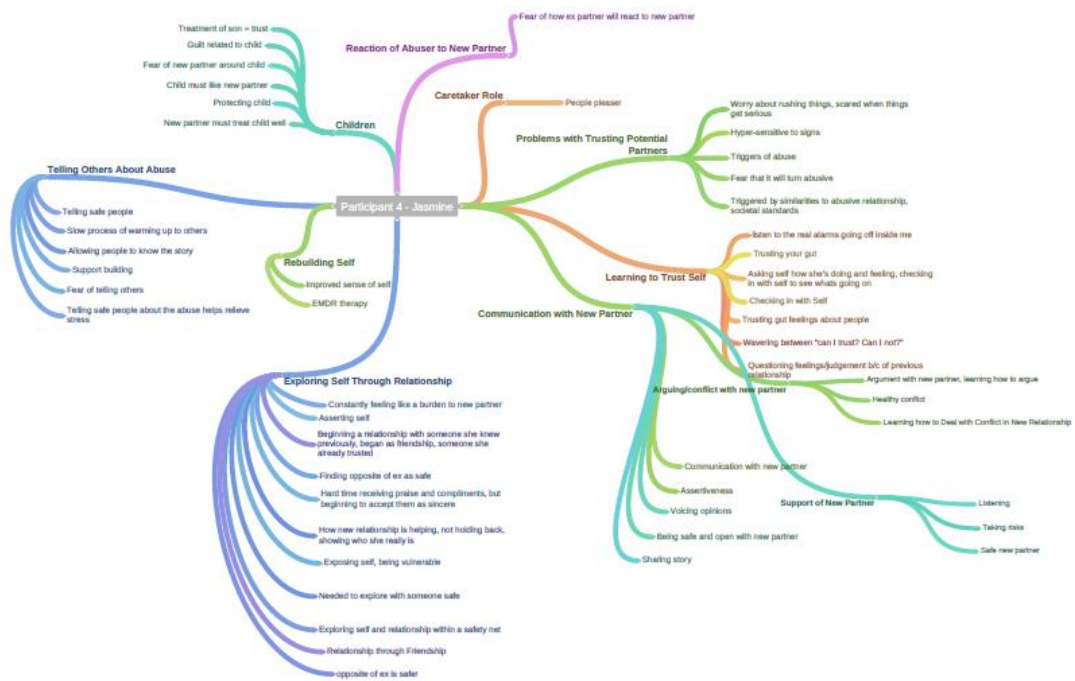


Figure 5:
Concept Map of Jasmine's Experiences

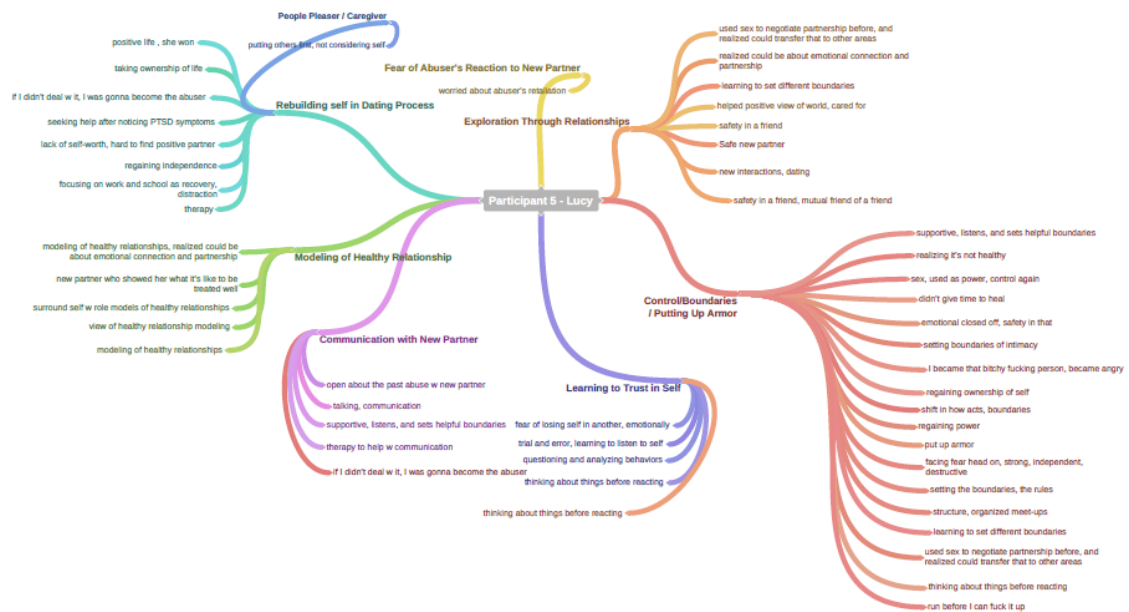


Figure 6:
Concept Map of Lucy's Experiences

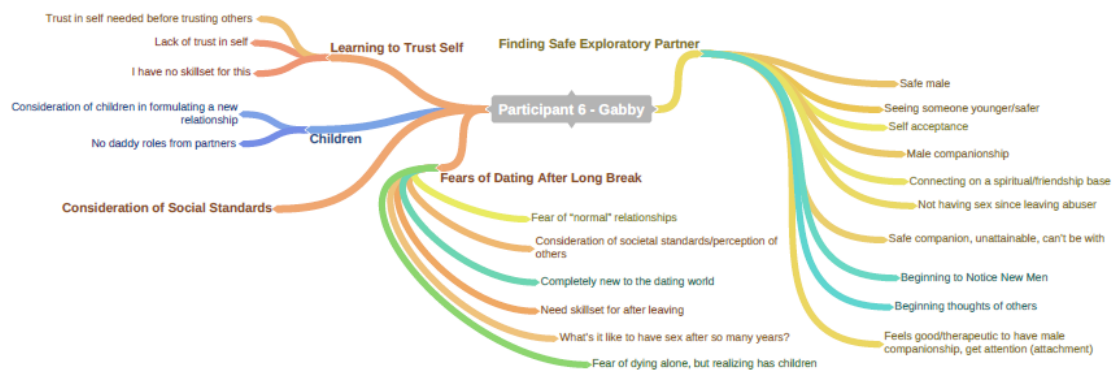


Figure 7:
Concept Map of Gabby's Experiences



Figure 8:
Concept Map of Naomi's Experiences

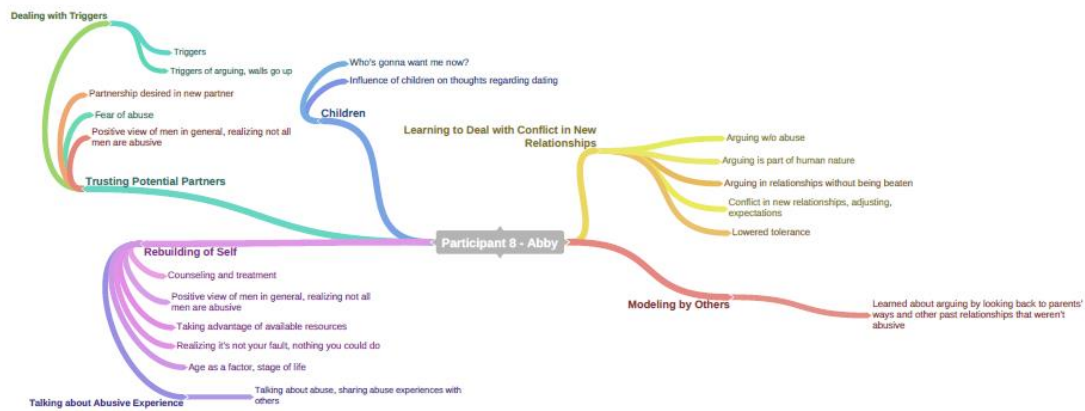


Figure 9:
Concept Map of Abby's Experiences



Figure 10:
Concept Map of Dana's Experiences

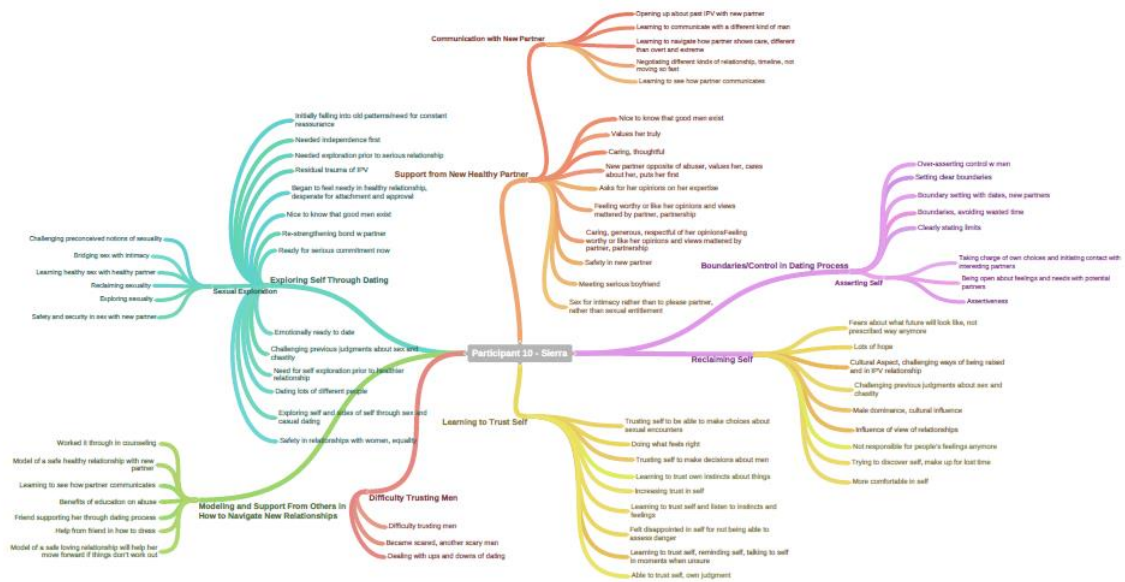


Figure 11:
Concept Map of Sierra's Experiences

The descriptive findings of participants' experiences of navigating new relationships can be found in Table 6.

Table 6:

Post-IPV relationship history.

	Have you attempted to explore new relationships post-IPV?	How many non-violent post-IPV relationships?	How would you describe the overall quality of post-IPV dating/relationships?	Current relationships including the quality and status:
Alesha	yes	2	d) Good quality and/or experiences	3.5 years
Kristen	Yes	5	d) Good quality and/or experiences	Currently engaged to be married, very healthy relationship.
Valerie	Yes, I went on dates to meet people and it took 3 years until I met someone I felt I could pursue a relationship with	1	Dating was very scary, I felt very apprehensive of men, although I was motivated to keep trying because I wanted to get over my fear. I had sexual relations with two women and that felt easy. The relationship I finally had 3 years after the IPV relationship was good and healing even though it didn't work out. I don't feel afraid to pursue a relationship with a man like I did before.	No. I am not in a relationship anymore. I am now dating when I meet someone male or female that I seem to have a connection with. I have little to no fear about dating anymore and this feels wonderful.
Jasmine	I am currently in my first relationship since leaving my abuser	1	d) Good quality and/or experiences	Yes I am. My partner is very patient and understanding

	Have you attempted to explore new relationships post-IPV?	How many non-violent post-IPV relationships?	How would you describe the overall quality of post-IPV dating/relationships?	Current relationships including the quality and status:
				and offers me a lot of support.
Lucy	Yes, married in a healthy, happy, supportive and positive communication relationship	2	d) Good quality and/or experiences	Yes, married, positive communication, support, love, and sex
Naomi	Yes	2	f) The dating was fruitless but I am currently in a healthy relationship	Yes, it's close and healthy, loving and safe. We have been monogamous for a year. He just moved in. we have been friends for many years previous to this
Abby	Yes	3	d) Good quality and/or experiences	No
Dana	No	n/a	n/a	no
Sierra	Yes	1	d) Good quality and/or experiences	Yes - Had to take a break after 1 year to address trauma from IPV affecting relationship, now dating again

Note. Participants' answers were taken directly from the demographic form.

CHAPTER FIVE: DISCUSSION

The purpose of Chapter Five is to provide an overview of the present study, specifically the methods and findings, and to discuss the significance of the findings. Additionally, the researcher reviews the findings from Chapter Four and provides an in-depth discussion of the findings, which are compared and contrasted to the existing research in Chapter Two. The purpose of Chapter Five is also to discuss and explain the findings in relation to the research questions. Furthermore, Chapter Five includes (a) a discussion of the limitations of the study (e.g., design, sampling), (b) a discussion of the implications for counseling and counselor education, and (c) recommendations for future research.

Methods and Findings

Based on the findings of other studies on IPV recovery and specifically on navigating new relationships post-IPV, the researcher of the present study utilized a phenomenological research methodology to acquire the *lived experiences* of the participants (Husserl, 1954). Particularly, the aim of the study was to obtain the essence of female IPV survivors' experiences of considering or navigating new relationships after leaving abusive ones. The researcher followed research protocols outlined by Moustakas (1994), Creswell (2007; 2013), and Colaizzi (1978). This present study aimed to take initial findings further and to fill a gap in the recovery literature on IPV by directly exploring how survivors of IPV considered or navigated new relationships. The researcher identified the main research question as "What are the lived experiences of

female survivors of IPV who are considering or navigating new intimate relationships?”

A sub-question included: “What are the helping and hindering experiences of considering or navigating new intimate relationships?”

The study was approved by the University of Central Florida’s IRB. Data collection was conducted from September 25, 2015 until November 6, 2015. The sample for the study included 10 female survivors of IPV who were at least 21 years of age, who had been out of an abusive relationship for at least two years, and who had considered or navigated new relationships after leaving their abusive ones. Participants varied in their IPV experiences on a variety of factors, including, the intensity of the IPV relationships, the types of IPV present, the length of their IPV relationships, whether they had children, and how long they had been out of their IPV relationships.

Data collection took place face-to-face with participants in eight cities and three different states in eastern United States. Participants received consent forms and consented to the study prior to data collection. Data collection was completed through semi-structured interviews. Participants also filled out a demographic questionnaire. The data was analyzed using Moustaka’s (1994) recommendations and Colaizzi’s (1978) seven-step process of (a) transcribing the data, (b) extracting significant statements, (c) formulating meaning from the statements, (d) clustering the statements, (e) completing an overarching structure, (f) completing an exhaustive description, and (g) using member checking.

Discussion of the Findings

This study was guided by the questions, (1) What are the lived experiences of female survivors of IPV who are considering or navigating new intimate relationships, and (1a) What are the helping and hindering experiences of considering or navigating new intimate relationships? The researcher will aim to answer these questions in this section.

What are the lived experiences of female survivors of IPV who are considering or navigating new intimate relationships?

The present study yielded findings related to IPV survivors' lived experiences of considering or navigating new relationships after leaving the IPV relationship. The researcher categorized the findings into two main categories of *internal and psychological* experiences and *interpersonal and social* experiences of considering or navigating intimate relationships after IPV. This categorization was done in an effort to highlight how both internal and external factors were present in participants' experiences, albeit in a circular and interweaving manner rather than a linear or stage-like one.

Internal and psychological experiences highlighted participants' inner dialogues and fears, in addition to their experiences of developing trust, becoming empowered, and cultivating self-esteem. *Interpersonal and social* experiences highlighted the behavioral and interpersonal experiences that participants engaged in.

Internal and psychological experiences related to participants' experiences of reclaiming themselves through their dating experiences, learning to trust themselves, having difficulty trusting new partners, and facing other fears of dating, including abuser

retaliation and stage-of-life issues. *Interpersonal and social* experiences consisted of participants' exploration of dating new partners, their sexual exploration as part of navigating new partners, negotiating boundaries and use of control with new partners, navigating communication and support of new partners, learning about healthy relationships through modeling by others, and caring for and protecting their children.

Furthermore, findings indicated that an interweaving developmental process seemed to exist, wherein which participants' needs in the dating process were different immediately after leaving an IPV-relationship than they were later. Specifically, participants' needs tended to initially relate to self-exploration through multiple partners, emotional distance, and control and boundaries. Later on, participants' needs shifted to incorporating sexual exploration with emotional connections, vulnerability, and partnership. However, as Valerie described it, this process was, rather than stage-like or linearly-oriented, better characterized by "layers of healing," in which multiple simultaneous experiences strengthened and re-built the survivor over time.

What are the helping and hindering experiences of considering or navigating new intimate relationships?

In the present study there were both helping and hindering experiences in survivors' experiences of navigating new intimate relationships after IPV. Helping experiences included those which facilitated survivors' positive experiences of considering or navigating new relationships and which aided in their IPV recovery. Hindering experiences included those which impeded survivors' positive experiences of considering or navigating new relationships and which hindered their IPV recovery.

Helping Experiences

One important aspect of helping experiences included participants' development of trust in themselves to be able to discern healthy from unhealthy behaviors in potential partners. Participants initially struggled with being unable to trust themselves to distinguish healthy from abusive partners. They often found themselves hypersensitive to signs of abuse due to a fear of entering into another abusive relationship. Through their dating processes, they were able to begin reconnecting with their instincts, and subsequently began to trust themselves to better discern healthy from abusive partners.

Another helping aspect in participants' experiences included their exploration of themselves through dating experiences with others. Through dating multiple partners, participants were able to increase their sense of independence, empowerment, self-esteem, trust, and healing, which aided in their recovery experiences and helped them in their process of navigating new intimate relationships. By dating multiple partners, they were able to expose themselves to a variety of situations and individuals, and were able to practice boundary-setting, assertiveness, and decision-making based on their own needs. Dating experiences also aided in decreasing participants' initial need for structure and control and helped them to learn how to set appropriate boundaries with others.

A third aspect of helping experiences included modeling by others. Participants' watched others in healthy relationships and witnessed positive communication and conflict resolution, which helped them to provide a framework for their own experiences. Participants also learned about communication and conflict resolution by being treated well by partners and others, which further served to provide an experiential model of

what healthy relationships could look and feel like. Participants shared that modeling by others further helped them engage in positive communication with their partners.

A fourth aspect of helping experiences included participants' sharing of their abuse story with new partners. Often a result of modeling by others, participants were able to take steps in their own relationships and dating experiences and share their story of past IPV. Participants explained that sharing their story helped relieve anxiety, gain support from their partners, and increase trust in their partners. Further, openness facilitated discussions of trust and allowed participants to express themselves and receive support when encountering triggers, flashbacks, or other symptoms of PTSD.

In summary, many helping experiences facilitated participants' navigation of new relationships and helped them in their IPV recovery process.

Hindering Experiences

Hindering experiences included a variety of aspects, including a lack of trust in oneself and others. Participants who struggled to develop trust in themselves had difficulty in their dating experiences. Some participants refrained from dating altogether while others found themselves dismissing potentially healthy partners and sabotaging relationships due to fear. Jasmine explained how her counseling experience and her counselor's recital of statistics on how often women in IPV relationships end up in consequent abusive relationships perpetuated her fear and kept her from trusting her instincts about potential partners. Being able to trust in oneself seemed to be inextricably linked to the ability to trust in others.

Other hindering experiences related to fears of abusers' retaliation toward participants or their new partners, stage-of-life issues, and social expectations of dating. One participant described her fear that her abuser would retaliate against her new partner or sabotage her new relationship. Another participant described the expectations of society or others in terms of dating. Further still, participants who had been in IPV relationships for a large part of their lives found it difficult to "know" how to date and felt they lacked a skillset for "going back out there."

Another hindering experience pertained to participants' experiences of having children. While having children alone did not necessarily hinder dating experiences, participants' focus on their children, specifically protecting them and "making up" for the guilt and shame related to the IPV complicated dating experiences. Two participants who had had children with their abuser refrained from dating after the IPV-relationship for over a decade, deciding to focus on their children instead. Other participants with children dealt with fears about keeping their children safe and cared for. Some participants, however, described how maintaining open communication with their children helped buffer some of the challenges.

In summary, certain experiences produced challenges in participants' navigation of new relationships.

Corroboration and Contradiction with Earlier Findings

Recovery and Post-Traumatic Growth

There is limited research that suggests that survivors of IPV embark on a complex recovery process following their IPV experiences (e.g., Allen & Wozniak, 2011; Flasch, Murray, & Crowe, 2015). Farrell (1996) described this process as “a multidimensional phenomenon consisting of physical, mental, and spiritual components... [that involves]...reconnecting the fragments of the self by putting into perspective the past experiences of abuse” (p. 31). Furthermore, research (e.g., Cobb et al, 2006) on post-traumatic growth (PTG) suggests that survivors of trauma, including IPV, may experience a number of positive outcomes. Some of the positive outcomes included a spike in PTG marked solely by leaving an abusive partner (Cobb et al, 2006). Additionally, Senter and Caldwell (2002) found that survivors of IPV experienced more meaningful interpersonal relationships, enhanced ability to accept support, increased probability of helping others in similar situations, enhanced religious and spiritual beliefs, enhanced introspection and awareness, and increased self-control.

The survivors in the present study reported experiencing PTG in many of the aforementioned areas, and findings pointed to survivors’ ability to better understand themselves, becoming more independent and empowered, having meaningful and supportive relationships, and learning to set healthy boundaries. Thus, findings of the present study support the findings in previous research that suggest that survivors of IPV experience PTG.

Developmental Processes

Overall Recovery

The literature on IPV recovery supports the presence of a developmental process, including one in navigating new intimate relationships. For instance, Abraham (2007) found that survivors of IPV progressed through a process similar to bereavement. In Abraham's model, survivors initially encountered *reception*, in which they experienced denial and numbness. They then progressed to *recognition*, during which they dealt with feelings of anger and frustration and began to recognize and accept their experiences. In Abraham's *reinvestment* stage, survivors became more connected to the community and began to partake and reengage in life. Other studies (e.g., Smith, 2003; Wuest & Merritt-Gray, 2001) suggest similar developmental processes, in which survivors acknowledge their IPV experiences, deal with struggles and challenges of the after-effects of IPV, and eventually manage to reconstruct themselves and heal.

On the contrary, researchers (e.g., Flasch, Murray, & Crowe, 2015) have also found that the developmental process of recovering from IPV is circular and interweaving, rather than linear. That is, survivors may progress through certain benchmarks of recovery, but specific events and triggers may catapult them back to earlier stages, where they may have to reconcile with "unfinished business." Flasch, Murray, & Crowe (2015) found that survivors' recovery experiences rarely met a prescribed timeline, but rather, intersecting experiences and growth moments served to "piece together" survivors' growth and identities in a circular non-linear progression over time.

In the present study, survivors' experiences of navigating new relationships as part of their IPV recovery included elements of both a developmental progression as well as "layers of healing," according to Valerie's description, suggesting a corroboration of both views on recovery. Indeed, Valerie's description of her process of overall recovery as "layers of healing" may best illustrate a number of elements working together simultaneously to help survivors heal and grow. Participants described some elements as taking longer than others to heal (e.g., trust). They also described how specific experiences or triggers of past-IPV catapulted them back.

New Relationships

Wuest and Merritt-Gray (2001) found that launching new relationships seemed to be different at various stages in the recovery process, where participants in the *breaking free stage* of leaving reported forming relationships as a form of refuge or support, rather than as a form of romantic and intimate connection. Relationships also seemed to range from "just sex" (p. 88) to "real involvement" (p. 88) depending on where in the recovery process survivors were.

The findings in the present study seemed to corroborate findings by Wuest and Merritt-Gray (2001) in that survivors initially experienced a desire to distance themselves emotionally from potential partners. Rather, survivors' focus was on exploring themselves, examining and fulfilling their own needs, and empowering themselves though dating multiple partners. Indeed, initial needs relating to participants' navigation of new partners and relationships focused on (a) safety, (b) exploration of self, (c) sexual exploration, (d) boundaries, structure, and control, and (e) emotional distance. Later

needs relating to participants' navigation of new partners and relationships focused on (a) partnership and equality, (b) merging sex with emotional connection, (c) communication and support, (d) vulnerability, and (e) emotional safety.

Participants described this process as initially not trusting themselves or having a clear sense of self, causing them to be more fearful and apprehensive, and thus distancing themselves from emotional connections with romantic partners. As participants gained trust in themselves, began to reclaim their identities, and became stronger and empowered, they were able to soften their rigid boundaries and allow emotional connections to take place. These connections, in turn, served as healing aspects in their recovery.

Specific Factors in Navigating New Relationships

In addition to the developmental process of recovering from IPV, researchers (e.g., Farrell, 1996; Flasch, Murray, & Crowe, 2015; Lewis, Henriksen Jr, & Watts, 2015) have found that specific factors exist in the recovery experiences of survivors. These factors included both formal and informal social supports, psychological and physical healing from trauma, spirituality, empowerment, freedom and power, reclaiming the self, helping others, and navigating new relationships. While recovery of IPV is beginning to gain attention in the literature, there are still unexplored areas, specifically related to particular elements of IPV recovery. Researchers (e.g., Lewis, Henriksen Jr, & Watts, 2015; Neustifter & Powell, 2015) have identified *new relationships* as an area poignant in survivors' recovery experiences and one which requires further investigation.

There is indication in the literature that individuals in post-IPV recovery experience various stressors in terms of navigating new relationships (e.g., Flasch, Murray, & Crowe, 2015; Neustifter & Powell, 2015). These stressors include: (a) difficulty in their consequent relationships, facing fear, apprehension, premature termination, and hypersensitivity, but also (b) abstention from consequent relationships, and (c) newfound love in healthy relationships.

Difficulties in Relationships and Dating

Flasch, Murray, and Crowe (2015) found that participants experienced fear and apprehension at the prospect of entering new intimate relationships. Those who attempted new relationships were hypersensitive to triggers and warning flags of IPV behavior and had difficulty discerning between healthy and non-healthy behaviors. In another study, Wuest and Merritt-Gray (2001) found that participants expressed discomfort being without a partner in their lives, post-abuse, and that attending events, dinners, and social gatherings without a partner was uncomfortable and foreign. A main theme among women who were beginning new relationships was *difficulty of trusting*. Lewis, Henriksen Jr, and Watts' (2015) study supported this finding in the theme *future relationships*, which emphasized two main components of survivors' experiences regarding future relationships: (a) having difficulty trusting men and (b) being hyper-vigilant of men's behaviors. Some of the descriptions of these themes included participants' statements that when partners raised their voices, there was an instinctual fear that the partner would turn violent. Researchers' findings also suggested that participants struggled to not only trust men, but also to trust their own instincts of

determining right from wrong regarding men's behaviors and specific circumstances and events.

In corroboration with previous findings, the researcher of the present study found that participants experienced difficulty trusting new partners. Since nine participants had been in IPV relationships with men, the difficulty of trusting new partners was experienced most often as difficulty trusting men. The difficulty of trusting included aspects of being hypersensitive to warning signs of abuse, and worrying that new partners would ultimately turn abusive. Furthermore, participants struggled trusting themselves and their own instincts, which furthered the difficulty of trusting potential partners and others in the dating process. This theme was not mentioned extensively in other studies but was an important piece of the present study.

Finally, Neustifter and Powell (2015) found that lingering effects of past-IPV trauma affected survivors' post-IPV non-violent relationships. Participants in the study described these challenges and concerns as mildly distressing to intensely distressing, suggesting that effects of trauma (e.g., PTSD symptoms and triggers) at times interfered with their post-IPV non-violent relationships. Additionally, Neustifter and Powell (2015) found that certain elements of past-IPV experiences continued to directly affect survivors and their non-violent partners. These elements included stalking behaviors by previous abusive partners and financial and custody issues.

In the present study, participants discussed challenges with new partners, specifically related to symptoms of PTSD and trust, negotiating boundaries, and learning how to communicate. Additionally, participants noted other fears of dating, which

included fear that previous abusers would retaliate, which corroborated Neustifter and Powell's (2015) findings.

Abstinence from Relationships and Dating

Flasch, Murray, and Crowe (2015) found that some survivors were too afraid to ever enter into new relationships and had made decisions to focus on themselves and their children, and to abandon the idea of romantic love. Some participants also seemed ambivalent in their desire to find a romantic partner, expressing fear and apprehension. In the present study, two participants had chosen to abstain from dating and relationships after leaving their abuser. Most of their reasoning included focusing on their children rather than exploring new relationships. This corroborated previous findings in the literature.

Newfound Love and Healthy Relationships

Flasch, Murray, and Crowe (2015) found that some participants in their study had found love, and described that the healing element was patience and understanding by their current healthy partners to help them build trust and become vulnerable. Neustifter and Powell's (2015) investigation of survivors' resilience in new non-violent relationships further highlighted the importance of (a) strong communication skills, (b) positive sexual interactions, (c) the ability to compare and distinguish the new non-violent relationship to the past abusive one, (d) enjoying each other's company, and (e) being able to have a supportive partnership but also having an individual identity in the non-violent relationship. The present study found that new partners played a significant

role in the healing process and included not only support and patience but also participants sharing of their IPV stories, navigating conflict, and learning how to communicate in a healthy way, corroborating previous findings. The present study also corroborated the importance of positive sexual interactions noted as important in previous research (Neustifter & Powell, 2015). In the present study, sexual interactions served as empowerment and reclaiming of the self and a way to bridge emotional intimacy with sexuality, which was often absent in abusive relationships, and in fact used as a way to maintain power and control. Additionally, partnership was an important element in the experiences of the participants in the present study, corroborating Neustifter and Powell's (2015) findings.

How this Study Adds to the Literature

Previous studies found four main themes in survivors' navigation of dating and new relationships post-IPV: (a) difficulty in survivors' consequent relationships, facing fear, apprehension, premature termination, and hypersensitivity, (b) survivors' abstention from consequent relationships, (c) supportive factors and facilitative elements, and (d) survivors' newfound love and navigation of new healthy relationships. However, little information was provided in previous findings, since only one study (Neustifter & Powell, 2015) specifically examined new relationships post-IPV, and the study in question specifically examined survivors' experiences of resilience in new non-violent relationships post-IPV and not the experiences of navigating relationships post-IPV, which was the focus of the present study.

Specific Elements in Navigating New Relationships post-IPV

The present study expanded on findings in previous studies on navigating new relationships after leaving abusive ones (Flasch, Murray, & Crowe, 2015; Lewis, Henriksen Jr, & Watts, 2015; Neustifter & Powell, 2015; Wuest & Merrit-Gray, 2001). The researcher in the present study identified additional elements that were included in navigating new relationships and dating after leaving IPV relationships that were not found in any other study. The present study added to the literature by shedding light on the specific factors that were present as survivors navigated new relationships. Survivors in the present study experienced a reclaiming of themselves through their dating experiences, further supporting the important role of *navigating new relationships* in the recovery process of IPV. *Internal and psychological* experiences consisted of the following themes: (a) Reclaiming self through dating experiences, (b) Learning to trust self, (c) Difficulty trusting new partners, and (d) Facing Facing Other Fears of Dating. *Interpersonal and social* experiences consisted of (a) Exploring dating with new partners, (b) Sexual exploration as part of navigating new partners (c) Negotiating boundaries and use of control with new partners, (d) Communication and support of new partner, (e) Modeling of healthy relationships by others, and (f) Caring for and protecting children.

Further, the participants in the present study encountered a combination of interweaving *internal and psychological* experiences and *interpersonal and social* experiences as they considered or navigated intimate relationships after IPV. The interweaving nature of findings is important to note, specifically because it highlights the

complexity of navigating new relationships and recovering post-IPV, and emphasizes the importance of both psychological healing and interpersonal experiences.

Strength-Based Perspective on Navigating New Relationships post-IPV

The present study also provided a strength-based perspective on IPV survivors' recovery process and highlighted participants' strength, growth, and empowerment, which is often ignored in the IPV literature. The post-IPV literature and clinical IPV interventions frequently focus on how to avoid consequent abusive partners and how to build oneself up prior to dating again. As Jasmine mentioned in her interview, she had a "statistical problem" where she feared dating new partners simply because her individual and group counselors as well as the literature on IPV highlighted the cyclical pattern of IPV and the susceptibility of survivors to end up with consequent abusive partners. While an honest and realistic perspective is needed, focusing on *avoiding* new partners may perpetuate survivors' lack of trust in themselves and their abilities to make decisions and trust their instincts. Further, the present study provided empirical support that survivors learned to discern between healthy and unhealthy behaviors through the process of dating new partners, and at times, many new partners. The intrapersonal and psychological elements of the findings illustrate how social dating experiences were interwoven with internal processing, which helped survivors in their recovery process and facilitated empowerment and independence.

In the final moments of my interview with Dana, she asked me if I remembered the movie *Runaway Bride*. I told her that I did. Her explanation of the following account

echoes most, if not all, participants' experiences of exploring themselves through the post-IPV dating process.

There is this one scene where Julia Roberts is also in like self-discovery, and you know, like "Why can't I commit to a relationship?" And Richard Gere, at one point, asks her "What would you like for breakfast? How would you like your eggs?" She was like "Oh... I'll have the same..." And after she starts her self-discovery, she has like 10 different versions of eggs sitting in front of her, and then she like tries all the eggs, and then when she ends up connecting with Richard Gere again, she says to him "Poached." And he's like, "What?" and she's like "That's the kind of egg I like." ... So for me to be able to put everything out there and be like... "I think I like this." There is a lot of self-worth that comes with that. [A journey to figuring out how I like my eggs]... both in the physical and metaphorical way.

Limitations of the Study

Several limitations existed in the present study. First, the participants all had varying IPV backgrounds in terms of length and intensity of the IPV relationship, types of IPV present in the relationship, and years "in recovery" since the IPV relationship. These factors may have influenced participants' recovery experiences, specifically in terms of navigating new relationships.

Personal factors and circumstances of the participants also may have influenced their experiences, such as their socioeconomic status, personal resources, level of formal

and informal supports, and other individual characteristics, such as resilience, ambition, and hope.

While the sample was representative of various ethnic minorities (20% Hispanic; 10% Israeli; 10% Pakistani), not all ethnic minorities were included in the study (e.g., African American participants), and most participants (60%) identified as Caucasian. Recruitment sites and methods as well as cultural values may have impacted the sample that volunteered for the study. Furthermore, 50% of participants in the sample identified as heterosexual or straight, 40% as bisexual, and 10% as lesbian. The sample is not representative of the reported population in the United States. One reason for the high number of bisexual-identifying participants may be due to snowball sampling (e.g., participants recruiting their friends) or due to participants' experiences of empowerment and reclaiming their sexuality after IPV, whereas social stigma and desirability may affect the general population's reporting tendencies or ability to own their sexuality. Furthermore, while nine participants' abusive partner was male, one of the participants' abusive partner was a female-to-male transgender person. Additionally, efforts were made to interview participants in various geographic regions in the United States; however, additional regional representations limit the transferability of the findings.

Implications

From the limited research on navigating new relationships post-IPV, researchers have found evidence that most survivors of IPV do, in fact, continue to date and navigate new relationships after leaving their abuser for good, but face grave challenges and

confusion in this process, such as difficulty trusting men and being hyper-vigilant of abuse signs (e.g., Lewis, Henriksen Jr., & Watts, 2015). The present study identified strengths and support systems that helped survivors in the process of navigating new relationships post-IPV, and provided a strength-based perspective on survivors' experiences of dating during their recovery process.

Previous research and traditional interventions in IPV are often crisis-oriented and focus on helping survivors avoid future abusive relationships. Consequently, interventions and research focus on helping survivors identify red flags and signs of abuse in potential partners. Some researchers have attempted to balance this perspective with educational materials aimed at helping survivors identify healthy traits in relationships, such as the Duluth Model, which includes an *equality wheel*, developed alongside the *power and control wheel* (DAIP, 2011). Despite these efforts, little empirical research exists that explores survivors' actual experiences of navigating new partners after leaving an abusive one, and which explores survivors' strengths and growth in this process. The present study added to the literature by (a) providing an overarching view of the comprehensive experiences survivors faced as they navigated new partners after leaving abusive ones, (b) focusing on both the challenging *as well as* the helpful and growth-oriented experiences survivors underwent, which helped them live positive and violence-free lives, and (c) highlighting the personal growth and empowerment that survivors experienced as they navigated new relationships post-IPV. The findings of the present study provide insight to the various strength-based aspects survivors encounter in the process of navigating new relationships, and provide empirical support for counselors

to explore the various aspects of IPV recovery with clients. Furthermore, the strength-based perspective in the present study highlights the need for similar perspectives in counseling and practice.

Findings from the present study may also help counselors make better decisions and explore additional avenues in individual and couple's counseling sessions. Findings may provide hope for clients who are navigating through IPV recovery, especially in seeing how other survivors were able to navigate this part of the recovery process and what they themselves may expect as they embark on IPV recovery and begin to navigate through new relationships. Additionally, better understanding as to how survivors navigate new relationships post-IPV can not only inform long-term treatment, but can help counselors prepare their clients in the crisis stage of IPV. Treatment modules may be created to target the specific findings in the research to help survivors move forward more effectively and happily. Attachment theory (Bowlby, 1953) posits that humans have innate needs to connect, and individuals in healthy relationships seem to experience greater wellness and happiness (e.g., Musick, K, 2012); thus, properly understanding and finding safe avenues for relationship-formation post IPV is essential. In fact, exploring new relationships seemed to be an important aspect of survivors' recovery process, as they were able to learn more about themselves and grow in the process. Avoiding relationships and dating may thus prevent individuals from experiencing moments of growth and reclaiming of themselves. Rather than focusing on avoiding new relationships until the survivor is "healthy and healed," the present study suggests that navigating new relationships may serve as a healing journey in and of itself.

Finally, counselors may help prevent death and harm by helping survivors navigate healthy relationships and decrease the number of times they return to abusive partners.

Implications for training and teaching include adding an aspect of IPV recovery in training programs for both couple, marriage, and family therapy (CMFT) tracks and mental health (MH) counseling tracks. By better understanding the patterns and experiences of survivors who navigate new relationships, we are better able to support survivors in their post-IPV recovery.

Future Research

The present study shed light on important aspects of the IPV recovery experience and highlighted the importance of navigating new relationships as an essential component in the recovery experience. Most studies that have been conducted on IPV recovery have utilized qualitative methodologies to understand participants' narratives. Future research includes examining IPV recovery using quantitative methods. Quantitative methods help examine generalizable trends using larger samples. Specifically, future research may include the creation of an IPV recovery instrument, which may be used to assess IPV recovery and target areas for intervention. Additionally, future research should utilize quantitative methods to examine the difference between individuals who recover "well" from those who do not recover well after having experienced IPV. Such findings may further help researchers identify targeted interventions for individuals and their partners and may provide a greater picture of specific factors involved in recovery.

The present study highlighted specific areas that IPV survivors encounter as they navigate new relationships. One avenue for future research includes the creation of group and individual intervention curricula to support survivors. Such curricula may be evaluated and participants' gains measured.

Finally, future research should examine differences in various populations' IPV recovery process, taking into account sociocultural aspects, including male survivors, sexual minorities' experiences, and various ethnic and cultural groups. More research is also needed in terms of experiences and interventions for couples where one partner has experienced IPV in the past.

Reflections

When I first began this study, my initial assumptions about the nature of overall IPV recovery included several aspects. First, I assumed that IPV survivors experienced a complex recovery period, through which some were able to rebuild themselves and increase their self-esteem and self-efficacy. I assumed that, to achieve recovery, certain elements needed to be present, including social support and various resources. I also assumed that there were hindering factors to IPV recovery, including social stigma, lack of resources and social support, and self-blame. Further I assumed that certain life circumstances, such as children, finances, and dynamics of the abusive relationship (e.g., intensity and frequency of abuse), impacted the recovery process.

While I did not specifically investigate the overall recovery process of IPV in the present study, but rather focused on how survivors navigated new relationships post-IPV,

participants' overall recovery seemed to be affected by their experiences navigating new relationships. For example, as participants were able to learn to trust themselves to make choices regarding potential partners, and were able to have new or "corrective" experiences with new partners, their self-efficacy and self-esteem seemed to increase and their perspectives seemed to change. One such example was when Sierra realized she could choose to have sex with a new partner "because [she] wanted to and because he was hot" and because her abuser was not there to tell her she was a "slut." The realization of her own ability to make choices and trust her instincts and desires with a new partner reinforced her overall recovery experience. For all participants, specific experiences served as hindering or helpful ones in their recovery process.

In terms of navigating new relationships, I assumed that IPV survivors struggled with trust and put up barriers to emotional intimacy. In the present study, several themes reinforced my assumptions. Participants struggled with control and boundaries where their initial needs for control and structure either inhibited them from forming relationships or inhibited them from attaining emotional intimacy. Rather, participants initially seemed to focus on avoiding emotional intimacy, setting strict boundaries to emotional intimacy, and focusing on sexual and otherwise exploration with several new partners.

I also assumed that some fall into a cycle of abuse and end up in consequent violent relationships while others become hyper-vigilant and struggle to recognize normal from abusive signs and characteristics, further alienating potential healthy partners. Contrary to my assumptions, only two participants (20%) had been in more than one IPV

relationship, suggesting that, in the present study, participants did not fall into the cycle of abuse with multiple abusive partners. Rather, it was predominately one abusive relationship that participants were recovering from. In terms of hypervigilance and symptoms of PTSD, the findings of the present study corroborated my assumptions. Participants struggled to trust themselves and others and were triggered by symptoms of PTSD. Dating experiences helped them navigate these symptoms and allowed them to regain their independence and empowerment, which eventually allowed them to experience these symptoms less and be able to trust themselves to make decisions about new partners.

I also assumed that new relationships would bring up old wounds and that romantically intimate relationships would potentially trigger survivors of IPV. Therefore, I assumed that an essential component in dating new partners would include finding balance and patience with each other, that sharing experiences with a supportive partner would help in the recovery process, and that communication and anger would be important factors to address. The findings in the present study corroborated my assumptions, in that participants struggled with power and control, and initially put up strict boundaries to intimacy. However, as they engaged in dating experiences and began to trust themselves more, they were able to find a balance. Several participants described this phenomenon as “the pendulum swung the other way,” referring to their initial need for control and structure. Participants then explained that they needed to find a “happy middle” because, as Kristen explained, “Totally rigid is not me, and no boundary is not good either. So I had to come to the middle about it.”

As expected, communication, sharing of one's experiences, and learning how to manage conflict also proved to be essential components for participants as they navigated dating and new relationships.

One aspect that I had not foreseen or expected was the emphasized focus on sexuality and navigating new relationships. While I assumed sexual experiences would be a part of the process of navigating new partners post-IPV, I was surprised to find how important this experience was for participants and the role it played in their recovery. Participants described sexual experiences as empowering and reclaiming, and sex was used to reclaim the control and power that participants had lacked in their IPV relationships. Further, there was a developmental nature to participants' sexual experiences, in that, over time, sexual experiences were able to move toward an integration with emotional intimacy, whereas they initially were used as a tool for independence and empowerment. Additionally, sexual experiences seemed especially important to participants' recovery, in that sex had been used as a form of power and control by their abuser, and now, participants were able to reclaim their personal sexuality.

Another aspect that I had not foreseen was participants' exploration of their attraction to and safety in women. Nine out of ten participants had been in abusive relationships with male partners. One participant identified as lesbian and had been in an abusive relationship with a female-to-male transgender person. Out of the nine participants who had male abusive partners, four described their post-IPV dating experience as including female partners. They explained that they found a safety in

women and that women provided space for them to explore their sexual preferences and sexuality.

Reflecting on this study, I find myself humbled to have had the chance to meet and hear the stories of ten women who are overcoming IPV relationships and who are on a journey of healing and happiness. They inspire me to continue this work, and I am deeply grateful for them.

APPENDIX A:
INTERVIEW MATERIAL/DATA COLLECTION

Interview Protocol

1. Please briefly describe your history of being in intimate partner violence (IPV) relationship(s).
 - a. Please tell me how your last IPV relationship ended.
2. Please briefly tell me about the process that started when your most-recent IPV relationship ended.
 - d. What were some significant moments?
 - e. What is your current general wellbeing?
 - f. What were some challenges and successful moments?
3. Please tell me about your process of navigating intimate relationships since your last IPV relationship.
 - g. Have you dated since then?
 - h. Are you currently dating or in a relationship, taking a break, or have you chosen to abstain from relationships?
 - i. What is the emotional experience of navigating this experience?
 - j. What are some challenges you face in the process?
 - k. What are some common challenges in relationships? How do you handle challenges in your relationships?
 - l. What are some successful moments?
 - m. What are your needs?
 - n. What are your fears?

- o. How has the progression of dating changed since you first began dating?
Is there a difference in your first experiences compared to your most recent?
- p. How have your needs changed since you first began dating or first left the abusive relationship?
- q. How does your past IPV experience affect your current process of dating (if at all)?
- r. What has the quality of your dating process and new relationships been like?
- s. What about children in the process?
- t. What (if any) support have you gotten in this process?
- u. What are your hopes and expectations for the future?
- v. How have you changed as a result?
- w. Have you received formal support such as counseling? Please describe.

Demographic Form

Please answer the following questions. *Intimate partner violence (IPV) is defined as any form of physical, sexual, emotional, verbal, financial, or psychological violence within a current or former intimate romantic relationship (Murray & Graves, 2012).* **You may choose to abstain from answering any questions you do not want to answer.**

1. How long (in years) have you been out of your most recent IPV relationship?

2. How many total IPV relationships have you been in?

3. History of IPV relationships and context.

Please use the table below to answer questions about your previous IPV relationships:

Relationship with IPV (starting with the most recent)	1 (most recent IPV relationship)	2	3	4	5	6
How long did it last (in years)?						
What types of abuse were present (verbal, physical, sexual, emotional, psychological, financial, and/or others)?						
Was there power and control present in your relationship? Please explain.						

How many children do you have with the abuser? Do they maintain contact with the abuser?						
Do you currently maintain contact with the abuser? Please explain.						
What was the intensity or magnitude of the abuse? (a) LOW (low fear and/or low violence), (b) MEDIUM (medium fear and/or medium violence), (c) HIGH (high fear and/or high violence) (please explain)						
Were you ever hospitalized as a result of the abuse? Please explain.						

Was law enforcement ever involved? Please explain.						
Was a domestic violence protective order filed? Please explain.						
Sex of the abuser (male, female, other-identified)?						
Any additional information that you want to share?						
Do you currently fear your abuser? Please explain.						

4. How would you describe your current social support?

5. Have you ever been in counseling or attended support groups or similar? Please explain.

6. Have you attempted to explore new relationships after your abusive ones?

7. How many non-violent relationships have you had since your abusive relationship?

8. How many times have you tried to date or otherwise explore possible relationships after your abusive one(s)?

- a) Never tried to date or explore relationships after my last IPV relationship
 - b) Rarely try/tried to date or explore relationships after my last IPV relationship
 - c) Occasionally tried/try to date or explore relationships after my last IPV relationship
 - d) Frequently tried/try to date or explore relationships after my last IPV relationship
 - e) Actively trying to date or explore relationships after my last IPV relationship
 - f) Other, please explain:
-
-

9. How would you describe the overall quality of dating/relationships after your last abusive relationship?

- a) Poor quality and/or experiences
 - b) Somewhat poor quality and/or experiences
 - c) Neutral quality and/or experiences
 - d) Good quality and/or experiences
 - e) Very good quality and/or experiences
 - f) Other, please explain:
-

10. To what extent does or does not your past abusive relationship(s) affect your current dating experiences?

- a) Past IPV experience doesn't affect my current dating experiences at all

- b) Past IPV experience rarely affects my current dating experiences
- c) Past IPV experience somewhat affects my current dating experiences
- d) Past IPV experience very much affects my current dating experiences
- e) Past IPV experience completely affects my current dating experiences
- f) Other, please explain:

11. Are you currently in a romantic intimate relationship? If so, please describe, including the quality and status of the relationship:

12. How would you describe your current wellness in the following areas (with 1 representing *not at all fulfilled / not at all where I want it to be* and 10 representing *completely fulfilled / exactly where I want it to be*)?

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| a) Physical | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 9 10 | | | | | | | |
| b) Emotional | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 9 10 | | | | | | | |
| c) Spiritual | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 9 10 | | | | | | | |
| d) Social
(friends, family, support) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 9 10 | | | | | | | |
| e) Social (love) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 9 10 | | | | | | | |
| f) Environmental | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 9 10 | | | | | | | |
| (e.g., home and community) | | | | | | | |
| g) Occupational | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 9 10 | | | | | | | |

h) Intellectual				1	2	3	4	5	6	7
	8	9	10							
i) Coping skills				1	2	3	4	5	6	7
	8	9	10							
	(e.g., stress management)									
j) Financial				1	2	3	4	5	6	7
	8	9	10							
k) Fun and Leisure				1	2	3	4	5	6	7
	8	9	10							

13. What is your age?

14. What is your ethnicity?

15. Sexual orientation?

16. What is your highest completed education?

17. What is your current employment status?

18. What is your current household income?

19. Do you engage in any advocacy or volunteer work? Please explain.

Thank you!

APPENDIX B:
RECRUITMENT MATERIAL

Recruitment E-Mail

From: paulinaf@knights.ucf.edu

Subject: Participant Request: Investigating Recovery after Leaving Abusive Relationships

Greetings!

My name is Paulina Flasch and I'm a doctoral candidate in the Counselor Education program at the University of Central Florida (UCF). I'm working on my dissertation study, entitled *Navigating New Relationships during Recovery from Intimate Partner Violence: A Phenomenological Investigation of Survivors' Experiences*, to fulfill the requirements for a Ph. D. in Counselor Education.

I'm currently recruiting participants for the study, which aims to explore the process of navigating new relationships after leaving an abusive relationship. This study will help counselors better understand the recovery process of survivors of intimate partner violence (IPV) and will also inform training, research, and practice for counselors working with survivors of IPV. This study is approved by the IRB at UCF.

I'm asking for your participation or for your help in recruiting participants. All participants must meet the requirements of the study: (a) be 21 years of age or older, (b) identify as female, (c) have been out of an abusive relationship for at least two years, and (d) have considered or attempted to navigate new relationships at some point after the abusive relationship.

If you wish to participate and meet the above criteria, you will be interviewed for about an hour about your experiences that followed an abusive relationship, specifically the process of considering and/or navigating new relationships. The interview will take place at a mutually agreed-upon location or via the phone, based on your availability. If you choose to participate, you can refuse to answer any questions and you can stop the interview process at any time. Participants will also be asked to keep a reflective journal for 4 weeks following the interview.

Thank you so much for taking the time to read this e-mail. If you wish to participate, or if you have any questions, please contact me using the information below.

Paulina Flasch, M.S., Ed.S., NCC, LPCA, RMHCI
Doctoral Candidate in Counselor Education
Department of Child, Family, and Community Sciences
College of Education and Human Performance
University of Central Florida
e-mail: paulinaf@knights.ucf.edu

Cell: (919) 455-6013

Research advisor:

E. H. “Mike” Robinson, III, Ph. D. (Professor, UCF)

Email: Edward.Robinson@ucf.edu

Phone: (407) 823-6106

Recruitment Social Media Posting

Have you been in an abusive relationship and want to share your story of the journey to recovery?

My name is Paulina Flasch and I'm a doctoral candidate in the Counselor Education program at the University of Central Florida (UCF). I'm currently working on my dissertation study, which aims to explore the process of navigating new relationships after leaving an abusive relationship. This study will help counselors better understand the recovery process of survivors of intimate partner violence (IPV) and will also inform training, research, and practice for counselors working with survivors of IPV. This study is approved by the IRB at UCF.

I'm asking for your participation in this study. All participants must meet the requirements of the study: (a) be 21 years of age or older, (b) identify as female, (c) have been out of an abusive relationship for at least two years, and (d) have considered or attempted to navigate new relationships at some point after their abusive relationship.

If you wish to participate and meet the above criteria, you will be interviewed for about an hour about your experiences that followed an abusive relationship, specifically the process of considering and/or navigating new relationships. The interview will take place at a mutually agreed-upon location. If you choose to participate, you can refuse to answer any questions and you can stop the interview process at any time.

Thank you so much for taking the time to read this post. If you wish to participate, or if you have any questions, please don't hesitate to contact me using the information below.

--

Paulina Flasch, M.S., Ed.S., NCC, LPCA, RMHCI
Doctoral Candidate in Counselor Education
Department of Child, Family, and Community Sciences
College of Education and Human Performance
University of Central Florida
e-mail: paulinaf@knights.ucf.edu
Cell: (919) 455-6013

Recruitment Flyer

Have You been in an Abusive Relationship and want to Share Your Story?

My name is Paulina Flasch and I'm a doctoral candidate in the Counselor Education program at the University of Central Florida (UCF). I'm currently working on my dissertation study, which aims to explore the *process of navigating new relationships after leaving an abusive relationship*. This study will help counselors better understand the recovery process of survivors of intimate partner violence (IPV) and will also inform training, research, and practice for counselors working with survivors of IPV. This study is approved by the IRB at UCF.

I'm asking for your participation in this study. All participants *must meet the requirements* of the study: (a) be 21 years of age or older, (b) identify as female, (c) have been out of an abusive relationship for at least two years, and (d) have considered or attempted to navigate new relationships at some point after their abusive relationship.

If you wish to participate and meet the above criteria, you will be interviewed for about an hour about your experiences that followed an abusive relationship, specifically the process of considering and/or navigating new relationships. The interview will take place at a mutually agreed-upon location, based on your availability. If you choose to participate, you can refuse to answer any questions and you can stop the interview process at any time.

Thank you so much for taking the time to read this flyer. If you wish to participate, or if you have any questions, please contact me using the information below.

Paulina Flasch, M.S., Ed.S., NCC, LPCA, RMHCI
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College of Education and Human Performance
University of Central Florida

e-mail: paulinaf@knights.ucf.edu
Cell: (919) 455-6013

APPENDIX C:
IRB MATERIAL

Outcome Letter:



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Human Research

From: UCF Institutional Review Board #1
FWA00000351, IRB00001138

To: Paulina Flasch

Date: September 01, 2015

Dear Researcher:

On 09/01/2015, the IRB approved the following human participant research until 08/31/2016 inclusive:

Type of Review:	UCF Initial Review Submission Form
Project Title:	Navigating New Relationships during Recovery from Intimate Partner Violence: A Phenomenological Investigation of Survivors' Experiences
Investigator:	Paulina Flasch
IRB Number:	SBE-15-11520
Funding Agency:	
Grant Title:	
Research ID:	n/a

The scientific merit of the research was considered during the IRB review. The Continuing Review Application must be submitted 30 days prior to the expiration date for studies that were previously expedited, and 60 days prior to the expiration date for research that was previously reviewed at a convened meeting. Do not make changes to the study (i.e., protocol, methodology, consent form, personnel, site, etc.) before obtaining IRB approval. A Modification Form cannot be used to extend the approval period of a study. All forms may be completed and submitted online at <https://iris.research.ucf.edu/>.

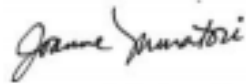
If continuing review approval is not granted before the expiration date of 08/31/2016, approval of this research expires on that date. When you have completed your research, please submit a Study Closure request in IRIS so that IRB records will be accurate.

Use of the approved, stamped consent document(s) is required. The new form supersedes all previous versions, which are now invalid for further use. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Participants or their representatives must receive a copy of the consent form(s).

All data, including signed consent forms if applicable, must be retained and secured per protocol for a minimum of five years (six if HIPAA applies) past the completion of this research. Any links to the identification of participants should be maintained and secured per protocol. Additional requirements may be imposed by your funding agency, your department, or other entities. Access to data is limited to authorized individuals listed as key study personnel.

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#).

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:



Signature applied by Joanne Muratori on 09/01/2015 09:40:16 AM EDT

IRB manager

Consent Form



Navigating New Relationships during Recovery from Intimate Partner Violence: A Phenomenological Investigation of Survivors' Experiences

Informed Consent

Principal Investigator: *Paulina Flasch*

Faculty Advisor: *Edward H. Robinson, III, Ph.D.*

Introduction:

Researchers at the University of Central Florida (UCF) study many topics. To do this we need the help of people who agree to take part in a research study. You are being invited to take part in a research study which will include about 15 people. You have been asked to take part in this research study because you meet the study requirements: (a) 21 years of age or older, (b) identify as female, (c) have been out of an abusive relationship for at least two years, and (d) have considered or attempted to navigate new relationships at some point after their abusive relationship. You must be 21 years of age or older to be included in the research study.

What you should know about a research study:

- Someone will explain this research study to you.
- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.
- Feel free to ask all the questions you want before you decide.


Purpose of the research study:

The purpose of this study is to better understand how survivors of intimate partner violence (IPV) navigate through the long-term recovery process post-IPV, and specifically how they navigate through the process of new relationships after their abuse experience.

What you will be asked to do in the study:

- You will be asked to participate in an interview which will be conducted by the Principal Investigator. During the interview, you will be asked questions about what it has been like for

1 of 3

 University of Central Florida IRB
IRB NUMBER: SBE-15-11520
IRB APPROVAL DATE: 09/01/2015
IRB EXPIRATION DATE: 08/31/2016

you to enter new relationships or think about entering new relationships since your last abusive relationship.

- You will be asked to complete a demographic questionnaire which will ask you about your history of intimate partner violence and general demographic information.
- You may be asked to participate in a follow-up interview at a later date.
- The study will begin in the fall of 2015. The estimated completion date for the study is in the spring of 2016.
- You do not have to answer every question or complete every task. You will not lose any benefits if you skip questions or tasks.
- Interview responses are used only for research purposes.

Location:

The interview(s) will take place at a mutually agreed-upon time and location.

Time required:

We expect that you will be in this research study for a total of 1-2 interviews over the course of the study. The interview will take approximately an hour to complete.

Audio or video taping:

You will be audio taped during this study. If you do not want to be audio taped, you will *not* be able to be in the study. Discuss this with the researcher or a research team member. If you are audio taped, the tape will be kept in a locked, safe place. The tape will be erased or destroyed once interviews have been transcribed.

Risks:

Potential risks, although minimal, may include remembering past and present memories and situations. As a participant, you are free to withdraw from the study without explanation, at any time, for any reason, without any penalty or prejudice. If counseling services are requested, participants are encouraged to visit the UCF Community Counseling Center. Address: University of Central Florida Community Counseling and Research Center, College of Education and Human Performance, 192, Dept. of Child, Family & Community Sciences, Orlando, FL 32816-1250, Phone: (407)823-2052, Email: communityclinic@ucf.edu.

Benefits:

We cannot promise any benefits to you or others from your taking part in this research. However, the study is potentially beneficial to (a) the counseling profession by better understanding how survivors of intimate partner violence (IPV) navigate through the long-term recovery process post-IPV, and specifically how they navigate through the process of new relationships after their abuse experience, which may better prepare counselors working with individuals who have experienced IPV, and (b) IPV survivors to obtain better services, understand their recovery process, and become prepared for recovery and new relationships.

Compensation or payment:

There is no compensation or other payment to you for taking part in this study.



Confidentiality: We will limit your personal data collected in this study to people who have a need to review this information. Once interviews have been transcribed, all identifying information will be destroyed. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other representatives of UCF.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints, or think the research has hurt you, talk to Paulina Flasch, Doctoral Candidate, Counselor Education program, College of Education and Human Performance, at (919) 455-6013 or by e-mail: paulinaf@knights.ucf.edu. Dr. Edward Robinson, Faculty Supervisor, College of Education and Human Performance at (407) 823-2401 or by email at Edward.Robinson@ucf.edu.


IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32816-3246 or by telephone at (407) 823-2901. You may also talk to them for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You want to get information or provide input about this research.

Withdrawing from the study:

As a participant, you are free to withdraw from the study without explanation, at any time, for any reason, without any penalty or prejudice.

Protocol

 University of Central Florida	Human Research Protocol
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1) Protocol Title

Navigating New Relationships during Recovery from Intimate Partner Violence: A Phenomenological Investigation of Survivors' Experiences

2) Principal Investigator

Primary Investigator: Paulina Flasch, MS, Ed. S., Doctoral Candidate, University of Central Florida

Faculty Advisor: E.H. Mike Robinson, III, Ph. D., Professor and Coordinator for Doctoral Programs, Counselor Education Program, University of Central Florida

3) Objectives

The purpose of this study is to better understand how survivors of intimate partner violence (IPV) navigate through the long-term recovery process post-IPV, and specifically how they navigate through the process of new relationships after their abuse experience. Findings will be used to inform counseling practice, research, and trainings.

Research questions include:

- 1) What are the lived experiences of individuals who are recovering from IPV and who are navigating new intimate relationships?
- 2) What are the helping and hindering experiences of navigating new intimate relationships?
- 3) How do survivors of IPV make decisions about how to enter or not enter new intimate relationships?

4) Background

Intimate partner violence (IPV) is defined as any form of physical, sexual, emotional, verbal, financial, or psychological violence (Murray & Graves, 2012). About 30% of women have, at some point in their lives, been victims of sexual or physical assault by an intimate partner (Center for Disease Control [CDC], 2015), and half of all women will experience some form of physical abuse within a domestic relationship. Although in smaller numbers, men make up about 7% of victims in IPV relationships where there is a female perpetrator and male victim. In same-sex relationships (both for males and females), IPV affects about 30% of individuals (National Coalition Against Domestic Violence [NCADV], 2015).

IPV is the leading cause of injury among women, and results in close to two million injuries and 1,300 deaths each year for U.S. women aged 18 and older (CDC, 2003). There is a myriad of negative effects associated with IPV, including physical and psychological harm, low self-esteem, low self-efficacy, Post-Traumatic Stress Disorder (PTSD), greater potential for re-victimization, financial problems, academic and employment consequences, and death (Murray & Graves, 2012; Tjaden & Thonnes, 2000).

Much of the research in the literature focuses on crisis intervention and fails to emphasize the recovery made by many individuals. To date, little research has focused on the long-term recovery process of survivors as they move on to create healthy, positive, and non-violent lives (Flasch, Murray, & Crowe, 2015, in press). While crisis intervention and immediate needs indeed have an important place in the literature (Catallo, Ciliska, & MacMillan, 2012; Steinus & Veysey, 2015; Wosniak & Allen, 2011), what happens after abuse ends is essential to understand, to properly inform treatment, help survivors recover, and potentially minimize the risk of going back to IPV relationships and further victimization.

Survivors embark on a complex process following IPV. Researchers (e.g., Anderson, Renner, & Danis, 2012; Hou, Ko, & Shu, 2013; Neuman Allen & Wozniak, 2011; Wuest & Merritt-Gray, 1995, 1999, 2001) have identified various stages of recovery that survivors typically progress through. However, several limitations and gaps in the literature are recognized: (a) all studies identified in the IPV recovery literature were found in social work, psychology, and nursing fields, and none were found in the counseling literature, (b) studies almost exclusively utilized qualitative methodologies, (c) studies almost exclusively contained small homogenous sample sizes with female participants, and (d) while stages and themes were identified, only one study (Merritt-Gray & Wuest, 1999) further investigated themes identified in previous studies. Two studies (Wuest & Merritt-Gray, 2001; Flasch, Murray, & Crowe, 2015, in press) identified forming new relationships or navigating new intimate relationships post abuse as main themes in the recovery process that needed further investigation. All studies of post-IPV recovery identified social support as essential in the success of the recovery

process. However, no study was found focusing exclusively on exploring either the role of social support or navigating new intimate relationships in the recovery process.

IPV is a complex and multifaceted social and individual issue that many individuals face at some point in their lives. While 90% of counselors receive some training on the topic of IPV, only half do so in their Master's programs, and 78% rate their training as inadequate (Bozorg-Omid, 2007). In fact, Bozorg-Omid (2007) found that 66% of counselors were incorrect in their knowledge of state standards for IPV treatment, an alarming rate, as half of all women in the United States have at some point experienced IPV, many of whom will likely be clients in counseling setting. Thus, it is essential that counselors are prepared for working with both victims and survivors through the long-term process of recovery. Further, it is critical that counselor preparation programs adequately prepare their students for working with a population that most of them will encounter at some point.

No study was found that focused exclusively on the process of navigating new relationships post-abuse. The IPV literature and treatment modalities, while including information on red flags and warning signs to avoid abusers (Murray & Graves, 2012), pays little attention to the actual process of navigating new intimate relationships post-IPV. Thus, the present study aims to research a much-needed gap in the literature.

5) Setting of the Human Research

The interviews will take place per determined location and time of participants. The interviews may be a variety of face-to-face and telephone interviews, per participants' comfort and availability. All interviews will be audio recorded. A focus group will also be organized, but will consist of different participants from domestic violence or other counseling or community agencies in the community.

6) Resources available to conduct the Human Research

The research will be conducted by the Principal Investigator (PI) of this study. One to two additional researchers will be added to the study to help in the data analysis phase of the study and to provide interrater reliability and trustworthiness when coding the transcribed data. These researchers will not have access to any identifiable participant data, as the data will be anonymized and any identifying information removed.

The PI has substantial experience conducting both qualitative and quantitative research and has participated in numerous studies where she collected data, analyzed data, and wrote professional journal articles illustrating the findings. The PI also has extensive experience in the field of intimate partner violence, and will follow evidence-based practices for interviewing the participants, taking into account the sensitive trauma-nature of the topic. The PI has worked with victims and survivors of IPV for several years, co-

taught a graduate-level family violence course, authored or co-authored 7 published or in-press articles on the topic of IPV, as well as participated in several additional trainings.

The PI will utilize community resources to gain participants for the study, including domestic violence agencies in the community (e.g., Harbor House), counseling clinics, university e-mail list serves, snowball sampling, and word-of-mouth. For those who choose to be part of the study, a time will be scheduled to participate in a 1 hour interview in a mutually-agreed-upon location and time. A follow-up interview may be requested (based on the participants' availability and willingness) to clarify information gathered or gain additional information. Participants will also be asked to keep a reflective journal for 4 weeks following the interview (see descriptions in following sections).

A 1-hour focus group of between 5 and 8 participants will also be coordinated, and participants will be recruited from community counseling agencies. The focus group participants will be different from those participating in individual interviews to provide a different perspective on the phenomenon and enhance trustworthiness (i.e., triangulation).

Participation in this research study is completely voluntary.

Analysis of the data will be conducted by the PI and one to two additional researchers, as mentioned in the above section, and will not require further contribution of the participants. Participants will be asked to read the final write-up of the study to provide additional comments on their perspective and to ensure the PI and researchers adequately represented participants' views.

Participants who experience expressed distress will be provided with referrals for counseling services in the community.

7) Study Design

NOTE: Researchers developing multi-faceted protocols (e.g., multiple phases, study groups, research components, etc.) may want to develop separate "Study Design" sections for each component of their research rather than trying to combine disparate components into a single section.

a) Recruitment Methods

In qualitative research, all sampling is purposive, since we are by definition looking for a specific sample which meets the inclusion criteria of our study (Hays & Wood, 2011).

To recruit participants, we will target a variety of different sources in order to gain a diverse perspective. For instance, we will recruit from: domestic violence agencies in the community, contacts and partners in the community, word-of-mouth, as well as list-servs, social media, and e-mail recruitment in counseling programs. Snowball sampling will also be used. Since 30% of the general female population has experienced IPV, we will target both the general public as well as the clinical populations (e.g., domestic violence shelters and agencies). Polkinghorne (1989) recommends between 5 and 25 participants for phenomenological research. However, Wertz (2005) and others have argued that it is saturation that is most important, and not participant numbers. For instance, when no new information is being collected (i.e., saturation), we know that we can stop interviewing new participants. At this time, however, we will aim for between 10 and 15 participants to enhance trustworthiness (G. Lambie, personal communication, July 7, 2015). The focus group will consist of between 5-8 participants and will be recruited based on descriptions in previous sections. The focus group participants will be different from those participating in individual interviews to provide a different perspective on the phenomenon and enhance trustworthiness (i.e., triangulation).

We will utilize specific recruitment materials to recruit participants for the interviews and the focus group, including:

1. Pre-prepared e-mail (attached)
2. Pre-prepared social media post (attached)
3. Pre-prepared flyer for posting in agencies and bulletin boards across campus and other public settings (attached)

b) Participant Compensation

No compensation will be provided for participants.

c) Inclusion and Exclusion Criteria

In this study, we will use purposive sampling to identify a sample of participants for individual interviews that are (a) female, (b) at least 21 years old, (c) have been out of an abusive relationship for at least two years (Murray & Graves, 2012), and (d) have considered or attempted to navigate new intimate relationships post IPV relationships. Exclusion criteria include those who do not meet the inclusion criteria or who do not wish to participate.

d) Study Endpoints

N/A

e) Study Timelines

Participants will participate in the estimated 1 hour interview or the 1 hour focus group (described in previous sections). Participants who were interviewed may be asked for a follow-up interview (see above) and will be asked to review the final data

to ensure validity. Participants will also be asked to keep a reflective journal for 4 weeks after the interview or focus group. The journal will be turned in to the PI at the end of the 4 weeks for data analysis. Data collection will begin in the fall 2015 and will be completed in spring 2016. The study will aim to close by fall 2016.

f) Procedures involved in the Human Research.

Since nothing has been found in the literature on the specific process of navigating new intimate relationships post-IPV, this topic will be the focus of the present study. A phenomenological approach (Moustakas, 1994; Polkinghorne, 1989) is appropriate since we are exploring the lived experiences of individuals on a topic we know little to nothing about (Hays & Wood, 2011).

Data collection will begin in the fall 2015 and will be completed in spring 2016. The study will aim to close by fall 2016. The PI will utilize a phenomenological qualitative methodology to individually interview participants. Minimal to no risk is expected as a result of this study.

Informed Consent

Once participants in either individual or focus groups have agreed to take part in the study, we will begin by providing them with a comprehensive informed consent. Specifically, we will offer the participants a detailed account of the study's duration, potential risks, the purpose of the study, and a description of how the researchers will maintain confidentiality throughout the course of the study. In addition, interviewers will offer the participants the contact information for the principal investigator and the IRB, in case they have any further questions or wish to file a complaint. In keeping with ethical research protocol, the researchers will remind the participants that participation is voluntary, and that they can choose to leave the study at any point in time. Moreover, participants are not required to answer any question that would cause discomfort or that they refuse to answer. With the participants consent, the interviewers will record (i.e., audio tape) the interview.

Data Collection

Four main methods or points of data collection will be used for triangulation purposes to ensure trustworthiness of the study (i.e., validity).

1. Demographic form
2. Focus group
3. Individual interviews
4. Reflective journaling

With the participants' consent, the interviewer will record (i.e., audio tape) the interview by asking the participants the interview questions and follow-up prompts. To gather demographic information, participants will be asked to fill out a demographic form to

collect information that may be important to contextualize the participants, such as: the nature of the previous IPV, time since previous IPV, time spent in IPV-relationship(s), amount of social support, participation in counseling, access to resources, number of past abusive relationships, number of children, socioeconomic status (SES), and number of non-abusive relationships since IPV-relationship.

We will then conduct the interview or focus group for about 1 hour by asking the participants our targeted questions while audio recording. A follow-up interview may be requested (based on the participants' availability and willingness) to clarify information gathered or gain additional information. An independent focus group will also take place.

Finally, participants will be asked to keep a reflective journal for 4 weeks, writing down (a) reflections from the interview in regard to the subject matter, (b) reflections on their current experience of navigating new romantic relationships, and (c) any additional information or thoughts that came up as a result of reflecting on their experiences. The journal will be turned in to the PI at the end of the 4 weeks for data analysis.

Data Analysis

The proposed study includes a qualitative phenomenological design; data will be transcribed and analyzed according to phenomenological traditions (Moustakas 2008). Once we have collected the data, we will begin the process of preparing it for analysis.

Analyzing transcripts from individual interviews and focus group

First, we will transcribe the data using verbatim transcription methods. Secondly, we will conduct our analysis according to phenomenological theory and include coding data, analyzing codes, creating categories and categorical sets. Lastly, once the research team agrees that the data has reached saturation, we will begin to analyze the data and write it up. Once the interviews have been transcribed, they will be anonymized and each participant transcript will be given a random pseudonym. Additional researchers who will aid in the data analysis procedures described in previous sections will not have access to any identifiable information, only the pseudonyms.

Analyzing reflective journals

The journals will be analyzed using content analysis procedures identified by Stemler (2001). Journals will be read and re-read upon which a hierarchical coding scheme will be utilized to identify themes in the writing. Journals will be anonymized with the same pseudonym from the interviews to maintain participant consistency.

Demographic forms

Demographic forms will be used to keep track of each participant and the variation and similarities in participants' experiences. Demographic information will also help contextualize the findings and understand the participants better.

g) Data and specimen management

The data will be the recorded audio files, written transcripts from the recorded interviews and focus group, reflective journals, as well as demographic information. Data will be stored in a locked cabinet in a secure room in the primary investigators office. All identifying information will be deleted and destroyed once data is transcribed. Pseudonyms will be made up randomly and assigned to keep track of participants and link the various data sources.

h) Provisions to monitor the data for the safety of participants

N/A - No more than minimal risk.

i) Withdrawal of participants

Participation is completely voluntary. Participants may withdraw from the study at any time.

8) Risks to participants

Potential risks, although minimal, may include remembering past and present memories and situations. While unlikely, participants adversely affected by this type of reflection are urged to seek assistance from a qualified mental health practitioner. Participants who experience distress will be referred, by the Principal Investigator, to appropriate counseling services on a case-by-case individual basis to best address their individual needs. Such referral sites may include Counseling and Psychological Services (CAPS) on campus, or the Community Counseling and Research Center on campus, or the Psychology Clinic on campus.

9) Potential direct benefits to participants

There is no compensation or direct benefit to participants. However, by participating, participants can assist researchers in better understanding the process of recovering from intimate partner violence and navigating new relationships, which may influence training, practice, and education as well as make a difference in the lives of those overcoming negative effects of abuse.

10) Provisions to protect the privacy interests of participants

There is minimal to no risk of harm to the privacy of participants. The interview/focus group will take place at a mutually agreed-upon time and location. A location will be chosen that is agreed upon by both the investigator and the participant(s) to ensure privacy and comfort with the location. Potential interview locations include the counseling clinic on campus or office of the investigator. Phone interviews will take place when the principal investigator is in a confidential private location, such as her office with closed doors. Participants will be instructed to choose a location that ensures their privacy and confidentiality.

11) Provisions to maintain the confidentiality of data

Data will be stored in a locked cabinet in a secure room in the primary investigator's office. All identifying information will be deleted and destroyed once data is transcribed. Pseudonyms will be made up randomly and assigned to keep track of participants and link the various data sources. The information obtained from this research project may be

used in future research and published. However, participants' right to privacy will be retained. No individuals will be identifiable from the data. The computer in which the interviews will be stored is password protected and only the primary investigator will have access.

12) Medical care and compensation for injury

N/A

13) Cost to participants

N/A

14) Consent process

We will not be documenting consent in writing. This study has minimal risk to participants. Participants will be given the consent form prior to beginning the interview/focus group. They will read it and be allowed to ask any questions and ask for specification. It will be reiterated to the participants that their involvement in the study is strictly voluntary.

15) Process to document consent in writing

We will not be documenting consent in writing. This study has minimal risk to participants. Participants will be given the consent form prior to collection of data.

16) Vulnerable populations

N/A

17) Drugs or Devices

N/A

18) Multi-site Human Research

N/A

19) Sharing of results with participants

The results of the study will be shared with the participants by request. Prior to finalizing results, participants will be asked to review the results for accuracy (i.e., member checking). This information will be included in the informed consent.

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