

Considering and Navigating New Relationships during Recovery from Intimate Partner Violence

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Abstract

Few researchers have explored women's experiences of considering and navigating romantic relationships after leaving abusive partners. Findings from this phenomenological investigation suggested that survivors of intimate partner violence (IPV) experienced both challenging and facilitative experiences, including reclaiming themselves through dating, learning to trust self and others, negotiating boundaries and control, communication with new partners, sexual exploration, and protecting children. Implications include viewing post-IPV dating as an important aspect of survivors' recovery.

Keywords: intimate partner violence, intimate partner violence recovery, healing, new relationships

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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 and affects about half of all American women at some point in their lives (Murray & Graves, 2012). Women face grave challenges while in their abusive relationships as well as during the complex and often-dangerous leaving process (DeKeseredy, 2017; Murray, Crowe, & Flasch, 2015). While exploring the leaving process in-depth is beyond the scope of this article, it is important to understand that individuals who have permanently left abusive relationships (i.e., *survivors*) continue to face hardship post-IPV. Researchers have identified several ongoing challenges facing IPV survivors, including post-traumatic stress disorder (PTSD; Bergman & Brismar, 1991), depression (Mechanic, Weaver, & Resick, 2008), substance abuse (Kaysen et al., 2007), negative financial consequences (Voth Schrag, 2015), negative physical and mental health outcomes (e.g., Coker et al., 2002), and social stigma (Crowe & Murray, 2015). Nevertheless, little is understood about the unique perspectives and experiences of survivors after they leave. These include both facilitative and growth-hindering experiences, such as navigating or considering new relationships post-abuse (Neustifter & Powell, 2015), which was the focus of the present study.

Existing interventions that support victims and survivors have primarily focused on the negative effects of IPV, crisis interventions, and the dynamics surrounding IPV (Allen & Wosniak, 2011). For survivors, emphasis has been placed on *avoiding* consequent abuse, rather than *how to form* new healthy relationships, how to use one's strengths to navigate new relationships, and what to expect navigating new relationships. While crisis intervention and immediate needs have an important place in the literature and practice, it is critical that counselors understand what happens *after* IPV victims leave to properly inform treatment,

identify healing elements, help survivors recover, and minimize the risk of individuals returning to IPV relationships and further victimization (Murray, King, Crowe, & Flasch, 2015). Indeed, Ham-Rowbottom, Gordon, Jarvis, and Novaco (2005) found that up to 75% of women who received extensive emergency or transitional living shelter continued to exhibit signs of depression, trauma, and life dissatisfaction. Thus, it is important that the long-term effects of IPV are understood and recognized in the counseling literature so professionals can support survivors long-term. In this article, the authors provide an overview of the literature on IPV recovery, including navigating new relationships post-IPV, and introduce a phenomenological study exploring female survivors' experiences of considering and navigating relationships post-IPV.

Recovering from IPV Relationships

Recovering from an abusive relationship is “a social, spiritual, cultural, and psychological process” (Allen & Wozniak, 2010, p. 37), that may be viewed as *integration* rather than *recovery* (Evans & Lindsey, 2008), since the effects of IPV persist long after the abusive relationship ends. Recovering from IPV is not a prescriptive experience; rather, it is one that includes both a developmental aspect (Abraham, 2007) and unique and individual factors that impact the course of recovery (Lilly, 2008). Such factors include spirituality (Senter & Caldwell, 2002), hope and encouragement (Lewis, Henriksen Jr, & Watts, 2015), social support (Anderson et al., 2012), advocacy and helping others (Murray, King, et al., 2015), and navigating new intimate relationships (Lewis et al., 2015). Recovery post-IPV may be summarized as individuals' ability to reconcile their abuse history, establish new identities, and navigate complex intrapsychic and social processes (Wuest & Merritt-Gray, 2001). Because it is important to examine specific aspects of IPV recovery, it is essential to consider experiences considered helpful to or hindering of recovery.

Considering and Navigating New Relationships Post-IPV

While IPV occurs within an intimate relationship, no research was identified that specifically examined the process of survivors considering or navigating new relationships after they left abusive ones. Individuals in healthy intimate relationships are likely to benefit in positive ways, including better physical health; increased coping skills; better life satisfaction; and decreased symptoms of depression, stress, and anxiety (Granello, 2013). Moreover, researchers have confirmed the role of relationships and social support in healing from interpersonal violence (Kress, Haiyasoso, Zoldan, Headley, & Trepal, 2018). In contrast, unhealthy and abusive romantic relationships have severe adverse effects on health, including the decline of physical health and increased psychological distress (Umberson, Williams, Powers, Lui, & Needham, 2006). As a result, it is especially important for counselors to understand IPV survivors' experiences to help them navigate post-IPV dating in a way that promotes wellness and positive relationships.

Some researchers have identified features connected with IPV survivor dating and romance (Flasch, Murray, & Crowe, 2015; Lewis et al. 2015; Neustifter & Powell, 2015), though none have been purposefully investigated. Hindering variables include the fear and apprehension that IPV survivors tend to experience at the prospect of entering new intimate relationships, including being hypersensitive to triggers and warning flags of IPV behavior; difficulty trusting self and others; and difficulty discerning between healthy and unhealthy behaviors. Survivors and their non-violent partners have also been found to struggle with the residual effects of IPV trauma and have faced logistical challenges of past-IPV, such as custody issues, financial issues, and stalking behaviors by the previous abusive partner. Researchers have also identified growth-promoting qualities in healthy post-IPV relationships, including patience and understanding by their current partners (Flasch et al., 2015), strong communication skills, positive sexual interactions, the ability to distinguish and contrast the new relationship from the past abusive

one, partnership, and individual identities within the relationship (Neustifter & Powell, 2015). A notable finding in Wuest and Merritt-Gray's (2001) study was the presence of a developmental aspect in the process of navigating new relationships. *Launching new relationships* was experienced differently at various stages in the recovery process, where participants in the initial stage reported creating new relationships as a form of refuge or support, rather than as a romantic and intimate connection. Relationships also ranged from "just sex" to "real involvement" (p. 88), depending on survivors' recovery progress. These studies highlight the complexity, developmental nature, and specific factors that may exist as survivors enter the dating process post-IPV.

The present study built on current findings and aimed to recognize the unique perspectives of IPV survivors' dating experiences. Its purpose was to elucidate these and to investigate the helping and hindering processes in post-IPV dating to gain a more comprehensive and intentionally-targeted understanding. Since IPV affects women disproportionately, and since the sociocultural experiences of IPV are different for men and women, women were the focus of this study. Two research questions guided the investigation: (a) what are the lived experiences of female IPV survivors who are considering or navigating new intimate relationships, and (b) what are the helping and hindering experiences of considering or navigating new intimate relationships post-IPV?

Methodology

The researchers selected descriptive (eidetic) phenomenological research methods to provide a rich understanding of participants' experiences and reveal tacit aspects of their common experiences while avoiding the imposition of prior theories and assumptions (Giorgi, 2009). Descriptive phenomenology is also a common choice when there are few prior empirical studies of a phenomenon (e.g., Creswell, 2013; Moustakas, 1994). The goal was to describe not

only the actual experiences of participants but also *how* participants experienced them (Patton, 1990). Consistent with descriptive phenomenology, data collection relied on semi-structured interviews, and data analysis relied on Moustakas' (1994) and Colaizzi's (1978) inductive methods.

Research Team

The primary author is a counselor educator whose research focus is intimate partner violence. She also has clinical experience with primary and secondary victims and survivors of IPV in community and shelter settings. The research team included an expert in qualitative research design, two field-based experts on intimate partner violence, two counselor educators with expertise in couples and family work, and two research assistants who supported the team with transcription and data analysis. Collectively, the research team held that exploring relationships post-IPV was an important area for investigation and that certain relationship experiences could potentially be healing or hindering in the recovery process. The team also believed that understanding the process of navigating new relationships post-IPV was critical for both survivors and counselors to better facilitate positive recovery experiences.

Procedures

After obtaining approval from the university's institutional review board, the primary researcher used purposive sampling, specifically criterion and snowball sampling, to identify participants. The researchers identified participants who (a) identified as female, (b) were at least 21 years old, (c) had been out of an abusive relationship for at least two years, and (d) had considered or attempted to navigate new intimate relationships post-IPV. For phenomenological studies, scholars (e.g., Wertz, 2005) have argued that saturation should determine sample size in qualitative studies (i.e., no new information is found). Based on this premise and sample recommendations for phenomenological research, a preliminary participant sample size of 10

was targeted, with flexibility to include additional participants if saturation was not reached. Saturation was reached with 10 participants, supported by a preliminary analysis that revealed that no significant new themes emerged in the later interviews. The researchers recruited participants in the eastern United States through community-based agencies (e.g., religious organizations, counseling agencies, and IPV community agencies), social media, community listservs, and by contacting community associates who could invite individuals meeting the study criteria. The researcher identified 10 participants who expressed interest in participating in the study, met the criteria outlined in the consent form, and were available to be interviewed in person. Participants were provided a description of the study as well as a statement of informed consent, which identified potential emotional risks of participation. Once admitted to the study, participants completed a demographic questionnaire that included questions about their abuse history.

Participants. Participants consisted of 10 female survivors of IPV who met the selection criteria and had direct experience with the phenomenon under investigation. Participants were between 30 and 55 years old and self-identified as Caucasian/White/American ($n = 6$), Hispanic/Mixed-Hispanic ($n = 2$), White/Israeli ($n = 1$), and Pakistani/American ($n = 1$). Five participants self-identified as straight or heterosexual, four identified as bisexual, and one as lesbian. Four participants were 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 their abuser. Participants varied in their educational attainment and employment status: high school education ($n = 1$), some college education ($n = 1$), an associate's degree ($n = 1$), a bachelor's degree ($n = 2$), a master's degree ($n = 4$), not reported ($n = 1$). Five participants reported being employed full-time; four were employed part-time. Household income levels ranged from "son's SSI

check” to \$90,000 annually. Demographic data were collected via a questionnaire containing open-ended questions with blank spaces for responses. Because participants self-reported their responses and input what they felt comfortable disclosing, clarification was limited for certain items (e.g., value of son’s SSI check).

Participants also varied in their IPV history. Most participants had been in one abusive relationship ($Mdn = 1$, $M = 1.3$, $SD = .71$), had spent an average of 4.72 years ($SD = 3.72$) in their most recent abusive relationship, and had been out of their latest abusive relationship for an average of 9.3 years ($SD = 7.81$). 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 recent 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 ($n = 6$), women’s shelter ($n = 2$), and domestic violence protective order filed ($n = 2$). Finally, one participant reported she currently feared her abuser, four reported that they sometimes feared their abuser, and five reported that they did not fear their abuser.

Data collection and analysis. Data were collected through audiotaped in-depth semi-structured interviews that lasted between one and two hours. Interview protocol development was guided by phenomenological recommendations (Creswell, 2013) and literature on IPV recovery. Interviews were transcribed verbatim by the researcher and two research assistants. Once the audio recordings were transcribed, pseudonyms were assigned to all participants and the recordings deleted. The first author led the data analysis, using a combination of Moustakas’ (1994) and Colaizzi’s (1978) inductive approaches to descriptive phenomenological. To begin,

the primary researcher and two research assistants read and re-read all transcripts independently of each other, identifying significant statements. They then reviewed each other's significant statements and preserved overlapping ones. Statements which had only been highlighted by one member were discussed until consensus was reached about its inclusion. Next, they assigned meanings to each significant statement and created exhaustive descriptions of each theme cluster, supported by direct quotes and thick descriptions of participants' experiences. Finally, the primary researcher compiled the essence of the phenomenon by identifying the overarching structure of navigating new relationships post-IPV. Once final themes were established, the primary researcher created two tables (see Tables 1 and 2) to show the frequency of similarities and differences of themes across participants (Miles, Huberman & Saldana, 2014).

Trustworthiness. Several measures were taken to ensure trustworthiness, especially from the undue biases of the primary researcher. To remain aware of her biases, she maintained a journal of her personal reflections, biases, and assumptions throughout the study's process as a form of bracketing. These journal entries were shared with the second author who then reviewed the work products of the primary researcher to check the influence of unwarranted biases. Unwarranted biases were also controlled through the use of multiple coders during data analysis, described above. The second author served the role of external auditor to ensure that the themes and interpretations captured the meanings evident in the transcripts. Taken together, we are comfortable that these processes minimized unwarranted biases, evinced by several themes that were unexpected (such as IPV survivors learning about healthy relationships from their new partners) and some that contradicted the expectations of all team members' before the study started (such as active sexual exploration soon after leaving an abusive relationship).

To improve transferability (Patton, 2015), data were collected from participants in several regions of the US and from participants with varying demographics and IPV histories. After the

data were analyzed, digital copies of the clustered themes and their descriptions were sent to all participants. Nine of the ten participants responded, agreeing with both the identified themes and with the descriptive findings. One participant provided clarification regarding her narrative, and the researcher adjusted it accordingly. The broad sample and corroborating member checks increased our confidence that the study findings captured key experiences of the participants.

Findings

The present study aimed to answer the following research questions: (a) what are the lived experiences of female survivors of IPV who are considering or navigating new intimate relationships, and (b) what are the helping and hindering experiences of considering or navigating new intimate relationships? 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. Tables 1 and 2 illustrate the specific experiences of participants and include frequencies for each category.

Internal and Psychological Experiences

As female survivors of IPV considered or navigated new intimate relationships, dating enabled them to reclaim parts of themselves lost during the IPV relations, including learning to trust themselves. To do so, they faced difficulties trusting their new partners and other fears related to dating. These intrapsychic experiences were internal and psychological, within each participant, as they navigated new relationships.

-----Insert Table 1 Here-----

Reclaiming self through dating experiences. During the interviews about their dating experiences post-IPV, participants described growth, self-exploration, and self-determination. The specific elements 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. Participants' experiences of reclaiming themselves through dating illustrated their process of reconciling with their past experiences and undergoing personal growth through exploring themselves and new partners.

Lucy described her process:

I decided that 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.

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. It's redefining how I looked at the world.

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, I believe ultimately there will be gifts in this. There will be flowers that come out of this dark dirt, you know. There will be." Through dating, participants reclaimed parts of themselves they believed were lost; to do so, they had to face their fears before learning to trust themselves again.

Difficulty trusting new partners. Participants had difficulties trusting new partners. Nine participants were in IPV relationships with men, so many initially distrusted men in general. Specific triggers and red flags rendered participants hypersensitive to flashbacks and symptoms of PTSD, and further complicated their ability to trust potential partners. Abby explained how she felt she could never trust men again after the abuse she had experienced: “You really don’t trust men. Because 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 when she started dating a “really good guy” after her abusive relationship:

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.”

Other participants described similar experiences: Valerie would only allow gay friends and her father into her apartment; Alesha would not introduce male friends to her son for fear of abuse; Jasmine was afraid that any relationship would turn out like her abusive marriage. Beyond fearing new partners, participants expressed other fears related to dating.

Facing other fears of dating. Female survivors of IPV worried about other aspects of dating beyond their fears of new partners. Some fears related to their former abuser, such as Jasmine fearing that her ex-husband would retaliate against anyone she might start dating. She felt guilty putting her new partner “in that situation.” Lucy feared that her abusive relationship would echo in new relationships and that she could never have a “normal” relationship.

Other participants feared dating after being single for long periods of time. Gabby, who did not to date for a decade after leaving her abuser, had only recently beginning to date again.

“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 [other than my abuser].” Similarly, participants feared being too old to date, worried that men would not want to date a woman with children, or might simply appear socially inept after not dating for so long. However, while participants feared new partners and the dating process, they also learned to trust themselves.

Learning to trust self. Each participant described the complex internal experience of learning to trust herself when considering and navigating new relationships post-IPV. They had stopped listening to themselves during their abusive relationships. The erosion of self-trust was a product of mistakenly trusting their abusive partner. Valerie explained, “Really the worst part was thinking, ‘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?’ So trust became this massive issue.” The result was that Valerie struggled for a long time to trust herself to discern “good men” from “abusive men,” and refused to allow men into her apartment for an entire year.

Post-IPV, each participant had to relearn to trust herself. While doing so, they constantly questioned whether their instincts were valid or a response to their IPV trauma. These experiences were poignant for all participants and illustrated the progression of trust that emerged from emotionally corrective experiences in their dating processes. Corrective experiences took a variety of forms: Valerie became friendly with a male neighbor; Abby learned she could argue back without it escalating into violence; Sierra chose to have casual sex with a new acquaintance; Alesha introduced her son to a new boyfriend; Jasmine asked a male friend of the family to help with a few tasks.

Though the corrective experiences took a variety of forms, each participant learned to trust herself by asking herself questions, talking herself through the situation, and evaluating circumstances carefully before deciding. Jasmine described how these tentative steps enabled her

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, listening to the real alarms going off inside me. When something says, ‘something is not right,’ don’t doubt it.” These common intrapsychic experiences of reclaiming self and regaining trust in self, while fearing new partners and the dating process, were situated within a common set of interpersonal and social experiences.

Interpersonal and Social Experiences

The common internal and psychological experiences of female IPV survivors were situated within and influenced by common interpersonal and social experiences. As participants explored dating and sex with new partners, they had to negotiate boundaries and control with those new partners. They had to learn to communicate with and be supported by those new partners and learn from others as models of healthy relationships. Participants who already had children made a priority of caring for and protecting those children.

-----Insert Table 2 Here-----

Exploring dating with new partners. Participants explored dating after leaving their abusive partners. Dating required them to find a safe partner to explore with. Safe partners allowed them to explore themselves, their likes and dislikes, and heal within the context of a relationship. Dating patterns varied across the sample: some found safety in romantic relationships with women rather than with men, some had several partners prior to making commitments to one, and some refraining from dating altogether. Despite the variety of dating patterns, participants described the complexities of dating, the trial-and-error of meeting new partners, deciding between casual or committed dating, and determining their place in the dating world.

Valerie initially used online dating to desensitize herself from her fears. She exposed herself to potential partners, challenging herself, and growing 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. 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 meet somebody and doing this to see how I feel and observe myself in the process.

Jasmine experienced healing from 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's and Jasmine's experiences shed light on the healing, empowerment, and personal growth that participants experienced while navigating new relationships. Many participants felt empowerment by making decisions regarding dating and learned to recognize red flags and set limits. Sierra expressed a sentiment shared by many of the participants: exploring new partners and experiencing new relationships is exciting.

However, participants also discussed the challenges they faced as they left their abusive relationships and recognized the difficulty of being single. Several participants immediately entered new committed relationships that eventually failed. Some described this quick reentry into a relationship as believing they were ready for commitment but, in fact, were not; others described their need for companionship given the difficulties being alone.

Overall, participants moved through various dating experiences that changed how they viewed themselves and others, and that helped them understand their own needs. Their needs changed as they encountered new experiences, moving from a need for safety, exploration, and personal desires to a need for partnership, equality, and love. Six of the ten participants were in committed relationships that they described as healthy and supportive.

Sexual exploration as part of navigating new relationships. A common component of participants' dating experiences was exploration of their sexuality and new sexual partners. Many participants had negative sexual experiences in their abusive relationships, experiencing sex as a form of power and control by their abusers and were often coerced to engage in sexual activities. Few participants had experienced sex in the context of healthy relationships and love. For many participants, sexual explorations were freeing and empowering. They explored their sexual preferences, learned to bridge sex and emotional intimacy, learned to enjoy sex, challenged previous notions of sexuality and chastity, and became comfortable as sexual beings.

Many participants described initially using sex as a substitution for emotional connection or as a tool to maintain control and not get too emotionally close to a potential partner. Lucy avoided emotional connections and used sex to control her new relationships:

I didn't wanna date, I didn't want a relationship. I didn't want any of that and this 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." There's no date, there's no emotional connection, but I just needed that. 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 experience highlighted a distinction for many participants' between sexual encounters and their dating relationships, especially immediately after leaving their abusers. While many participants initially separated sex from emotional connections and committed relationships, they eventually wanted to bridge sex with intimacy, love, and commitment. Valerie explained how she bridged sex and emotional intimacy. She met a man with whom she felt a deep emotional connection, safety, and love, and with whom she could discuss her emotional and sexual needs and fears.

And then it happened, I met this other person and I knew the desire to be in a relationship was there now. I felt it strongly. I needed that emotional intimacy and trust in conjunction with sex, to have, what I feel, was the final layer of healing ... at least for me.

Many participants described this changing view of sex and themselves as sexual beings.

While most participants explored sex with new partners, a few abstained from sex and relationships altogether (described below). Nonetheless, their decision to avoid sex and relationships was empowering.

Negotiating boundaries and use of control with new partners. Survivors of IPV used dating and new relationships to practice negotiating boundaries and re-establish control with new partners. Accounts highlighted the lasting effects of the trauma associated with IPV, which manifested as a need to maintain power and strict boundaries with others to protect themselves. Participants shared that they had no power or control over anything in their abusive relationships but were instead the object of their abusers' 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 being controlled, passive, fearful, and submissive in their IPV-relationships, and after leaving needing to control everything, becoming assertive/aggressive with others, setting strict boundaries to intimacy, and maintaining power and control over themselves. Participants spoke of their journey to "find the middle" rather than living on one of the two extremes.

Their need to maintain control and negotiate boundaries manifested in several forms, but frequently included behavioral distancing and verbal negotiations of boundaries. 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. 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.” ... I really was hyper-aware of my needs. Everything was about me for a while.

Similarly, Valerie protected herself and stayed in control by not letting men into her home for a year. Lucy practiced control and boundaries by halting flirtation at work:

I became that bitchy fucking bartender, bitchy fucking server, and if you even said one wrong thing to me or one thing that was slightly flirty or sexual, I would—I quickly put you in your place. That was my way of trying to regain ownership of myself. And I had zero tolerance for shitty comments, zero. And so I went from being actually like a super shy, super friendly, person to being very protective of myself.

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

Importantly, at some point participants recognized that their need for control and strict boundaries was preventing new, healthy relationships. They eventually moved closer to the “middle,” learning from others and from their own experiences. Kristen explained,

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. The more I dated, the more I talked to people, and the more I moved toward the middle, the more I felt like myself.

Participants usually imposed rigid boundaries and controls in the months and years after leaving their abusers, but dating and new relationships enabled them to receive support and learn healthier communication patterns.

Communication and support of new partner. Through dating, women who were once abused learned to express themselves and articulate their needs, receive support from their partners, and share their stories of abuse. Further, they recounted learning and relearning how to manage conflict and arguments, since conflict in their abusive relationships escalated into IPV.

Jasmine described dating a supportive and kind man who she felt she could lean on for support and with whom she could share things and express herself:

I'm letting myself be vulnerable in that I share with him things 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. 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 in their relationship.

While it raised issues of fear and trust, finding a supportive partner with whom they could express themselves and learn how to communicate seemed essential for most participants.

Alesha finally recognized that "I have to tell him, 'this is how I'm feeling,' instead of doing a wounded bird thing and expect him to rescue or pick up the pieces."

Naomi recounted how conflict and arguments changed since she entered a relationship that she described as a healthy partnership, but residual trauma of IPV still persisted:

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. They relearned conflict management strategies while dealing with ingrained emotional reactions from IPV. Observing healthy relations was one way they did so.

Modeling of healthy relationships by others. All participants described modeling by others, including supportive partners, as essential for learning to establishing safe and supportive relationships. Some participants recalled never having role models of healthy relationships; others acknowledged having such role models but had their view of "healthy" clouded by their abusive relationship. Initially, Lucy didn't recognize the features of healthy relationships:

I think it was seeing relationships where people communicate and really, you know, support each other. I'd been given safety, I'd been given support on some levels, but I had not seen interactions of a healthy relationship at a point where I was ready to notice.

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. Kristen described her post-IPV dating experience of becoming involved with a woman who was a great role model for boundary-setting. Kristen was intrigued by the way her partner set healthy boundaries and modeled positive communication. Receiving this type of behavior helped Kristen learn skills to navigate consequent relationships: “I would learn from these relationships. 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. Sierra recalled, “I think [my new partner has] just been a model of a safe person, a healthy relationship with a man that I didn’t know was possible.” In Sierra’s case, healthy modeling by a new partner helped her better understand partnership, equality, and what a healthy relationship looked and felt like.

Caring for and protecting children. Half of the participants ($n = 5$) in the present study had children with their abuser and needed to care for and protect their children after leaving the IPV relationship. Most felt guilt from “having chosen” an abusive father for their children, splitting up the family, and feeling unable to give their children everything they deserved. As a result, some participants abstained from dating altogether. Others postponed dating to fully focus on their children and “make up” for not having an involved father or having an involved but abusive father. Children affected participants’ decisions to date or start relationships post-IPV, ensuring their children would be treated well and liked the new partners. Participants also discussed the fathers’ IPV with their kids and encouraged dialogue about the abuse.

Jasmine’s new partner supported and loved her son, enabling her to continue the relationship and build trust. “He’s really good to my son, so it makes it easier for me to trust him.”

By contrast, after leaving her abuser 16 years ago, Dana chose to completely abstain from dating and relationships to focus solely on her child and their relationship. She recounted her decision, including the social and cultural expectations and pressures to date, and mentioned that at some point she may be ready to explore other parts of herself, including dating.

[My son] is really the reason why 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 in this very challenging world that we live in, and there are people that don't understand that.

Participants also discussed child custody visitations by the abuser, with many recalling the initial challenges that affected not only their children, but also themselves. Since court-ordered visitations required continuing a relationship with the abuser, many of the participants struggled to move forward in their healing process due to frequent contact with the abuser and constant worry about the safety of their children. Jasmine described her ongoing guilt regarding shared custody:

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, gave all my attention to my son because it felt like I owed him that, I felt like I robbed him of that.

Despite the challenges of balancing dating with caring for children, many participants recalled finding ways to merge their new relationships with their existing family. Alesha explained that communication with her children was an essential aspect of this process:

[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, so we would always talk. So I asked him about [my new partner] and he said, "So, finally over the attraction of anger issues?" And I said, "Touché."

Discussion

The findings in the present study illuminate both the strengths and challenges encountered in the post-IPV dating process, including difficulty trusting oneself and new partners, learning to navigate communication and boundaries, sexual exploration, the reclaiming of oneself, the role of children, and the residual effects of IPV trauma on consequent relationships. 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. For example, survivors learned to trust themselves and discern between healthy and unhealthy behaviors (internal/psychological) through the process of dating (social and interpersonal). These findings mirror those of other researchers (e.g., Flasch et al., 2015, Lewis et al. 2015; Neustifter & Powell, 2015), who have identified hypersensitivity to triggers, difficulty trusting self and others, and difficulty discerning between healthy and unhealthy behaviors as elements of IPV recovery.

Furthermore, consistent with Wuest and Merritt-Gray's (2001) study, the present findings also indicate an interweaving developmental process. That is, participants' needs in the dating process were different immediately after leaving an IPV relationship than they were subsequently. Initially, participants' needs related to self-exploration through multiple partners, emotional distance, and control and boundaries. Further along in the recovery process, needs shifted to incorporate sexual exploration with emotional connections, vulnerability, and partnership. This process, however, may best be characterized by "layers of healing" in which multiple simultaneous experiences strengthened and re-built the survivor over time rather than as a stage-dependent or linearly-oriented process. As participants gained trust in themselves, began to reclaim their identities, and became stronger and empowered, they were able to soften rigid boundaries and allow emotional connections to emerge. These connections, in turn, served as

healing aspects in their recovery. Finally, the present study expanded on previous literature (e.g., Neustifter & Powell, 2015) by identifying additional elements included in navigating new relationships after leaving IPV (e.g., sexual exploration, boundaries and control, the role of children).

Traditionally, the IPV literature and clinical practice have focused on helping survivors recognize warning signs of abuse and avoid future unhealthy relationships. This study introduced findings that provide survivors and practitioners alike with a better understanding of these unique experiences. The study also highlighted a strength-based perspective in IPV survivors' recovery process. Namely, while challenges existed, participants were able to move forward, integrate their abuse histories, and experience empowerment and personal growth through the dating process, in contrast to simply avoiding abuse.

Limitations of the Study

Several limitations existed in the present study. A strength of descriptive phenomenological research design is that it allows the researcher freedom to explore in-depth experiences, the essence of a phenomenon. However, a limitation with acquiring such rich data is the possible introduction of bias in the collection and analysis process. The authors employed several measures to limit bias; however, the findings must be interpreted in relation to potential unintentional researcher bias and within the context of participants' individual characteristics.

The participants had varying IPV backgrounds, which may have influenced participants' recovery experiences, specifically in terms of navigating new relationships. The most common educational level was a master's degree, and two of those four were pursuing doctoral degrees. One reason for the high number of participants with advanced degrees could be snowball sampling, whereby two participants referred other participants who met the study criteria. Thus, personal and educational factors, in addition to specific circumstances of the participants (e.g.,

SES, support, personal resources, resilience), may also have influenced their experiences. While the sample was representative of various ethnic minorities, not all ethnic minorities were included in the study (e.g., African American), and most participants (60%) identified as Caucasian, which also may have affected perspectives and findings. Finally, the sample included only participants who identified as female, and findings must thus be interpreted within this context.

Recommendations for Practice and Future Research

Dating is an important aspect of recovery from IPV for counselors to attend to. Counselors and counselor educators are uniquely positioned to improve knowledge of and training related to IPV, which will result in more effective support to help victims and survivors heal from their experiences. Most IPV survivors continue to date and navigate new intimate relationships after leaving their abuser, and they encounter both challenging and encouraging processes that, with proper support, can facilitate healing. While all participants experienced challenges, they were able to move forward, integrate their abuse histories, and experience empowerment and personal growth through the dating process. Thus, counselors who work with IPV survivors should be prepared to help them manage and process aspects of post-IPV dating (e.g., trust, boundaries, sexual experiences) to integrate past and present experiences.

Furthermore, rather than focusing on avoiding new relationships until the survivor is “healthy and healed,” counselors may help clients navigate the dating process in a way that promotes healing, utilizing a focus on strengths, integration, and reflection, while simultaneously attending to general challenges facing survivors (e.g., PTSD, depression, caring for children). Counselors may help their clients by first understanding their unique IPV histories and recovery experiences, as well as their goals for and experiences with dating. They may then integrate relevant findings from the present study as topics for conversation. For example, clients may

benefit from their counselor attending to the developmental nature of post-IPV dating by exploring changes in trust and boundaries and by helping clients reflect on their process of bridging intimacy and sexuality in new relationships. Helping clients integrate their social and psychological experiences of dating in a safe environment may facilitate reflection, insight, and ultimately healing.

Finally, counselor educators should consider incorporating IPV-related topics in couple's counseling courses to expose students to assessment and treatment interventions, which include acknowledging the long-term relational effects of intimate partner violence. A more comprehensive understanding of survivors' past IPV experiences, their recovery process and goals, and how they navigate new relationships post-IPV will help inform long-term treatment with survivors and their new partners and may provide essential support in the healing process.

Most studies conducted on IPV recovery have utilized qualitative methodologies to understand participants' narratives. Future research is needed using quantitative methods to investigate IPV recovery to examine generalizable trends using larger samples. Additionally, future research may utilize quantitative methods to examine the impact of post-IPV relationship experiences on factors related to post-IPV challenges, such as wellness, life satisfaction, attachment, resilience, and PTSD symptoms. Such findings may further help researchers identify interventions for individuals and their new partners, and may provide a more comprehensive view of the specific factors involved in recovery. Finally, an avenue for future research includes attending to differences in various populations' IPV recovery processes, accounting for sociocultural aspects, including male survivors, sexual minorities' experiences, and various ethnic and cultural groups.

References

- Abrahams, H. (2007). *Supporting women after domestic violence: Loss, trauma and recovery*. London, UK: Jessica Kingsley Publishers.
- Allen, K., & Wozniak, D. F. (2011). The language of healing: Women's voices in healing and recovering from domestic violence. *Social Work in Mental Health, 9*(1), 37-55. doi: 10.1080/15332985.2010.494540
- Anderson, K. M., Renner, L. M., & Danis, F. S. (2012). Recovery: Resilience and growth in the aftermath of domestic violence. *Violence Against Women 18*(11), 1279-1299. doi: 10.1177/1077801212470543
- Bergman, B. & Brismar, B. (1991). A 5-year follow-up study of 117 battered women. *American Journal of Public Health, 81*, 1486–1489. doi: 10.2105/AJPH.81.11.1486
- Colaizzi, P. F., & Duquesne U. (1973). *Reflection and research in psychology: A phenomenological study of learning*. Oxford, England: Kendall/Hunt.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oakes, CA: Sage.
- Crowe, A., & Murray, C. E. (2015). Stigma from professional helpers toward survivors of intimate partner violence. *Partner Abuse, 6*(2), 157-179. doi: 10.1891/1946-6560.6.2.157
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine, 23*, 260-268. doi: 10.1016/S0749-3797(02)00514-7
- DeKeseredy, W. S. (2017). Abusive endings: Separation and divorce violence against women. *Family & Intimate Partner Violence Quarterly, 10*(1), 55-61. doi: 10.1525/california/9780520285743.001.0001

- Evans, I., & Lindsay, J. (2008). Incorporation rather than recovery: Living with the legacy of domestic violence. *Women's Studies International Forum*, 31, 355–362. doi: 10.1016/j.wsif.2008.08.003
- Flasch, P. S., Murray C. E., & Crowe, A. (2015). Overcoming abuse: A phenomenological investigation of the journey to recovery from past intimate partner violence. *Journal of Interpersonal Violence*, 32(22), 3373-3401. doi: 10.1177/0886260515599161.
- Giorgi, A. (2009). *The Descriptive Phenomenological Method in Psychology*. Duquesne University Press: Pittsburgh, PA.
- Granello, P. F. (2012). *Wellness counseling*. Upper Saddle Ridge, NJ: Merrill-Pearson.
- Ham-Rowbottom, K.A., Gordon, E.E., Jarvis, K.L., & Novaco, R.W. (2005). Life constraints and psychological well-being of domestic violence shelter graduates. *Journal of Family Violence*, 20(2), 109–121. doi: 10.1007/s10896-005-3174-7
- Kaysen, D., Dillworth, T. M., Simpson, T., Waldrop, A., Larimer, M. E., & Resick, P. A (2007). Domestic violence and alcohol use: Trauma-related symptoms and motives for drinking. *Addictive Behaviors*, 32, 1272–1283. doi: 10.1016/j.addbeh.2006.09.007
- Kress, V. E., Haiyasoso, M., Zoldan, C. A., Headley, J. A. and Trepal, H. (2018). The use of relational-cultural theory in counseling clients who have traumatic stress disorders. *Journal of Counseling & Development*, 96(1), 106–114. doi:10.1002/jcad.12182
- Lewis, S. D., Henriksen Jr., R. C., & Watts, R. E. (2015). Intimate partner violence: The recovery experience. *Women & Therapy*, 38, 377-394, doi: 10.1080/02703149.2015.1059223
- Lilly, M. M. (2008). *Shattered assumptions, coping, and religiosity in intimate partner violence survivors: A partial explanation for variation in PTSD symptoms*. (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (3328893).

- Mechanic, M., Weaver, T., & Resick, P. (2008). Mental health consequences of intimate partner abuse: A multidimensional assessment of four different forms of abuse. *Violence Against Women, 14*, 634-654. doi: 10.1177/1077801208319283
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook*. Los Angeles, CA: Sage.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Murray, C. E., Crowe, A., & Flasch, P. S. (2015). Turning points: Critical incidents prompting survivors to begin the process of terminating abusive relationships. *The Family Journal: Counseling and Therapy for Couples and Families, 23*(3), 228-238. doi: 10.1177/1066480715573705
- Murray, C. E., & Graves, K. N. (2012). *Responding to family violence*. New York: Routledge.
- Murray, C. E., King, K., Crowe, A., Flasch, P. (2015). Survivors of intimate partner violence as advocates for social change. *Journal of Social Action in Counseling and Psychology, 7*(1), 84-100.
- Neustifter, R., & Powell, L. (2015). Intimate partner violence survivors: Exploring relational resilience to long-term psychosocial consequences of abuse by previous partners. *Journal of Family Psychotherapy, 26*(4), 269-285. doi: 10.1080/08975353.2015.1097240
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.
- Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Thousand Oaks, California: SAGE Publications.
- Senter, K. E., & Caldwell, K. (2002). Spirituality and the maintenance of change: A phenomenological study of women who leave abusive relationships. *Contemporary Family Therapy, 24*, 543-564. doi: 10.1023/A:1021269028756

Umberson, D., Williams, K., Powers, D. A., Lui, H., & Needham, B. (2006). You make me sick:

Marital quality and health over the life course. *Journal of Health & Social Behavior*, 47(1),

1-16. doi: 10.1177/002214650604700101

Voth Schrag, R. J. (2015). Economic abuse and later material hardship: Is depression a mediator?

Affilia: Journal of Women and Social Work, 30(3), 341-351. doi:

10.1177/0886109914541118

Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of*

Counseling Psychology, 52(2), 167–177. doi: 10.1037/0022-0167.52.2.167

Wuest, J., & Merritt-Gray, M. (2001). Beyond survival: Reclaiming self after leaving an abusive

male partner. *Canadian Journal of Nursing Research*, 32, 79-94.

Appendix

Table 1

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	New to dating world	x		
	Age and stage of life		x	
	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 2

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	
Sexual Exploration as Part of Navigating new Partners	Curiosity about sexual exploration	x		
	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 power and control		x	
	Challenging previous judgments about sex		x	
	Safety in women		x	
Abstaining from sexual intimacy			x	
Negotiating Boundaries and Use Control with New Partners	Pendulum swung the other way	x		
	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		
	Protective of self	x		
	Communication about boundaries		x	
	Problems recognizing boundaries		x	
	Sex as power and control		x	
	Openness about IPV experience	x		
Communication and dialogue	x			

Social and Interpersonal Experiences		Typical (6-10)	Frequent (3-6)	Variant (1-3)
Communication and Support of New Partner	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		
	Watching others in healthy relationships	x		
	Need for structure		x	
Modeling of Healthy Relationships by Others	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 in place of dating			x

Note. Typical = 6-10 participants; Frequent = 3-6 participants; Variant = 1-3 participants. *Only 5 participants had children, so for this category, *typical* = 4-5 participants; *frequent* = 3 participants; *variant* = 1-2 participants