

1. Framing the Issues

In 2002, fourteen-year-old Elizabeth Smart of Salt Lake City, Utah, was kidnapped from her bedroom by a religious fanatic and kept chained, raped repeatedly, and threatened that her family would be murdered if she tried to escape (Smart 2013). Today she is an activist and president of the Elizabeth Smart Foundation, which works to promote awareness about abduction; she has also worked with the Department of Justice and other recovered young adults in creating a survivors' guide, *You're Not Alone: The Journey from Abduction to Empowerment*, to encourage children who have gone through similar experiences to not give up and to know that there is life after tragic events. Her foundation has merged with Operation Underground Railroad to combine efforts in the fight against human trafficking (see <https://elizabethsmartfoundation.org>).

In the beginning of his freshman year at Rutgers University, Tyler Clementi's roommate filmed an intimate act with Tyler and another man through a webcam set up to spy on him. The roommate uploaded the video online, and Tyler discovered through his roommate's Twitter feed that he was widely ridiculed and that his roommate was planning a second filming. Tyler committed suicide several days later, a victim of cyber bullying. Tyler's parents cofounded the Tyler Clementi Foundation to promote safe, inclusive, and respectful social environments in homes, schools, campuses, churches, and the digital world for vulnerable youth, LGBT youth, and their allies; to honor their son and brother; and to address the needs of vulnerable populations, especially LGBT people and other victims of hostile social environments (see <https://tylerclementifoundation.org>).

On December 14, 2012, a disturbed twenty-year-old man opened fire on children and teachers at Newtown, Connecticut's Sandy Hook Elementary School, killing twenty first graders and six educators and community

members. In response, several family members established a foundation called Sandy Hook Promise that supports solutions to protect children and prevent gun violence with the intent to honor all victims of gun violence by turning their personal tragedy into a moment of transformation (see www.sandyhookpromise.org/), and other Sandy Hook parents founded an organization devoted to educating and empowering school communities to improve school safety (www.safeandsoundschools.org/).

What do these people have in common? How could they emerge from such suffering to lead profoundly courageous lives of hope, resistance, and transformation? What comes to mind is the word *resilience*, which suggests that, despite violence or pain or suffering, something internal or external sustains and gives hope to people who experience trauma. The literature offers little insight on how resilience develops over time—if we tap into it in times of need and how a resilient spirit or coping strategies or support from others may assist in survivorship. The social psychological literature tends to approach this issue more individually, whereas the victimology literature in sociology and criminology generally adopts a more structural analysis. Overall, however, not enough sociological attention has been paid to the resilience and long-term survivorship of women who have experienced IPV/A and have ended their abusive relationships (for some exceptions, see Anderson, Renner, and Danis 2012; Crann and Barata 2016).

This book explores resilience by focusing on women who have experienced intimate partner abuse of all sorts, and the ways in which they have been able to regain a sense of mastery or control over their lives, reclaiming themselves and forging new paths over many years following the end of the relationship. While many of the chapters analyze the themes and issues that emerged from interviews with the victims/survivors, this chapter first addresses the cultural and political milieus in which the battered women's movement and the women's narratives are embedded.

FRAMING VICTIMIZATION

In 1992, Tamar Lewin, writing in the *New York Times*, cautioned scholars and activists about overemphasizing the “victim” label for battered women. Specifically, she wondered if women became “victims of their victim status.” During the infancy of the movement, use of the term *battered woman* was necessary to evoke sympathy and to better explain why women stay in abusive relationships or have such a difficult time leaving. But although the term is well intended, it perpetuates stereotypes of women who have experienced IPV/A as helpless, passive victims—a strategy that backfires when

women diverge from these scripts, perhaps by fighting back in self-defense. The feminist legal scholar Elizabeth Schneider explains, “Women don’t identify with the term ‘battered woman,’ even if they arrive bleeding at a shelter, because no one feels that her totality is being a victim” (quoted in Lewin 1992).

Assumptions of what a “real” victim looks like perpetuate the problem in research, the criminal justice system’s response, and social service provision and programming. Presenting IPV/A as a problem that is widely shared (i.e., promoting messages like “Battering affects every woman” and “It could happen to anyone”) is important, but it blurs the differences between individual women’s experiences and presenting one kind of victim—typically the most readily sympathetic—as emblematic of all victims. In doing so, it tends to portray all battered women as blameless “good women” who are passive, nonviolent, and visibly afraid of the abuser (Berns 2004; Lamb 1999a; Loseke 1992). This lays the foundation for viewing women as “bad victims” or even “offenders” when their actions and/or situations deviate from this characterization (Creek and Dunn 2011; Dunn 2004, 2008). As early IPV/A researchers Walker and Browne (1985) found, women who violate feminine norms of passivity, submissiveness, politeness, and helpfulness are more vulnerable to victimization’s social penalties. Consequently this strategy of advocacy has repercussions for social service providers’ assistance and the criminal justice system’s actions. It also ignores the structural issues that complicate women’s positions, such as the special liabilities and challenges of poor women of color, who are “most likely to be in both dangerous intimate relationships and dangerous social positions” (Richie 2000, 1136).

Advocacy groups’ stories and photos of the iconic battered woman represent only the most extreme, dramatic, and sensational images and narratives. Lost are the “in-betweens” and nuances of the complex and varied context of IPV/A. This is claims-making in action. In leaving little room for victims who do not fit the stereotype, it can backfire against victims. For example, when battered women actively fight back, they can no longer be characterized as passive docile feminine victims (Chesney-Lind 2002, 2004; Chesney-Lind and Eliason 2006; Chesney-Lind and Irwin 2008; Davidson and Chesney-Lind 2009; Irwin and Chesney-Lind 2008; Lamb 1999a) and they increasingly are arrested for using violence against their abusers (Larance and Miller 2016; S. Miller 2005). Also, parading an image of a black-and-blue bruised battered woman negates or hides other more insidious abuses—sexual, emotional, and financial—and more covert elements of coercive control that are present in IPV/A. The sociologist Evan Stark

(2007, 228–29) describes coercion as entailing “the use of force or threats to compel or dispel a particular response” but points out that “in addition to causing immediate pain, injury, fear, or death, coercion can have long-term physical, behavioral, or psychological consequences. . . . Control is comprised of structural forms of deprivation, exploitation, and command that compel obedience indirectly by monopolizing vital resources, dictating preferred choices, microregulating a partner’s behavior, limiting her options, and depriving her of supports needed to exercise independent judgment.” And recent work by Crossman, Hardesty, and Raffaelli (2016) reveals that women who experience nonphysical abuse feel as afraid during their marriage as women who experience physical abuse, and even more afraid after separation.

The battered women’s movement in the 1970s and 1980s achieved some early success in shifting from a pathological focus on women’s personality traits (such as masochism) to a focus on the constraints that explain why women stay in abusive relationships (Walker 1979; Goodmark 2012). Expert witnesses could deploy the concepts of “battered women’ syndrome” and “learned helplessness” in court to counter the assertion that abused women could leave whenever they chose or to explain why some women, failing other options, were justified in killing their abusers (Walker 1984). But today these notions, and their incorporation of the cycle-of-violence theory (cyclical phases of tension building, violent episode, and remorse/honeymoon that trap women in the relationship psychologically), have lost their cultural currency. They are critiqued for reinforcing pervasive sexist stereotypes of meek, passive, and disempowered women and for creating “little more than a more compassionate and gender sensitive version of the traditional psychiatric view of women as ‘irrational’ or even ‘insane,’ except that this version incorporates a recognition that the women’s alleged ‘irrationality’ or psychological incapacity results from the infliction of abuse upon her by a male intimate” (Randall 2004, 124). Yet the dissonance between an assumption of passivity in victims and stories of victims’ aggression against their abuser continues to complicate the message to the general public (Goodmark 2012); my own work in this area with ninety-five women arrested for use of force against an intimate partner or ex-partner revealed that 95 percent of these women used violence in reaction to a partner’s violence, to protect themselves or their children, or to prevent an imminent attack (S. Miller 2005).

Nicola Gavey’s (1999) work on rape similarly explores how the politically important strategy of defining a “common experience” to raise awareness ultimately backfires when a particular kind of rape case or rape victim

is universalized. Gavey also notes that society's definitions of certain acts in a legal sense do not always align with how victims experience them: how should we respond to a woman who describes an incident of forced, unwanted sexual intercourse but says she was not raped? Being defined as a rape victim means taking on the "negative social value" and the "obligations" of the victim role (see early work by Burt and Estep 1981). The feminist movement succeeded in expanding the continuum of sexual victimization to include forms of coercion from unwanted kissing and touching to rape. However, some women who have experienced unwanted sexual victimization do not view themselves as victims and reject legal and scholarly definitions; instead they tell stories of empowerment and triumph in which they thwart rape or limit the scale of a sexual assault (Gavey 1999, 72). Gavey even states that "not all women are traumatized by rape," while adding that this does not trivialize rape or its brutality. She contends that "it may be possible to experience rape and suffer no lasting devastating psychological effects" but that such a possibility is "less often articulated than is the discourse of harm" (70). Of course, this view does not come without complications: we do not want victims who do not fight back (because of fear, being overpowered, or other reasons) to internalize any self-blame.

We can extend this perspective on rape to think about IPV/A. The portrait of a "battered woman" was crafted as a political tool by the battered women's movement in the 1970s to heighten awareness of a pervasive hidden problem. In this way, it served its purpose.¹ But there are many different narratives of victimization (Gavey 1999). One such narrative is the refusal to see oneself as a victim or battered woman or to label the experience as one of victimization, even though the descriptions of the abuse endured meet normative understandings of IPV/A. As one of my participants, Jazzy, described her abuse, "It just was. That was life. Nothing to be done about it."

Jazzy's experience is complicated by her social location—she experienced her initial relationship violence in her first marriage, about forty years ago. Though the term *battered women* was politicized around the same time (the 1970s), the language of white, upper-middle-class activists was little known in her working-class African American milieu. Her community accepted "hitting" in relationships, and she herself talked about the normalcy of it. She described her retaliatory violence as restoring her dignity and commented that she egged on her husband in order to have some degree of control over when he hit her, since she knew the violence was inevitable and did not want it to interfere with her ability to get to work.

Gavey (1999, 76) suggests that in the arena of attempted sexual assaults women can be seen as fighters and survivors, warriors and heroes. The same

imagery can apply to battered women who resist in ways that may be subtle and invisible to outsiders yet succeed in salvaging some self-esteem and self-efficacy. This is not to suggest that the framework that has been so successful in politicizing IPV/A be abandoned; the issue is that there is room for alternative ways of thinking about victimization and space for those who have other legitimate stories to tell (see also Waldrop and Resick's 2004 work for a way to examine coping strategies of battered women using a psychological lens).

TRAUMA-INFORMED PRACTICES

The emerging focus on trauma-informed, gender-responsive practice (Bloom, Owen, and Covington 2004) acknowledges survivorship histories in ways useful for practitioners and researchers. When practices are trauma informed, there is an acknowledgment of how a traumatic incident can lead to behaviors related to the pain and lack of power over the incident. Practitioners must take into account these effects and ensure the safety of the individuals, have transparency in their connections with professionals, provide support, and assist survivors in finding their voice and becoming empowered to choose what they want. This approach is very appealing because it validates how early childhood or adolescent trauma can have a long-lasting impact and helps us understand why adults may have frightening flashbacks and fears. A trauma framework can also embrace many forms of violence, which helps in drawing parallels with and connections between those forms. Gender-responsive practices create "an environment . . . that reflects an understanding of the realities of women's lives and addresses the issues of the women" (Bloom and Covington 2000, 11). Most gender-responsive practices incorporate the understanding of other differences too, such as race/ethnicity, social class, (dis)ability, and sexuality.

In counseling, women are often open to using a trauma framework for understanding their pain and suffering and some of the frightening aftereffects of victimization (flashbacks, nightmares). It is more empowering for women who have experienced intimate partner violence or sexual violence to have a scientifically sound explanation that recognizes they did not bring it on themselves than to receive the earlier victim-blaming alternative explanations offered by traditional psychoanalytical perspectives (Gilfus 1999). Finally, trauma research has facilitated treatment interventions that offer relief from symptoms and are very helpful for victims because of this compassionate and holistic approach and the efforts made to keep from retraumatizing victims/survivors. Victims can get insurance coverage for

treatment, but being labeled a trauma victim can also stigmatize them or even be used against them by abusers in court decisions over custody issues (for instance, see Saunders, Faller, and Tolman 2012 on how women and perceptions of their mental health are interpreted by court professionals in IPV/A custody cases).

Despite its popularity, the trauma framework is not without critics and has its limitations. If trauma is understood as an individual psychological response, it can conflate cause and effect and be seen as a “psychological condition caused by exposure to violence/extreme stress, leading to the assumption that all types of traumatic events are precursors of psychological symptomatology, unless the victim is exceptionally resilient” (Gilfus 1999, 1241). It can be used to frame IPV/A as a crime arising only from individual-level pathology; to ignore the victim’s agency; and to excuse men’s violence if they themselves have experienced trauma (Gilfus 1999). If we focus too much on childhood traumatic experiences, we risk ignoring structural factors, including racism, poverty, and other forms of oppression that can be just as traumatic. By focusing on the trauma victim, we also ignore the offender. A trauma framework risks our losing sight of the social and political context and the gendered nature of the inequalities of power within which IPV/A occurs (Larance and Miller 2015).

Moreover, the trauma paradigm has become increasingly medicalized; it seeks to explain and treat the psychological aftermath, which also contributes to rendering trauma an individual psychological response, separate from social-structural correlates (Gilfus 1999). A trauma diagnosis effectively erases the real source of the problem—the individual and collective perpetrators of violence, shored up by a broad range of structural conditions and societal mechanisms that allow men to control and disempower women. A checklist of standardized symptoms or experiences is devoid of social or political context about the gendered nature of the inequalities of power relations that give rise not only to IPV/A but to other forms of privatized violence, such as child sexual abuse or marital rape. These narrow measures also do not recognize the injuries of racism, colonialism, homophobia, and other pains of inequality. Moreover, trauma is not random; it happens to specific groups of people more than others and is perpetrated by some groups of people more than others.

Finally, by focusing on individual trauma, we miss not only potential sources of injury but also potential sources of strength: coping and survival skills and strategies that victims employ against insurmountable odds and despite the constriction of their choices by considerations for the safety and welfare of others, such as the victim’s children. Many psychologists now

contend that resilience in the face of acute distress or trauma is more common than often believed and that there are multiple pathways to resilience (Bonanno 2004). Battered women use myriad invisible coping strategies on a daily, ongoing basis. Using only a trauma paradigm underestimates, ignores, or invalidates women's varying courses of action and prevents a true accounting of their strengths. This feeds into a deficit-focused paradigm versus a strength-based one. Psychologist Sherry Hamby (2014, 161) constructs a list of 144 strategies that women use to keep themselves safe while in a relationship characterized by IPV/A. Hamby is convinced that the battered women's movement has been guided by forty years of bad advice and has done victims a disservice in focusing solely on getting women out of relationships and failing to recognize that for some women that is not the optimal outcome. Leaving is not always the safest strategy, given what we know about stalking, serious injury, and death. Greater attention is now paid to separation violence, since more than half of attempted homicides of intimate partners are precipitated by the victim's leaving (see M. Johnson, Leone, and Xu 2014). For victims, a strength-based approach is far less stigmatizing than a deficit-focused approach and far more validating. It acknowledges that many women choose to stay and that in doing so they actively engage in a rational calculus, weighing the pros and cons of this decision.

Lack of safety in staying was highlighted in the early years of the battered women's political movement in order to capture national attention and achieve public recognition that violence against women was a significant, widely occurring social problem that everyone should be concerned about. Thus advocacy campaigns emphasized the very visible signs of physical abuse and the need to develop shelters and services so that victims of abuse could end the relationship and get out safely.

Women's difficulties in leaving, however, are not entirely due to fears of the batterer's violence (Hamby 2014). Economic (in)justice plays a major part (see Sanders 2015). It is critical for women to have financial access and savvy or money saved—a theme you will hear echoed in later chapters of this book. In some states, financial empowerment projects provide financial literacy training or matched-savings programs for survivors. These encourage women to save for a first month's rent, for a used car or car insurance, for a computer, or for legal representation; there is a 1:1 savings match (see, e.g., Sanders 2010). For some women with no other financial means, this kind of support is crucial for getting out. Also, women's range of choices is often limited by their desire to protect others (Hamby 2014); thus women's efforts to protect pets, children, other family members, and friends are a

huge part of the equation. These concerns can stall or prevent a decision to terminate the relationship, but they should not be misperceived as examples of women's inertia or avoidance—they are part of women's calculated assessments of risk. In this same vein, Hamby asserts that choosing not to disclose one's abuse to others, while often interpreted as springing from denial or some other cognitive distortion, can instead be a way to finesse impression management or minimize social stigma. Avoiding a problem or leaving a violent confrontation can be coping strategies (as can hitting back). The assumption is that women leave and go to a shelter (which also assumes that shelters welcome children of all ages and both sexes and have space) and that this is the safest strategy. But we know from the research that most women turn first to family and friends and that there is a larger range of protective strategies than just seeking safe shelter.

SURVIVOR-CENTERED ANALYSES

Any trauma approach that is overly individualized takes our attention away from the social-structural context in which violence and abuse occur (Gilfus 1999, 1239). We are better informed by what we have learned from and about survivors, such as Hamby's (2014) list of 144 help-seeking/protective strategies that illustrate women's agency. Survivor-centered analysis recognizes strengths *and* injuries, is culturally inclusive, is informed by feminism, builds on the wisdom of victimization and survival that is part of women's lives, and widens the lens of trauma theory to include racism, poverty, and other forms of oppression as potential sources of traumatic injury.

As criticism mounted against the theories of a battered women's syndrome and learned helplessness to explain women's attachment to abusive relationships, the sociologists Gondolf and Fisher (1988) introduced an alternative paradigm to better explain why women stayed. Instead of casting women as immobilized or passive, their "survivor theory" portrayed women as actively seeking social support and resources to assist them in getting out of abusive relationships. But, again, it is not so simple (Goodmark 2012, 63): survivor theory still focuses on why women stay, as if leaving is every woman's ultimate goal; women who make active choices to stay in a violent relationship may be mistakenly interpreted as passive by outsiders. The psychologist Sharon Lamb (1999a, 126) warns that "if the culture overemphasizes the helpless victim, and if victims overemphasize the survivor victim, we are caught between two stereotypes that preclude a range of experiences and the unifying awareness that victimization is too frequently a part of every woman's life." Even when women stay in abusive relationships and do little

things that promote safety and exert control in their daily lives, they are more likely to identify as “survivors” than as “victims.” As bell hooks (2000, 46) asserts: “Women who are exploited and oppressed daily cannot afford to relinquish the belief that they exercise some measure of control, however relative, over their lives. They cannot afford to see themselves solely as ‘victims’ because their survival depends on continued exercise of whatever personal powers they possess. It would be psychologically demoralizing for these women to bond with other women on the basis of shared victimization.” Moreover, legal scholar Leigh Goodmark (2012, 63) cautions us that although survivor theory’s contribution has been useful for advocates and abused women, it has failed to exert much influence over the legal system’s enduring notions of the “paradigmatic victim” as a white, straight woman who is compliant, passive, and defenseless.

IDENTITY CONSTRUCTION AND SEMANTICS

Given the discussion above, I have faced an issue of semantics both in the literature and in my own writing of this book: What to call women who have experienced victimization but have moved forward to live free of violence? Most state coalitions against domestic violence refer to battered women as victims or survivors, depending on their position in the process. For task forces in a coalition, the common nomenclature is to describe the women as survivors. The activist organization WIND that I investigate in this book uses “Survivors’ Task Force” as its descriptor.

I find it useful to think about this issue in terms of how women self-identify. Sometimes women themselves describe a transition from victim to survivor, like one woman I interviewed who stated that at this point in her life she could tell the story of her abuse to others “without feeling revictimized, since I’ve got so much distance from it, which in my mind is a key marker of difference between victims and survivors.” In any case, women may not want to be defined by their worst incidents of victimization. The sociologist Erving Goffman (1963), who has written extensively about identity, relies on the term *master status* to describe a social position that, more than any other position a person occupies, constitutes the core of that person’s social identity and influences his or her roles and behaviors. Often, one’s occupation is a master status because of its salience to one’s identity, to one’s other roles, such as family roles, to friendships, to where one lives, and so forth. Gender, sexual identity, age, and race are also common master statuses. Some women reject the label of “victim” as a stigmatizing master status. Goffman (1963), in theorizing about spoiled identities, notes that

people try to hide their stigma if possible or limit its social impact on their identity. Coping strategies include withdrawing from social interaction so as not to draw attention to the stigma or forming or joining a social movement to combat the negative stereotypes associated with a stigmatized status.

Language is significant in that words become the lens through which a person is judged. Several researchers working in the field of IPV/A have been sensitive to this point. Hamby (2014, 11) deliberately uses the phrases “women who have been victimized” or “women who have experienced domestic violence,” much as researchers and activists have redefined an “AIDS patient” to a “person with AIDS” so that the person is first and their experience or condition second. She also states, and I concur, that “‘survivor’ is an insider word. Some feminists and advocates use it, but few others do” (10). The psychologist Mary Koss (2014, 1626), in her groundbreaking work on sexual violence and restorative justice, uses *survivor victim* to retain “the empowerment conveyed by the word survivor and the outrage implied by the word victim.”

Perhaps the most thorough exploration of the implications of terminology around IPV/A is that of the linguist Julia Penelope (1990). She argues that language is a form of social power; it is not neutral and can reduce women’s stature and agency (see also Caputi 1977; Spender 1980). Thus, for instance, she notes that

euphemisms abound for male violence. . . . Men have created a plethora of euphemisms to downplay their violence and hide their sexual exploitation of women and children. . . . Men beat their wives, but the media talk about *spouse abuse*, *battered spouses*, and *domestic violence*. In the last phrase, *domestic* hides male agency and focuses our attention on the places where men beat their wives and children, dwellings, disguising violent acts as well as erasing the male agents. Men rape children, but we talk about *incest*, *sexual abuse* and *molestation*, making the men who commit crimes of violence against women invisible. (1990, 209, italics in original)

Euphemistic language, by drawing our attention away from men’s violence and power, permits men to deny their responsibility for their harmful behavior to women and allows women to “pretend that they don’t know what men are doing. If we remain ‘unaware’ of male violence, we don’t have to challenge them and, in this way, avoid the possibility of yet more male violence” (210).

Penelope also discusses the complex connotations of *victim* and *survivor*, arguing that both terms are necessary “to remind us of our pain, our anger, and the strengths that enable us to survive” (217). With these two words we

distinguish between those who survive their victimization and those who do not. A victim “merges past and present contexts and interprets events and actions in the present only on the basis of her past experiences. A ‘survivor,’ in contrast, is aware of how her past influences her behavior in the present and consciously attempts not to confuse it with present situations”; in other words, her past is still part of her, but it does not control her (216).

Women make agentic, conscious choices to free themselves from abuse. Even if they decide to stay in their relationship while refusing to accept abuse, they take active steps to achieve this result (Eisikovitz, Buchbinder, and Mor 1998). It is crucial to let go of the dichotomy of staying versus leaving, especially since 50 percent of women stay with or return to abusers after leaving or getting help (Lesser 1990) and since the National Domestic Violence Hotline (2013) reports that it takes a victim seven times of leaving before she stays away for good. Active resistance can still occur within an abusive relationship, though it is often difficult for service providers or members of women’s informal support systems to know what to do. Should they help her leave or respect her choice to stay and support her in developing ways to better cope or defend herself? Above all, women are actively creating meaning and consciously negotiating their situation. When they decide what they will or will not tolerate anymore, this involves a need to break with their personal meaning systems; it is not sudden, but rather a culmination of a lengthy process “in which women actively negotiate, plan, and experiment with the idea that violence must be stopped—a process that is associated with a series of personal and interpersonal losses” (Eisikovitz, Buchbinder, and Mor 1998, 415).

It is important to situate the construction of the “victims/survivors” discourse in a larger effort to have public conversations about crime—responses to it and control of it—and about the expanding role of the mental health profession in treating victims (Best 1997). Early theories in the discipline of victimology focused on victim blame and responsibility (see Karmen 2013) but were later challenged by the second-wave feminist movement that involved battered women’s advocates and feminist activists (Pleck 1987; Schechter 1982). I have noted that the image of the battered woman as passive and blameless that emerged from this movement is misleading because it fails to take into account the issues and struggles women encounter both within the relationship and outside of it: greater attention must be paid to women’s multiple oppressions shaped by race, sexuality, poverty, religion, and so forth if we are to better understand women’s reactions to abuse. Berns (2004, 55) adds that a “victim empowerment” model that stresses efforts to increase self-esteem and “take control of your life”

and “refuse to be a victim” continues to hold women responsible for solving the abuse in their lives.

The sociologist Amy Leisenring (2006, 312) has looked at the survivorship discourse, seeing it as “the other side of being a victim.” She states that in contrast to the negative connotations associated with the word *victim*, the word *survivor* is associated with “agency, coping, resistance, decision making, recovery, and survival” (see also Crann and Barata 2016; Dunn 2005; McLeer 1998; Meloy and Miller 2011). The reconceptualization of victims as survivors reduces the stigma that attaches to a victim identity, yet it can still reinforce a dichotomy instead of considering the continuum of victimization and empowerment that most victims experience. While victims of IPV/A encounter all of these perceptions of their abusive situation in their interactions with other people (such as friends, family, and victim advocates), in other places (like shelters or the criminal justice system), and in the media, Leisenring (2006) is most concerned with how women construct their own meanings and interpretations. Her work with forty battered women reveals that they both claimed and rejected a victim identity. Leisenring (2006, 307) identifies four common ways of perceiving a victim identity that represent the women’s constructions of the concept, all of them viewed negatively by the women: one who suffers a harm over which she has no control; one who deserves sympathy and/or requires some type of action be taken against the accused; one who is to blame for her experiences; and one who is powerless and weak.

The women interviewed by Leisenring (2006) stated that they were victims to convey the trauma and harm they suffered and had no control over and to demonstrate their worthiness of sympathy and support, but they also distanced themselves from a victim identity because they did not feel they were culpable for the abuse they endured. Missing from the women’s understandings of the dominant meanings of the “victim” concept were the themes of empowerment and survivorship—underscoring the importance of listening to how women articulate their experiences and construct meaning. While half of the sample took some responsibility for the role they played in their abusive relationships, for instance by not standing up to their partner or by remaining in the relationship, they did not feel they caused or deserved the abuse. Profit (1996, 29) conceptualizes a survivor identity to highlight both victimization and agency: “The conceptualization of ‘battered women’ as ‘survivors’ acknowledges their tremendous strengths and coping skills in surviving violence as well as their victimization, pain, and loss.” Some women explicitly embraced a survivor identity that focused on strength and resilience, but others felt that even after they left their abusive

relationships they remained victims of the abuser's stalking and harassment through the courts, a situation that created some dissonance with being a survivor. Leisenring's interactionist framework helps explain why women struggle with identity stigma and the methods they use to combat cultural stereotypes associated with the victim label. She points to legal scholar Martha Minow's (1993) description of victimhood as a "cramped identity" and argues for the broadening of victim discourses to recognize that neither "victim" nor "survivor" is a static category; rather, victim discourses "appear to both enable and constrain battered women's processes of self-construction and self-representation" (Leisenring 2006, 327).

In this book I have made every effort to avoid drawing any linguistic distinctions between women who did the "right" thing versus those who made what could be judged as the "wrong" choice. The word *survivor* connotes a positive reclamation of one's experience but sets up a distinction between "good" victims and "bad" victims (who cannot just move on, get over it, and so forth). At the same time, however, we do not always have the luxury to choose our own words; words take on very specific policy connotations and importance. Victim or survivor identities cannot fully account for the nuances and complexities of women's daily living situations, and I believe in letting the women's narratives speak for themselves. In my work, I let the women choose, knowing that while *survivor* sounds more positive and empowering, it ignores the victimization and violence (Dragiewicz 2011; Hamby 2014) and can also create more distancing from and diminishment of the experience of violence and abuse. In this book, I primarily use the term *victims/survivors* because it best reflects how the women characterized themselves. We will hear more from the women about where they see themselves in this conversation in chapter 2.

RESILIENCE, GROWTH, AND RECOVERY

Without necessarily saying the word *resilience*, the women I interviewed talked both about a process of moving forward in a positive way and regaining strength and self-esteem and about specific actions they took to keep themselves (and their children in many cases) safe and to facilitate their well-being. That is one way to think about resilience. Growth and resilience, for these women, ebbed and flowed, much as grief does in the bereaved. One minute they could be doing fine, but then a memory or some kind of reminder like a familiar smell or strain of music could come flooding in, uninvited, and challenge their hard-won equilibrium. Though we understand a lot about the deleterious effects of IPV/A, until very recently

the sociological literature restricted discussion of these effects to PTSD and was more focused on crisis needs for victims, problems with gaining social support, and dealings with police, courts, and other institutions.

Definitions of resilience and views on its meaning vary across disciplines, reflecting the lack of a conceptual framework to guide this work. As the psychologist Ann Masten (2007, 924) states: "There is a long history of controversy about the meaning of resilience and how to operationalize it . . . including debates about whether resilience is best defined as a trait, a process, an outcome, a pattern of life course development, narrow or broad, multifaceted or unidimensional, short- or long-term, and whether resilience should encompass recovery as well as resistance, internal as well as external adaptive functioning, and external as well as internal resources." Indeed, in my study, resilience manifested in a multifaceted way, with the women's actions and behaviors vacillating between many of these meanings, reflecting resilience as a process. It was not a trait; rather, it emerged from their experiences, though the women connected it to aspects of their personalities such as strength, stubbornness, and fighting spirit.

Since the 1970s, psychological research on resilience has focused primarily on the impact of adversity on children—what helps their chances of getting through childhood trauma relatively unscathed—and the elderly (Williams 2002). Psychologists have wanted to know why some children are more successful in overcoming challenges, and their research has measured competence (the presence of good outcomes based on life tasks that can be measured) and attempted to identify the qualities that could protect someone against future adversity (Williams 2002, 200). They have noted that resilience cannot be mistaken for individual ruggedness or willpower (Blundo 2002); it is not just about "bucking up." When people succeed in overcoming adversity, they do so within the context of many other circumstances and caring individuals; again, it is not a trait but a process. This kind of conceptualization makes sense for looking at resilience in relation to IPV/A as well.

Not until the 1990s did psychologists move away from vulnerability/deficit models of the adverse circumstances that many people faced to look at cases of success in adversity, reflecting a discipline-specific paradigmatic shift from illness to health (O'Leary 1998). However, resilience is not just a shift from the negative to the positive pole on the risk continuum. O'Leary and Ickovics (1995) suggest that people faced with challenge can succumb or respond by *surviving* (continuing to function but in an impaired fashion), *recovering* (returning to a previous, baseline level of functioning); or *thriving* (going beyond the original level of psychosocial functioning,

growing vigorously, flourishing). They believe that thriving is transformative, since it rests on experiencing a fundamental cognitive shift in response to a challenge:

Challenge provides the opportunity for change because it forces individuals to confront personal priorities and to reexamine their sense of self. It can alter social roles, resulting in the acquisition of a new role (e.g., role of patient), loss of an old role (e.g., parenthood, after the death of a child), or a reordering of role priorities (e.g., recognition that it is more important to focus on interpersonal relationships than career success). . . . For such a transformation to occur, the challenge must be profound, an event such as facing a fatal illness, a severe traumatic accident or victimization, a great loss, or an existential crisis—events that shake the foundation of one’s life, calling into question one’s sense of purpose, meaning, or identity. (O’Leary 1998, 430)

Snodgrass’s (1998, 431) reports this kind of transformation in a breast cancer survivor who is thriving and who “attributes some of her growth to spirituality, a belief that everything she encounters, positive or negative, provides an opportunity for growth.”

Thus the psychology literature acknowledges both individual and social resources as key factors undergirding resilience and thriving. In particular, the individual’s mobilization of social support is associated with health and well-being, particularly for women, so it is important to examine the role of social relationships as central to women’s resilience. We know that many battered women in relationships are isolated or prevented by their abuser from reaching out to significant others in social networks—or that the abuser has destroyed their networks—so understanding how ending the relationship affects support mobilization and social support is crucial for understanding long-term survivorship and resilience. A sociological framework adds to these factors by examining how social structure and social institutions contribute to survivors’ resilience and growth.

Psychologists have mostly explored individuals’ resilience using quantitative measures, but there is disagreement on both how to define resilience and how to measure it. Crann and Barata (2016) identify salient theoretical and methodological concerns raised in the psychology literature, including assumptions that resilience is consistent over time and populations; the varying conceptualizations of resilience as a trait, an outcome, or a process, depending on the researcher (see broader discussion including critiques in Luthar, Cicchetti, and Becker 2000; Roisman 2005); the possible lack of a meaningful distinction between different measures of resilience because results depend on the types of questions used, the longevity of the stressor,

and who is being studied (Macini and Bonanno 2006); and the failure to consider how contextual and environmental factors, such as the criminal justice system and family courts, influence women's response to IPV/A. Thus Crann and Barata (2016) and others critique the bulk of the resilience research for being too narrow and reducing resilience to an essentialist construct (see also Massey et al. 1998; Ungar 2004). In this vein, Ungar (2004, 345) contends that quantitative approaches are "unable to accommodate the plurality of meanings individuals negotiate in their self-construction as resilience."

Another limitation of the research is that definitions of resilience may explicitly require the absence of diagnosed mental health issues, such as PTSD (see, e.g., Crann and Barata's [2016, 854] summary of psychosocial indicators of resilience). Other researchers who have looked more holistically at women's lives note that individuals can have a diagnosis yet still be able to function well in other areas (work, school, and so forth; see Luthar, Cicchetti, and Becker 2000). Bonanno (2005), for example, claims that resilience is a common response to trauma, that it can wax and wane, and that there are multiple ways to be resilient. Many sociologists (and criminologists) who have studied victimization take this perspective, finding that even when victims are embedded in situations with intense stressors they can exhibit resilience. Indeed, Saakvitne, Tennen, and Affleck (1998) have argued that "standing alongside the entire range of debilitating effects of trauma, most survivors display a stunning capacity for survival and perseverance. Growth and pain, therefore, are not necessarily mutually exclusive, but instead are inextricably linked in recovery from trauma" (quoted in Anderson, Renner, and Danis 2012, 1280). Anderson, Renner, and Danis's (2012) study of women who had experienced IPV/A but had not been in an abusive relationship in the past year and Humphrey's (2003) study of battered women living in a domestic violence shelter report that although the women were still experiencing distress and trauma they were at the same time demonstrating resilience; such findings buttress Anderson and colleagues' conclusion that "resilience and impairment are not necessarily opposites, but instead appear to be different aspects of the overall experience of coping and adjustment for survivors of domestic violence" (2012, 1294).

Some researchers have distinguished between resilience or recovery and post-traumatic growth, a psychological concept that implies a significant positive reconfiguration in emotional and cognitive functioning (see Tedeschi and Calhoun 2003). O'Leary and Ickovics (1995, 122) similarly distinguish thriving, or "the effective mobilization of individual and social resources in response to risk or threat," from mere coping or resilience

because, as an “adaptive response to challenge,” thriving “represents something more than a return to equilibrium.” Other psychologists do not make such distinctions (see, e.g., Bonanno 2004). Crann and Barata (2016, 855) conclude that concepts related to positive functioning after trauma, such as growth, adaptation, coping, recovery, and thriving, are typically not well defined and are often used interchangeably across studies. A multimethods approach can better clarify our understanding of paths of recovery and resilience and the distinctions between them.

RESEARCH APPROACHES TO RESILIENCE

Some IPV/A researchers use quantitative methods to test models of resilience in specific populations such as women in battered women’s shelters (Humphreys 2003) or African American women (Meadows et al. 2005). As noted above, resilience is typically measured by the absence of PTSD (Wright, Perez, and Johnson 2010), or the absence or low levels of anxiety, depression, and suicide attempts (see Carlson et al. 2002; Crann and Barata 2016; Meadows et al. 2005). Results from these quantitative studies suggest that protective factors for building resilience include social support, self-esteem, positive health, religion and spirituality, hope, self-efficacy, effectiveness of obtaining resources, and coping and empowerment (Bradley, Schwartz, and Kaslow 2005; Carlson et al. 2002; Coker et al. 2005; Meadows et al. 2005; Wright, Perez, and Johnson 2010).

Quantitative studies do not acknowledge the diversity of responses to IPV/A and the complexity of women’s experiences and understanding of resilience. Qualitative approaches tend to better recognize how much women’s experiences vary and are influenced by particular social and cultural contexts (see Anderson, Renner, and Danis 2012; Crann and Barata 2016; Young 2007). Other work that explores how women describe their experiences of leaving the abuser sheds some light on the issue of growth and resilience in IPV/A survivors (see Crawford, Liebling-Kalifani, and Hill 2009; R. Davis 2002; Hamby 2014; Kangagaratnam et al. 2012). But there is still a need for more work on women’s lived experience and women’s own constructions of resilience (Weiss 2008). Although some qualitative studies have sought to identify individual and institutional factors that aid recovery and resilience during a set period of time following abuse, I have sought to go beyond this frame and look at the process of resilience as a journey *throughout* the relationship, not just after the relationship ends, and to explore how resilience emerges and is maintained over time. My work builds on Crann and Barata’s (2016) phenomenological work and offers a

lens through which women describe their process of resilience during their relationship and as their life apart from the abusers continues.

SOCIOLOGICAL FRAMEWORKS

I favor an understanding of resilience that is more sociological or holistic than anything that can be conveyed by a quantitatively measurable construct or scale. My in-depth interviews with victims/survivors reveal a process of resilience that ebbs and flows, depending on the buffers and support the women receive and other contextual factors. These women are able to navigate parts of their life with impressive competence while they simultaneously lack efficacy in other areas. Yet overall they are growing and rebounding and showing resilience.

While the early research on “thriving” has a psychological focus on individual issues such as developing self-esteem, finding new meaning in life, and overcoming depression, some sociologists such as Blankenship (1998) urge us to look at thriving within a feminist sociological frame that takes into account race, class, and gender. Such an approach explores factors that influence thriving or predict its likelihood and uses communities, institutions, and organizations as units of analyses. This approach also acknowledges that individuals can respond to crisis not just in psychological ways but also in social ways, by devoting themselves to a cause or to social change.² Thus a sociological perspective turns our attention to “social structures of power and influence rather than the characteristics of individuals” (Blankenship 1998, 395). Many of the women I interviewed engaged in a commitment to community advocacy, such as activism in WIND, while other women performed activist work within their circle of friends, acquaintances, and coworkers. As public speakers or volunteers drawn to speaking up against IPV/A, the women behaved similarly to the recovering drug addicts that Blankenship discusses, who sought jobs as outreach workers or substance abuse counselors, or became political activists, as a way to repay society or express gratitude to those who had assisted in their recovery. So one pathway to thriving, or resilience, is survivors’ politicization, a sociological outcome.

Feminist theory conceptualizes social context as involving the intersections of race, class, and gender to form a complex system of domination and meaning (see Blankenship 1998, 396; Andersen and Collins 1995; Crenshaw 1991), operating simultaneously (not additively) to organize social life in general and women’s lives in particular (C. West and Fenstermaker 1995). Many researchers have asserted that IPV/A survivors who can mobilize

resources are more likely to thrive, but if we look at resource mobilization in terms of intersectionality, individual and social resources are not easily disentangled or randomly distributed. Some individuals' more marginalized position, lack of resources, and lack of access to resources such as social services or the criminal justice system can adversely affect or wholly preclude thriving and can increase their likelihood of becoming victimized in the first place.

The other crucial argument in Blankenship's work is that some challenges are extraordinary while others are routine and that defining which is which may depend on where one is situated in the social hierarchy: "What is profound and extraordinary in one context may be routine and ordinary in another" (1988, 399). In particular, she explores urban violence through the life histories of women who witnessed or experienced violence, none of whom characterized the challenges of their lives as extraordinary. It is hard to view individuals who have undergone IPV/A in a before-and-after framework when challenges are part and parcel of their everyday life. For many of the women I interviewed, experience of IPV/A was not an isolated traumatic event but one in a series of long-term cumulative traumas. Blankenship's distinction between extraordinary and routine violence helps us understand the dissonance felt by some of the WIND women, many of whom occupied more marginalized social positions, because of race, class, and education, than other members of the community-based group.

MEANING MAKING

Another way to look at resilience is to explore how people make sense of change through the process of "meaning making," further discussed in chapter 4. Some social psychological work looks at how survivors reconstruct their assumptive world following trauma: over time, survivors can perceive events in a new way that gives them a sense of purpose and value (see Tedeschi and Calhoun 2004). This change in meaning rests on Janoff-Bulman's (1992, 2006) work on world assumptions theory, which asserts that people have inherently positive core assumptions about the benevolence of the world and meaningfulness and their own self-worth; an event such as interpersonal trauma shakes their assumptive world to its foundations and thus may offer opportunity for profound growth (see Lilly, Valdez, and Graham-Bermann 2011). For instance, Elizabeth Smart attributes her greater empathy and understanding for others and her activism to the traumatic experience she endured. She explains: "Because of the

things I have lived through, I can help other people now. I can reach out to other victims and help them to learn to be happy. Because I have actually lived through these experiences, I am able to be a voice for change. If I hadn't lived through these experiences, I am not sure that I would have cared enough about these issues to become involved" (2013, 303). Valdez and Lilly (2015) were the first to examine longitudinal changes in IPV/A survivors' assumptive worlds with post-traumatic growth. They asked a sample of twenty-three women who had experienced IPV/A to complete self-reports at two time periods, about a year apart. They found that if the women were not revictimized in the year following the initial self-report, they reported greater post-traumatic growth (87 percent of their sample). Just before the women I interviewed left their abusers for good, they often experienced an epiphany much like the one characterized in Valdez and Lilly's (2015, 225) research: "In a world that is not comprehensible, controllable, or predictable, survivors are confronted with the fact that living can no longer be taken for granted and human life appreciates in value. In response, survivors embrace life and create a meaningful existence through goals (interpersonal, spiritual, altruistic), commitments (to friends, family, and community), and self-determination that serve to provide a sense of meaning and purpose."

But we still lack knowledge on what helps women achieve and sustain new meaning in their lives long term (Goodman et al. 2003). Dutton and Greene (2010) explore resilience in relation to crime victimization, guided by the fact that many people rebound and adjust quite well in the aftermath of adversity and trauma (see also Ai and Park 2005). Their interest, similar to my own, was to see how knowledge of resilience could enhance the development of resources used by the criminal justice and health care systems to help victims navigate their exposure to adverse events. Reviewing all studies they could locate that measured resilience in some way in the aftermath of crime victimization, they looked at resilience as defined in three ways: as protective factors existing prior to the victimization (for example, individual characteristics and community and social network characteristics); as adaptive processes occurring in response to the victimization; and as positive outcomes after victimization (220). Five of the studies they found were on the resilience of women exposed to IPV/A specifically and used psychological scales and checklists such as Wagnild and Young's (1993) Resilience Scale (a twenty-five-item self-report measure using two factors, personal competence, and acceptance of self and life), and Derogatis's (1994) Symptom Checklist-90. The most salient of these findings in relationship to meaning making is from a study of sixty IPV/A

survivors living in a shelter, reporting that ending the relationship and having a role model (i.e., knowing another person who experienced positive change after terminating an abusive relationship) predicted overall post-traumatic growth (Cobb et al. 2006).

In one of the first studies to use both psychological measures of post-traumatic stress and resilience and qualitative interviews, Anderson et al. (2012) looked at thirty-seven women who had not been in an abusive relationship in the past year to determine what factors help women recover from IPV/A relationships and how they achieve long-term success, finding that social and spiritual support were instrumental factors. They queried women about their use of informal and formal support systems in addition to discovering what other personal qualities and social conditions influenced their lives after their abusive relationships ended. Recovery outcomes were also measured, with results indicating that the women in their study were largely asymptomatic for PTSD (1286) and had high scores of overall resilience in psychosocial and spiritual domains.³ In particular, the women's highest-scoring single item was "I have at least one close and secure relationship which helps me when I am stressed" (1287). Using grounded-theory methods to account for categories and patterns related to recovery and resilience, Anderson and colleagues found that women's determination was strengthened by spiritual and religious beliefs and by the acceptance of informal and formal support from other people in their lives. Not all of them found spiritual support from their faith communities; some had crises of faith during their recovery or found that their faith communities failed to provide any emotional comfort or practical assistance with pressing financial or housing needs. But in the aftermath of their trauma, many of the women, whether in tandem with organized religion or not, relied on a sense of meaning and purpose that they derived from their faith and a belief that the source of their strength was a Higher Power or God (1289). They also tended to see the adversity they had suffered as a catalyst for growth, claiming, like many of the women I interviewed, that "what doesn't kill you always makes you stronger" (1290).⁴ Women in Anderson's study also emphasized the crucial role that friends, family, and employers played in their lives. Sometimes informal social support networks, such as family of origin, played a more significant part during their recovery than they had during the abusive relationship (because family and friends might not have known about the violence or wanted to interfere) (1292). Such support is especially valuable in helping victim/survivors make meaning of what they have experienced.

Another more recent study explored the “recovery process” for 123 women survivors of IPV/A by using an online survey method that permitted open-ended responses (Flasch, Murray, and Crowe 2017). They identified intrapersonal and interpersonal processes involved in recovery, with participants echoing the women in my project in their descriptions of resilience as a journey with ups and downs (3390).

Such research is important in our quest to understand victims/survivors’ perceptions of what helps them make sense of their chaos in the aftermath of their abusive relationships, and my work adds to it by increasing the ethnic, racial, and sexual diversity of my sample and looking at the process of resilience in two different groups of women—those who are public activists associated with an organized group embedded in a state coalition against domestic violence and those who are unaffiliated with a formal survivors’ group.

Moving away from a deficit-based analysis of IPV/A to a strength-based, survivor-identified one is a major development in our understanding of how women make sense of the complexities and contradictions of their lives. This chapter outlined how the social movement advocating for “battered women” has both helped and curtailed efficacious responses. Abused women, as experts of their own situation, can tell us how IPV/A affects their daily lives, what made it possible for them to end their relationship, what their short-term, crisis-driven needs are, and how they are making their longer-term journeys to well-being. A trauma framework can provide a broader range of women’s responses to IPV/A and of the paths women take in repudiating such violence and abuse.

Both sociological and psychological research provide a window into the construction of meaning making and identity reformulation following adverse life circumstances. People show more resilience in recovering from trauma than was once believed, and negative life events do not need to be the cornerstone of one’s identity. Rebuilding shattered assumptions entails both personal understanding of one’s experiences and inner strengths and interaction with social others and institutions. Survivors construct their own meanings and interpretations of their identities, and their conceptualizations interact with responses by significant people and social institutions. Scholarship on post-traumatic growth attests to the possible transformative effect of cognitive shifts following adversity. These opportunities for change are not a given but can be part of a process that connects growth with other factors such as support mobilization and faith. A sociological

approach to survivors' resilience joins micro-level factors identified in the psychological literature to more macro-level factors such as social structure and social institutions and, with the addition of qualitative research, can go beyond psychometric measurements and gain more insight from in-depth interview methods. The discussions of trauma, identity construction, victimhood and survivorship, resilience, and meaning making presented in this chapter provide a theoretical framework that will help inform the analysis in the subsequent chapters.