Drawing the Line: How African, Caribbean and White British Women Live Out Psychologically Abusive Experiences

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Drawing the Line: How African, Caribbean, and White British Women Live Out Psychologically Abusive Experiences

Carol Rivas[1], Moira Kelly[1], and Gene Feder[AQ:2][2]

Abstract

This study explores how African, Caribbean, and White British women worked to hide psychological partner abuse as they experienced it, "do gender," and appear competent in social roles. They prioritized negotiated competencies as "good partners," actively setting socially and culturally embedded boundaries to their abuser's behaviors: an inner boundary encompassing normal behaviors and an outer one of "acceptable" behaviors projected as normal through remedial work. Behaviors breaching the outer boundary (e.g., if the women narrowed the bounds of the "acceptable") compromised the women's competence. This sometimes led them to actively use support services. Appropriate advice and support may change the boundaries.

Introduction

Women in abusive relationships show agency in choosing and developing strategies to respond to the abuse they experience (Cavanagh, 2003; Cavanagh, Dobash, Dobash, & Lewis, 2001; Gondolf & Fisher, 1988; Lloyd & Emery, 2005; Morrison, 2006). However, we have limited understanding of what this involves. Studies that investigate abused women's agency are generally informed by psychological models

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of coping (Folkman & Lazarus, 1980), with the women described as appraising their situation, then choosing the most appropriate coping strategies. Their choice and subsequent actions are usually analyzed in relation to the abuse itself and the woman's intention as an individual to stay in or—more commonly in studies—to leave the relationship (e.g., Calvete, Corral, & Estevez, 2008; Campbell & Soeken, 1999; Carlson, 1997; Kearney, 2001; Lloyd & Emery, 2005).

Psychological frameworks help us understand individual behaviors and how they may be supported or changed. Sociological analyses provide alternative insights, articulating social variables that influence the individual choice, action, and agency in everyday life that the psychological and psychosocial studies describe (Taylor & Bury, 2007). Most sociological analyses of partner abuse have focused on support, including access to services, and usually also ethnicity. Mama (1989, 2000) found service providers homogenized women from a variety of non-White ethnic backgrounds using extreme and unflattering stereotypes of "Black people." This compromised the women's agency in accessing services and the support received. Burman and Chantler (2005) identified two main discourses used by abused Caribbean, African, South Asian, Irish, and Jewish women and their service providers. Discourses of commonality excused partner abuse for "cultural reasons," and silenced women who feared pathologizing their community. Discourses of difference presumed services for minoritized women had to be (and were not) culturally specific.

While such studies have been important in extending our understanding of how abused women cope with their experiences and engage (or not) with informal and formal support networks, there is a dearth of purely sociological research on the processes involved. Our focus in this article is on the way women draw role and identity boundaries within the abusive relationship and the intersection with social interactions with others. We extend the scope of Cavanagh and colleagues' sociological exploration of the remedial work (Goffman, 1971) that abused women do to live out and manage abusive relationships (Cavanagh, 2003; Cavanagh et al., 2001) by considering the influence of community, family, and ethnicity as well as wider society. The data are semistructured interviews with 20 Black Caribbean and African and White British women recruited from community settings. All these women were currently experiencing psychological abuse from a current or ex-partner, that is, undermining, discounting, isolating, dominating, monitoring, or discrediting behaviors or indifference (Marshall, 1999), not necessarily in conjunction with physical abuse. The focus on psychological abuse was intended to fill a gap in the literature and was important since psychological abuse often precedes, accompanies and follows physical abuse and may also be experienced by women whose partners are never physically abusive (Kramer et al., 2004; Leone et al., 2004; O'Leary, 2001). Twelve of the women had not acknowledged the current abuse or sought help for it.

Identities, Remedial Work, and Relationship Boundaries

Remedial work as a concept emerged from Goffman's (1959) use of dramaturgical metaphors as a way of explaining how people's identities are shaped by their different social interactions. He described our performed identities, which are how others see us, as acts that shift with the role we play, our audience, and the audience's own understandings. Consequently we have multiple identities historically and contemporaneously, all socially constructed. Our self-identity is formed from our awareness of what and how our different roles are played out in different situations.

We develop symbolic (nonphysical) boundaries to our "performances" (Lamont & Molnár, 2002), which we draw, shift, and redraw through constant "negotiations" and renegotiations with others, whether or not we are aware of this. These boundaries demarcate similarities with groups with whom we wish to align ourselves, and differences from groups from whom we wish to distance ourselves (Riesch, 2010). When we "act" within these boundaries we can be said to perform competently (Goffman, 1959), "in character" in each of our roles in life, aligned with our chosen group(s), because we draw on understandings (that incorporate objects, types of people, practices, time and space) that are shared with our audiences. For example, women in the United Kingdom may draw on prevailing patriarchal discourses (Cavanagh et al., 2001) to set boundaries that are normative within society and that "index" (Ochs, 1992) or culturally encode their social roles and identities as wife, friend, lover, mother, daughter, community member, and so forth. Acts falling outside understandings or discourses of how these roles should be performed are considered incompetent, offensive, or undesirable. We use remedial work to renegotiate "the meaning of an act, transforming what could be seen as offensive into what can be seen as acceptable" (Goffman, 1971). Remedial work includes accounting for potentially undesirable behaviors such that blame is shifted elsewhere or the behaviors are seen as justified; denial and minimization; apologies and excuses (Goffman, 1971). Remedial work serves to mark or emphasize behaviors that fall at or outside negotiated boundaries; normative behaviors that fall within the boundaries tend to remain unmarked, tacit, implicit (Ochs, 1992). In this article, we consider how the abused women we interviewed accomplish boundary work—in other words, what groups (such as "not abused") they use to define their and their partner's identities and how their remedial work defines their own and their partner's performances as normative, or at least acceptable, for these groups. We discuss ways that, in so doing, the women are influenced by the cultural repertoires, traditions, and discourses that they and the people they interact with have at their disposal (Somers & Gibson, 1994[AQ:3]; Swidler, 2001).

Cavanagh and colleagues (2001) argued that the outcomes of negotiations, specifically within abusive relationships, are biased in favor of men. They found that abused women and their partners typically arrived at a negotiated understanding of the abuse as not abuse. This meant that a woman's identity was not that of "abused partner" and she was not able to act as if she were abused. Consequently, she often undertook further remedial work that hid or minimized the abuse, and generally preserved her perceived competency to others as a "good female partner" and the

man's role as a "good male partner," who retained overall authority and power. Cavanagh (2003) called this "doing gender" in support of patriarchy. Many of the women Cavanagh interviewed eventually repositioned continuing abuse as unacceptable, and were able to actively switch tactics. They stopped "doing gender," redrawing and renegotiating relationship role boundaries in ways that named and challenged the abuse.

Cavanagh's research situates abused women's experiences in the wider social world. This is in keeping with the ecological approach to partner abuse such as posited by Heise (1998) and widely adopted by others. Heise's (1998) model delineates the following levels of context as influencing abusive relationships: the individual level (the biological and personal history factors of the abused and their abusers); the level of proximal social relationships, including those between intimate partners and within families; the community context in which these social relationships are embedded, including friendships, work, church, schools, and neighborhoods; the larger societal climate, as considered by Cavanagh and colleagues (2001), including patriarchical and other societal structures.

Ecological models highlight the existence of multiple viewpoints and role-play identities and the intersectionality of different contextual variables across these. Mostly they have been used to consider risk factors for and causes of partner abuse with a view to informing policy and intervention. Douglas and colleagues (Douglas, Bathrick, & Perry, 2008) developed a model that they argue is particularly suited to considering the social context in which violence takes shape, because it opens out different levels of community influence. However, like Cavanagh et al. (2001), we wish to consider negotiations at the level of the relationship, which Douglas and colleagues' model (Douglas et al., 2008) does not consider as distinct. Cavanagh's work addresses the intersection between the relationship and structural levels according to Heise's (1998) model. In our study, we have extended the scope to include the community level. In this way, we are aligned with intersectional feminism (Crenshaw, 1992; Damant et al., 2008), which does not restrict itself to considering the influence of patriarchal structures on partner abuse, but draws on multiple and intersecting variables within historical, cultural, and social contexts and the additive way they shape aspects of each woman's social identity.

Method

We recruited White British, Black Caribbean, and Black African women from the community, mostly from seven primary health care practices and a community group in inner London. During the 6-month recruitment, the first author approached all potentially eligible unaccompanied women she saw in the reception areas of the practices and community group (see Table 1). We followed the recruitment process used by our department in a previous partner abuse study (Feder, Foster, Eldridge, Ramsay, & Spencer, 2005), adhering to published safety recommendations for partner abuse research (Dutton et al., 2003; Social Research Action, 2007**[AQ:4];**

Sullivan & Cain, 2004). Because of the sensitive nature of the research, we prioritized the safety and vulnerability of the women and the research team throughout. We developed written safety protocols and the first author received training in fieldwork with abused women. The study was approved by the East London and the City local research ethics committee.

Table 1. Summary of Participant Inclusion and Exclusion Criteria.

Feature	Included	Excluded
Language	Fluent in English	Not fluent in English
Age	>16 years	<16 years
Presence of abuse	>2 positive responses to CAS or PMWI questionnaire items*, determined from conversation or as questionnaire scores; with one item indicating psychological abuse	0/1 positive responses or no positive items indicating psychological abuse
Currency of abuse	<12 months	>12 months ago
Relationship status	Still involved with the abusive man (could be separated or divorced) or has a current partner	No involvement with abusive partner, no current partner
Ethnicity	Caribbean, African, White British, mixed race (any combination of the first three)	Any other ethnicity

* see text

Unaccompanied women at the practices and community group were invited to participate in a survey on women's health. In case a companion subsequently turned up, the researcher waited 5 min before approaching women, wore a visible badge saying "researcher," and placed posters in the practices saying a woman's health survey researcher might approach women. If the woman agreed to the survey, she was taken to a private room, where the specific focus of the study was explained and the woman was given an information sheet to read and discuss before written consent.

Two of the Caribbean women were recruited from a community event for Black women where we had a stand about the study, and four women (one Caribbean, one African, and two White British) were recruited through snowballing. One White British woman responded to an advertisement in a London newspaper. In each case, the researcher made sure the women fully understood the study before giving their consent, and also established that it would be safe for the women to take part.

Our focus was on psychological abuse, so all women who gave written consent to continue, wherever they were recruited, were given Tolman's (1999) Psychological Maltreatment of Women Inventory (PMWI) to complete in the first author's presence. Although well validated, the populations in which the PMWI has been tested (mainly American) are different from those represented by the women in the current study; we knew of no instrument that had been validated for these groups. The women also completed a demographic questionnaire, which included an ethnicity question using Office of National Statistics (2007) categories, except that we distinguished Black from Black British. We aimed to recruit psychologically, but not necessarily physically, abused women, including those who did not label their experiences as abuse even though they screened positive for abuse on the PMWI or described abuse in conversation during recruitment. To allow for this, women were told the study was about relationship difficulties. The information sheet stated that this was a study of domestic violence but that nonabused women were also being interviewed. This was to avoid labeling any woman in a way she did not want and to reduce the risk of problems if her partner saw the sheet, although all women were advised not to mention the study to their partners. The differences and similarities in the accounts of women who did not identify their experiences as abusive and women who did, and women who did and did not experience physical abuse are incorporated into our final model in this article.

Following completion of the questionnaire, women who met our inclusion criteria (Table 1) were asked to participate in a qualitative interview, the implications of which were explained, and were given a second information sheet to read and discuss, with separate written consent for the interviews. Our sampling frame was purposive, the main variable being ethnicity.

At the time of recruitment, women were asked for one or more contact telephone numbers so that an interview appointment could be arranged at a time and place of their choosing after a "cooling off" period for the woman of 2 days to 2 weeks. All women were assured that no confidential information would be disclosed to others, and they were instructed on our phone contact safety procedure; in case the man was listening in, the first author introduced herself at each phone contact as if she was a friend the woman had bumped into at the recruitment site and then asked if it was okay to talk. If the answer was negative, she said she would phone in a few days. Women were not phoned more than 3 times in this way.

Two women declined to give contact details, but made appointments that they kept. Women were given £15 (~US$23) in vouchers for each interview as compensation for their time and expenses. To avoid any coercive effect from this they were only told about the compensation at the interview. The interview data were checked by the core research group (the authors of this article) to confirm the presence of current psychological abuse. A multidisciplinary project advisory team met every 3 months. This group had oversight of the data gathering and contributed to the analysis through discussions with the authors at milestones in the thematic analysis, and for the last time in March 2007. It comprised representatives from a domestic violence agency, primary care, social and maternity services, local

government, and external academics with an interest in social research and partner abuse.

We used a feminist approach in the interview (Wolf, 1996; World Health Organization, 2001). Thus, we treated the interviewee as a co-collaborator rather than an object of research. Semistructured interviews were used, and we allowed the woman to direct the flow as an expert informant.

During the interviews, the women reflected on their roles within and outside of their intimate relationship. This had the potential to subsequently affect their behaviors, particularly when the woman was not previously aware she was being abused. To avoid the issue of "research abuse" (Gerrard, 1995**[AQ:5]**) in which participants are abandoned by the researcher after interview, leaving them to deal alone with the issues raised, each woman was given leaflets at recruitment and interview. These contained details of domestic violence resources mixed with information on a number of general community resources in such a way as to conceal from others the purpose of the leaflet. The researcher checked that the women had recourse to support if needed, and invited them to contact her again should they feel the need.

From January to September 2006, the first author interviewed all 20 women face-to-face: 11 of the women were White British, 5 Caribbean, and 4 African. Interviews explored topics the women themselves raised and also predefined issues using topic guides drawn up by the research team and that covered areas explicit or implicit in the research question, including support networks, responses to abuse, and experiences and understanding of abuse. The topic guide was discussed with the advisory team and piloted with one person before recruitment began. New issues raised in an interview were incorporated into amended topic guides for subsequent interviews with other women. All interviews were audiotaped and transcribed verbatim, but with all details removed that might compromise confidentiality. The women were given pseudonyms.

Analysis of the interview data was guided by a modified constructivist form of grounded theory (Eaves, 2001). The research team members separately read the first three interview transcripts several times, individually coding each line, writing memos on emergent themes and identifying tentative categories (themes) in the data from groups of like codes. We then met and discussed results before agreeing and operationalizing the final coding frame. The first author coded all the interview transcripts, ordering data using MaxQDA software (Marburg, Germany: Verbi Software. http://www.maxqda.com), with 20% of the coding cross-checked by the second author to ensure reliability. As categories were shaped by the data, they had the potential to change as more data were gathered. We therefore met regularly to check that the categories fitted new as well as already analyzed data through constant comparison of all the bits of data within a category with each other, and constant comparison of the data across categories (Charmaz, 2002). If the fit became poor, we decided whether categories should be deleted, subsumed, or renamed or new categories developed. The aim was for internal homogeneity and external heterogeneity of the categories. That is, all the data within a category should be

exemplars of the same phenomenon, behavior or event, and each category should be distinct from any other (although categories could be related). We shaped theoretical concepts from the categories, using concept mapping (Charmaz, 2002). We evaluated negative instances that problematized categories and concepts and considered whether these were deviant cases (instances where some unique feature of the woman or her life explained the difference and enriched concept understanding), or whether they necessitated reconsideration of the concept. All decisions were documented, and together with personal memos used to record the reasons for decisions and how they were implemented, and the minutes of meetings with the advisory group and research team that oversaw the study process and analysis. This created an audit trail that could subsequently be followed and referred to for details of any decisions made.

Findings

Demographic details of the women are provided in Table 2. These data show the preponderance of young to middle-aged women and mothers in our sample. Overall, women across ethnic groups shared similar experiences, although we have highlighted any variation. We begin by describing the abuse and the social interactions that formed the backdrop to the women's daily lives in two descriptive sections, providing the context for our subsequent conceptualizations. We mostly avoid giving precise numbers in the text, except where examples occurred for only one or two of the women, or there were differences between ethnic groups. We use "the majority" or "most" to describe something found in more than half the women, with all other statements implying a number between 3 and 9 (Smart, 2009). The aim is to show some patterns found rather than to imply representativeness, given that we only interviewed 11 White British, 4 African, and 5 Caribbean women. Extracts are identified using pseudonyms, the woman's broad ethnic group, and the paragraph number(s) in the full transcript where the extract may be found. Ellipses are used to indicate where a part of the extract is missing for clarity or to maintain confidentiality.

Table 2. Participant Demographic Details.

Variable	Women			
	Totals (*n* = 20)	Caribbean (*n* = 5)	African (*n* = 4)	White British (*n* = 11)
Age	19-53 (*M* = 37; *n** = 19)	32-47 (*M* = 40)	26-45 (*M* = 27; *n** = 3)	19-48 (*M* = 36)
Relationship status (often fluid, so hard to categorize definitively)				
Married, cohabiting	4	1	2	1

Not married, cohabiting	4	1	0	3
Not married, not cohabiting, meeting often	3	3	0	0
Married, recently separated	5	0	2	3
Divorced	1	0	0	1
Unmarried, recently split	3	0	0	3
Employment				
Unemployed/casual home working	7	4	1	2
Local government/other administrator	3	0	0	3
Care worker	4	1	3	0
Healthcare professional	2	0	0	2
Other professional	2	0	0	2
Retail	1	0	0	1
Student	1	0	0	1
Time in relationship				
< 5 years	14	3	1	10
10-19 years	4	2	2	0
> 20 years	2	0	1	1
Children				
0	4	0	0	4
1	4	0	2	2
2	8	3	0	5
2 (one deceased)	1	1	0	0
> 2	2	1	1	0
> 2 (one deceased)	1	1	0	0

* indicates missing data

> **Comment [C16]:** NB needs to be in normal text font

Partner Abuse in the Context of the Women's Lives

The women who were interviewed all experienced psychological abuse. Each one gave examples of the omnipresence of the abuse and the way this amplified the effect of the man's behaviors, giving these greater impact, serving as a continual reminder of the man's rules, and leading to coercive control of the women (Rivas, 2010; Stark, 2007). Coercion was typically through criticism, demands, withholding affection, and intimidation that delimited such choices as the time the women spent outside the house and whom they met, and decisions around whether they should work. The women were often coerced into doing things that conflicted with their standards or principles, such as wearing clothes they considered inappropriate for work, modifying their child-rearing, accepting their partner's infidelity, or terminating a wanted pregnancy.

Interviewer: So when he was here he was for an abortion you say?

M: Yeah, he didn't have a kind word to say, everything was my decision but then made it very difficult, I didn't feel any love or anything . . . and just he's very aggressive and . . . all the aggressive side came out [sniffs] . . . I couldn't take the verbal abuse anymore and that's what I was afraid of, would continue if I went ahead with the pregnancy. (Maria: 33-34; 44, White British)

> **Comment [C17]:** Needs formatting as a quote

The coercive control constrained or changed the way the women presented themselves to others, with their male partners often imposing explicit rules that drew on gendered role expectations of how women should behave and be seen to behave. The restrictions marginalized some women. For example, Ppatience said she was forbidden from mixing with assimilated African women living in London. Her husband wanted her to play out the identity and behaviors of a wife living in Africa. Several of the White British and Caribbean women were similarly socially restricted by their partners, although all the women in the study actively maintained friendships outside of their family.

Often, the women conformed to their partners' rules without being reminded, and even second-guessed new rules or extended old rules, which they said served to avoid conflict and were developed through the man's coercive control. For example, when Winona's partner disapproved of her friends, she "stopped having friends because it wasn't worth the headache and the arguments" (Winona: 202, Caribbean).

Other Relationships That Shape the Women's Daily Lives

The women detailed interactions with family, friends, community members, religious leaders, previous partners, and work colleagues. (Formal support services are considered later in this article.) These interactions were the social and cultural backdrop to and intersected with the women's relationship negotiations with their partners. Most of the White British women mentioned only parents and siblings when talking about family. The Caribbean and African women also referred to grandparents, aunts, uncles and cousins, which accords with kinship studies in general (Hays & Mindel, 1973). Some of the women were in regular contact with their families, but others lived too far away, did not get on with them or felt distanced because their mother was being abused or their childhood had been characterized by emotional neglect. Two White British women spoke of being physically and emotionally abused by their father. To leave home, several women had entered into an intimate relationship that turned out to be abusive (Enander, 2011, noted the same in her sample of abused women). Despite the variations in descriptions of family, there were more similarities than differences in the way families affected the women's responses to the abuse, which will be discussed later in the article.

All the Caribbean and African women had children; four White British women did not. This did not affect overall findings. Most of the women had previous intimate relationships with men who were abusive, and many were still in contact with them (and with their new girlfriends and wives), usually because of shared

children, a situation that is becoming increasingly common in modern lives (Smart, 2004). Three Caribbean and two African women said their partners were openly polygamous (i.e., the men had other current partners that were accorded a similar status to that of our participants and this was considered differently from infidelity, see Wilson, 1996). All the African women said their social lives were distinct from their partners' social lives, which was related to the inferior status of womankind as "second-class citizens" in their cultural groups; some of the White British and Caribbean women shared friends with their partner or joined him when he socialized with his friends.

Community interactions and the status of friendships were contingent on whether the woman had migrated to England from elsewhere. Three African women described how their partners actively kept them from White British influences (the fourth was so involved in her local African community that this issue had not arisen for her), and all four African women emphasized the importance of a good standing within their African community. The Caribbean women were not restricted in the same way, but even when they had friends outside their ethnic community, they prioritized their standing within that community. White British women based social interactions around friendships and described "community" in terms of local formal and informal organizations, from schools to clubs, rather than ethnicity. Marshall (2008) noted similar differences between European Canadian and nonacculturated immigrant Chinese women. Only one of the White British women attended church, whereas most of the Caribbean and African women were active in spiritual groups linked with their ethnic communities, and turned to religious leaders in times of crisis. Similar patterns in the United States were noted by El-Khoury et al. (2004). Wilcox (2007) observed that ethnic minority women are not well represented in local nonreligious organizations in the United Kingdom.

Expectations of Family and Community Regarding the Woman's Relationship

Social relationships that seemed on the face of it to be supportive often constrained the women's responses to abuse, limiting individual choice, something that Ahmed, Reavy, and Majumdar (2009) also report in their discourse analysis of the accounts of sexually abused British-born South Asian women living in the United Kingdom. The women we interviewed focused on the way that family and informal community networks kept couples together, described as a positive phenomenon and a problem in different parts of the same interview.

> There are divorces obviously like in every . . . every single culture has its thing, but essentially, people try to remain married. One of the good things about, that keeps people together in our country, is family and community. (Queisha: 54, Caribbean)

The Black women considered community pressures to stay together as something that did not occur to the same extent in the White British culture. In fact, similar

external influences were common for the White British women, although they manifested in more variable ways. For example, Fran said ". . . my mum's answer to everything is, 'Oh, have a drink and block it out,' that's her answer. 'Have a glass of wine, Fran!'" (Fran: 6, White British). Some other women wished to avoid an "I told you so" reaction from family, while a few were like Linda, who had witnessed abuse in childhood, and said, ". . . I'd come out of living in a particular way and so it was kind of normal" (Linda: 172, White British).

Often the emphasis was on community reactions even when moderated by family. Thus, all the women were concerned about damaging their family's and their own reputation if they went against community values and expectations. The Caribbean women talked about reputation explicitly, the African women talked rather about malevolent gossip, and a few White British women spoke of embarrassment or being judged. Other studies confirm that worries about shame and loss of honor are not restricted to particular ethnicities among abused women (Enander, 2010; Gill, 2004). A desire not to appear weak to others was also present across ethnic groups, although more common among the Black women, as shaped by social discourses (Morrison, 2006). The expectations of others left many of the women feeling they had no one to turn to, so they put up with, hid, and dealt with the abuse and its consequences alone. (The concealment of abuse from others is a long-recognized problem; see, for example, Gelles, Steinmetz, & Straus., 1981.)

> I never really used to talk to [my mother] about it. I used to keep it under covers and under wraps and, if I'd just had a big domestic and went round there, I'd never let her know. I'd act like nothing had happened. (Tracy: 103-105, White British)

> You're supposed to keep it in the house, even if it's going on in your head, you don't tell. (Naomi: 114, Caribbean)

Living With Abuse: It Is Where You Draw That Line

The women tried to deal with their experiences of abuse as well as meeting and managing the expectations of others and their own expectations. This double bind was also noted by Ahmed et al. (2009). One way the women did this was to situate their expressed dissatisfaction with their partner within normal relationship dynamics. As Ursula said, this made the woman's life manageable.

> . . . the aspects of a relationship that are tricky, we've always played down while we were in the relationship, because you can't think about it too much. So if somebody's very undermining or . . . it's like abuse—physical abuse—people often play it down because if you've decided to stay in it . . . you couldn't possibly say to yourself, oh, but this happens every week or every day or every month, otherwise . . . you'd feel that. . . . You'd be questioning your sanity of putting up with it. . . . It would make your life unmanageable. You'd be so . . . unsatisfied with the situation that you couldn't possibly . . . carry on, day on day. (Ursula: 166-170, White British)

Normalization is a recognized response to abuse (Eisikovits & Winstok, 2002; Morrison, 2006, Tower, 2007). As a form of remedial work it situates problem interactions within the boundaries of normal role-play. Many of the women who normalized said problems were inevitable living with or being close to someone: ". . . it isn't going to be plain sailing" (Cathy: 122, White British). There was no such thing as an "ideal" or even "great" relationship in these descriptions, with the locus of the problem situated in "human relationships" or cultural stereotypes rather than their partner: "African men, the heat they beat" (Jenny: 106, African); "Jamaican men in particular are very ignorant and very small minded to a lot of things" (Abriella: 57, Caribbean). Patience, who had just left an abusive African man and whose new White British partner was also abusive, was the only Black woman to say ethnic norms—and appearance—were reified when rationalizing abuse: "you can stay with a very ugly Black man or a very ugly White man and you're happy, you can go to a very handsome White man or a very handsome Black man and you not happy" (Patience: 137, African). Some of the women went so far as to compare their experiences favorably with others. Dinah had been to a support group for abused women where: "I just felt very insignificant . . . everyone else's problems were so much worse" (Dinah: 403, White British). Many of the women concentrated on positive aspects of the relationship, exemplified by Maria: "I can only think of the good things even though I feel like this [clinically depressed]!" (Maria: 244-244, White British). Several focused on other relationships where they could immerse themselves in a different role from that of "abused partner." For example, some provided lengthy descriptions of their good mothering. Because the women used normalizing strategies, what a woman described as within the boundaries of the acceptable generically often conflicted with what she said was "acceptable," "normal," or nonabusive in her own relationship (Rivas, 2010). For example, Tracy (White British) said abuse was unacceptable, asserted that she was not abused, then depicted her partner restricting her social life by intimidation as normal conflict. Cathy (below) acknowledged she was abused, but said it was subtle and therefore acceptable. Other women said nonphysical abuse fell within "normal" relationship behaviors, but physical abuse did not.

> . . . it is where you draw that line and . . . I think maybe if [partner] had been more abusive, I would have left. You know, it's a more subtle . . . isn't it? If it was a more obvious type of . . . I'd just go. (Cathy: 122, White British)

Cathy was one of several women to explicitly describe using a symbolic line or boundary to decide what was acceptable or unacceptable behavior. As the extract from Queisha shows below, women might use the boundaries as tools to deal with the abuse: bBoundary work defines relationships but also feeds back into relationship renegotiations.

. . . You drew a boundary for yourself. And when you drew a boundary, you say, I am
not going to allow him to hit me! I am not going to allow him to talk to me like this.
(Queisha: 62, Caribbean)

For some women, including Cathy, the boundary was vague, with these women
using such phrases as "I always thought, oh, no, no, no, it's not that bad" (Onaedo:
334-340, White British). Thus, too, Ursula said she was suffering from "that soft end
of unhappiness . . . it wasn't as though I needed to run away and hide from [physical]
violence or anything!" (Ursula: 72, White British). Typically, boundary setting in
relationships is initially vague but is gradually refined and strengthened (Riesch,
2010), although we cannot say whether this will happen for the women represented
here.

The main difference between ethnic groups was in the way the African women
explicitly articulated the cultural norms of their ethnic community when drawing
boundaries. For example, Jenny tolerated her husband's infidelities, although
unhappy about them, until he spent more time with his girlfriend than with her,
which she said her Ghanaian community considered unacceptable. The Caribbean
and White British women tended to talk more in the first person about setting
boundaries, despite involving social and cultural influences in their descriptions.

The Boundary Is Breached or Reset

As the women operationalized boundaries in their relationship, it was possible to
examine instances when these boundaries were breached. Sometimes the man did so
by being abusive in front of others, or adding physical abuse to the psychological
abuse. Queisha describes such an instance below; her partner used a variant of
physical violence meted out more usually to children in retribution. Such boundary
breaches were described both retrospectively (as having happened) and predictively
(it would be unacceptable).

. . . when he hit me that time, he turned me over on his lap like a child, and hit me on
my backside. And [little laugh] it wasn't anything—my reaction was based on nothing
sensible, nothing to do with being conscious that I'm in a violent situation or anything!
It was simply because I do not like people slapping me on my backside! . . . And when
he did that, it just flipped something in my head that day, and the minute I jumped off
his lap, I just started hitting him and I scratched all his back and everything! (Queisha:
22, Caribbean)

Sometimes the boundary itself was reset to a lower abuse threshold, representing
a change within the woman herself; boundaries were dynamic and individual, as
Kalisa explained:

But when you're in it, you don't know why you're in it! And that's what I say to a lot of
women, you don't know why you feel like that, all the time, you're jealous or you're
upset and you're like, what for? This person is just completely off-key! And then one

day, you . . . you just pack up and go . . . this is rubbish! And then you just don't want any more of it . . . and you can't never put a time span on it though, because everybody's different aren't they? And everybody's . . . threshold or, boundaries are . . . different. (Kalisa: 190-192, Caribbean)

Boundary shifts were mediated by social and cultural context including changes in the stance of others toward abuse in general, as well as support and explicit comments made by others about the relationship, although as Tracy said, "You can encourage somebody till the cows come home, and until they've decided that's what they really want, then there ain't nothing nobody can do" (Tracy: 273-274, White British). Tracy herself changed her threshold because of a combination of support from a friend and a dawning realization of what she was experiencing that may have been moderated by her friend's support.

T: I had a friend, who was going out with his brother, and she was a lot younger than me, but she was very very strong. And she used to say to me, "Don't have none of it, dididuh and what have you, stick up for yourself!" and she helped me out to to be . . . I would have been probably a lot weaker if it wasn't for her being hard around me cos I lived with them, so she helped me herself.
Interviewer: Moral support?
T: Yeah, it was a bit of support from her, and a bit of, I just decided I woke up one day and I was like, "I ain't fucking having it no more." I was just not gonna have it any more and I didn't. (Tracy: 119-128, White British)

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Such changes in abused women have previously been related to "turning points" in their lives (Campbell, Rose, Kub, & Nedd, 1998; Eisikovits, Buchbinder, & Mor, 1998; Kearney, 2001), but the connection between turning point events and moments of change is often vague and frequently only suggested by hindsight. The model presented here better reflects the lived situation.

Sometimes the woman shifted the boundary on experiencing a life event that was not directly related to the abuse, but that acted like an "epiphany" (Kalisa: 10, Caribbean). In four cases this was a bereavement that led the women to reappraise their lives. For some of the women a similar shift occurred once they realized they had lost their "bubbly personality" or other aspects of their previous identity through the abuse.

Renegotiating Boundaries, Renegotiating the Relationship

Boundary breaches and resetting were followed by anger, resistance, defiance and rebellion by the woman toward her partner, which the women contrasted with their behaviors when they played down the abuse.

Most of the time I'm just a bit defensive and say, "Wait a minute, I'm not this or I'm not . . . don't say that about . . ." But I'm getting much more aggressive rather than

passive! [laughs] I'm much better at that now, because I feel . . . wait a minute! Which I didn't see in the past, but now I see it . . . I hope I come back much more at him. (Cathy: 72-78, White British)

The women said they became "hard" and aggressive. Some of the White British and Caribbean women said they physically hit the man back (see, for example, Quiesha's extract ~~at the start of this section~~earlier). The African women were the most likely to define their anger as undesirable, but across ethnic groups women used self-critical terms to describe it. This does not mean the relationship became one of "common couple violence" (Johnson & Ferraro, 2000), being characterized by asymmetric expressions of male coercion and control.

I'm such a hard, hard bitch now . . . I do go a bit over the top sometimes, 'cos my tolerance level, if things are not right, if he steps a little bit out of . . . and I think oh no you shouldn't be . . . (Tracy:70, 82, White British)

Falconer (2009) noted similar ways of dealing with tensions in identity in her study of "nongirlie" female backpackers, suggesting that this cuts across a variety of situations for women.

To continue with the relationship once the boundary was breached or reset, the women usually confronted their emotional responses to the abuse, seeking support from their informal networks of friends and family. Most of the White British women talked to friends before family. The Caribbean and African women preferentially chose family, if available, although friends acted as confidantes across ethnic groups. Humphreys and Thiara (2002) similarly noted that minoritized abused women were less likely to talk to friends about their problems than were White British heterosexual women. The differences may arise because friends often encouraged the women not to put up with the man's behavior, without suggesting ways of dealing with family and community pressures. These pressures were greater for Caribbean and African women and had to be dealt with for effective support; other research suggests such pressures push people to seek help from family first, drawing on ties of mutual obligation (Marshall, 2008).

Emotional support helped the women shift the man's abusive behavior or its impact on the woman back within the bounds of the acceptable or normal. Particularly when the boundary was reset, this may be considered as positive action from the women's perspective. The women did not play down the abuse at this time, but aimed to stay in the relationship.

Other research has suggested that women often find it hard to deal with abuse because of an emotional commitment to the relationship (Enander, 2010). Our data show that often the women began to disconnect emotionally from their partner at the time they reset the boundaries, as Kalisa describes below. Some became what they themselves labeled as "empowered" (a word that was never suggested by the researcher), although they interpreted this in different ways. Kalisa (Caribbean) said it meant being in control of her own emotions, while Vanessa (White British)

described it in terms of equalizing power strategies. Abriella and Queisha (both Caribbean) depicted it as "rising above" the abuse, opening up your options and finding your strengths.

> I've a lot more confidence in myself and I say to him . . . "If you want to go out there and meet somebody or do something, like cheat or whatever, then that will be your downfall, because if I find out about it, it just would be completely over. There's no . . . second chances, there's no . . . coming back to this again, this is the . . . the final time that we're trying." So, . . . it's . . . a very strange feeling of some type of empowerment, but not over him, over my actual emotions, because it's time to think with your head and not with your heart. And so I actually . . . don't feel like I'm in love with him, like I used to be, that I need him to be around me and I need this, and I need that . . . that kept making me just hold on to him all the time, because . . . I couldn't cut that . . . emotional tie to him. (Kalisa: 19, Caribbean)

In Davis's (2002) community sample of abused women, empowerment meant using common-sense, developing safety nets, and drawing on inner resilience. For Allen, Bybee, and Sullivan (2004), empowered abused women were those able to access resources, and for Sethuraman, Lansdown, and Sullivan (2006) in India, they were women who made decisions in the home, had full freedom of movement, and were employed. Significantly, the women who participated in the present study all used their perception of their own empowerment to reduce the abuse or its impact, rather than to leave, and this was often explicitly because of continued pressure from other relationships. As the other research suggests, this did not necessarily make the relationship more obviously equal; sometimes, the empowered women still "did gender." The critical point was that it then became a strategy of choice (see the next section), and the women felt better about the relationship, stronger and in control. Davis's (2002) sample also emphasized the development of inner strengths.

> The empowerment process, if it's done rightly . . . it doesn't necessarily mean they have to leave, because in some cultures you just don't! Even if you're not dependent on the man financially, but . . . you don't, yeah? . . . if you recognize something is bad for you, then you need to understand how to empower yourself to deal with that situation, and that's where, I think, empowerment is really . . . it's a valid thing to have. (Queisha: 22-24, Caribbean)

Some of the women, on emotionally detaching from their partner, established parallel lives that enabled a different but continuing relationship. Two of the White British women who had separated from their partners, and stopped obeying his rules, continued to live in the same house. The four African women, who were particularly affected by social and cultural pressures to stay with their partners, said they continued to live by the man's rules but now frequently challenged them. Their own expectations had changed even though their community's had not, and they felt empowered in private, if not in public. There was tension in their narratives: They

mostly normalized their experiences as not abusive, yet sometimes described them as having crossed to the unacceptable.

Actively Working to Reduce the Abuse

As well as detaching emotionally, many of the women in a continuing relationship often distanced themselves physically from the abuse as a way of reducing it. Responses ranged from moving to another room to temporary respite with their families.

D: And I . . . used to react and I think I made a pact with myself a few years ago that I would stop, and I had to walk away. [pause] And most of the time I can do that. Interviewer: Right. When you say walk away, you mean physically? D: I mean, literally walk away. (Dinah: 108-110, White British)

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Some of the women tried to improve the relationship (and, they said, thereby reduce the abuse). Vanessa and her partner did community work together. Kalisa and her partner tackled their communication issues:

The arguments used to stem from misunderstandings, sort of us speaking two different languages; not waiting for that other person to finish, not respecting that other person, calling people names, having the type of . . . mindset of . . . how that person is. "Oh, . . . you're disgusting, you're a cheat, or you're somebody that I can't trust." And all the insecurities, the misunderstandings, the not letting anybody finish their sentence, not letting anybody speak! Just constant . . . disrespect towards each other . . . that's how it used to be and now, we allow each other to talk. (Kalisa 1: 19, Caribbean)

Others tried to keep the man in a good mood, often by "doing gender" as defined by Cavanagh (2003), using a submissive coaxing style associated with women rather than men in social discourses:

You can use . . . coaxing and gesture and "[kissing sound] Oh, my darling!" Even if you don't mean it, you maybe want to kill him after! [laughs] That's what I've learned a marriage is. (Sela: 43, African)

They were not always comfortable about this, even though their aim was to gain negotiating space rather than give in to the man's rules. (The women often went behind his back to do things he would not allow.) They justified this as a stratagem of choice, used as a means to an end.

Seeking Out Formal Support

Women who are abused by their partners may potentially have access to a wide range of formal support services meeting a variety of needs, ranging from charities and domestic violence agencies to health and social services to council departments

(e.g., for rehousing and benefits) and the judiciary. When the women in our sample played down the abuse, they only sought practical help from professionals for other domestic stressors, such as child care, chores, or problems with other relationships. But once the boundary was breached or reset, the women wanted professional support more directly related to the abuse. For many, this was emotional support from their general practice doctor (GP) because of their accessibility, but most of the women saw the most likely outcome to be a prescription. The perception was that GPs and nurses were neither resourced nor trained to take on an emotionally supportive role.

> . . . I think the doctor's role is to treat the sick, not to deal with people's psychological problems. I think there's enough people out there that have got physical ailments that need addressing . . . I don't think the GP should have any particular role in sorting out the situation; I don't think they're resourced to do that. I don't think it's what most doctors go in for, either, is it, really, to sit down and listen to women's problems. (Linda: 219-220, White British)

Despite these perceptions, eight of the White British women obtained emotional support for the abuse from their GPs and with six referred on to counselors, sometimes in spite of believing GPs did not deal with the emotional. Only one regretted this. Two of the Caribbean women revealed the abuse to counselors when their child died and found this helpful. The women who did not mention the abuse to their GP mostly felt it appropriate that they had not done so. Most of the Black women went instead to religious leaders who, they explained, provided socially and culturally appropriate emotional support, belonging as they did to the Black women's own cultural community. Studies in America corroborate this (see, for example, Gillum, Sullivan, & Bybee, 2006). Patience was the only African woman interviewed who had migrated to the United Kingdom without any kinfolk and, like the other African women, she was kept from her local ethnic community by her African husband. In contrast to the other Black women, Patience said, "My GP is like my family to me," and that GPs "should give us more support, moral support, emotional support, not all is medical" (Patience: 272).

Once the women began to actively work at reducing the abuse they often used counseling to learn ways of dealing with it, rather than as a source of emotional support as previously. Other support services, housing and judiciary were avoided while the woman wished to remain with her partner, being perceived as compromising the stability of the relationship.

> I have weekly [counseling] sessions, but I noticed a direct impact because I use some strategies that she's given me, like if he's going on and on and on I say, "Stop! Stop!" and I have to repeat it, I go, "Stop, stop you're not listening, I'm moving out of the room now." Because if he's going on and on and on and I can't actually get a word in edgeways and I can't have a conversation, there's no point in us both being in the room. (Vanessa: 177, White British)

Discussion

This article has explored how a sample of psychologically abused women actively set boundaries to acceptable behaviors from their intimate partners and negotiated their representations of their abusive relationship with the others in their day-to-day social lives, including their partners. Our analysis suggests relationship boundary negotiations can occur at several levels, in keeping with the ecological model of violence against women (Heise, 1998) and the constructionist belief in the existence of multiple shifting identities. It also suggests that normative behaviors are delimited symbolically by an inner boundary and that this is surrounded by an additional bounded layer of behaviors that can be accounted for as acceptable through remedial work on the unacceptable. This double layer of boundaries appears to have several functions. The women described an internal dialogue based around the boundaries that enabled them to work at their performed identities and their understanding of self, so that they could make sense of their experiences and reconcile these with their role performances. Boundary drawing may have helped the women to maintain their performed competencies and self esteem by distancing the "acceptable," which they were experiencing, from the unacceptable out there. They could then—and often did—justify their actions in putting up with the abuse, even when they did not feel comfortable about it. The women also used boundary drawing as a tool of resistance, setting the benchmark for acceptable behavior, and as a mechanism for enabling dynamic responses to changes in their situation.

The process can be understood by reference to Goffman's (1959) presentation of self. The women detailed their partners' control through abuse, including rule setting, over the "props" (e.g., clothes, symbolic gestures) that supported the women's representations of self to others. This led the women to modify their everyday role and identity performances, so as to meet the expectations of others and continue to appear competent in their roles. The women did active identity work, constrained by gendered social discourses, consistent with Cavanagh's studies (Cavanagh, 2003; Cavanagh et al., 2001) and shaped by their social interactions. The women's representations of identity involved "remedial work" used to give others (here, typically friends, family and community) an impression of competent role-play within social norms—in other words, that the women were "good" female caregiving partners and their abusers were "good" male partners in charge (Cavanagh, 2003). We found the women used normalization as a form of role-distancing to preserve presented competencies; they could avoid acknowledging their experience as unacceptable and reject an identity of "incompetent, abused woman."

The women prioritized their negotiated competencies as "good partners" at the expense of other roles. This was consistent with their prioritization of family and community expectations over those of friends and colleagues. The Caribbean women vocalized this most clearly. The result in all cases was a code of silence, hiding the abuse. The women believed they had to put up and deal with the abuse alone if they were to maintain impressions of competency; their talk, in volunteering social constraints on leaving, tacitly or explicitly acknowledged this as an alternative

advocated in feminist and professional discourses, but that was not desirable for them.

The women took responsibility for sustaining their intimate relationship and its impression management; its failure would be seen as their failure, rather than the abusive partner's. Consequently, the women renegotiated their relationship with their partner in a way that subsumed their understanding of abuse and appropriate representations of self to his obfuscation (see also Lempert, 1996). This occurred to the extent that many of the women initiated new rules similar to those their partners set for them as part of the abuse.

Thus, through gendered repair work, the women compromised their standards and beliefs, sometimes changed their social networks, and normalized the abuse. Symbolic double boundary setting was used by the women in our study to negotiate their intimate relationships, identities, and role competencies in this way (see Figure 1). The inner boundary was to normal behavior, the outer to behavior that could be accounted for as normal through remedial work and was described as acceptable, although not desirable. In this way, the women dealt with the tensions between what they experienced and how they represented it to others. The boundaries shifted according to prevailing social and cultural contexts, this dynamism being represented by the arrows in Figure 1. A single shifting boundary has been described by Kelly (1988) for sexually abused women "making sense" of their own experience and the way that different forms of male behavior "shade into one another." The more elaborate model presented in this article takes into account remedial work, external pressures, and tensions between these and lived experiences.
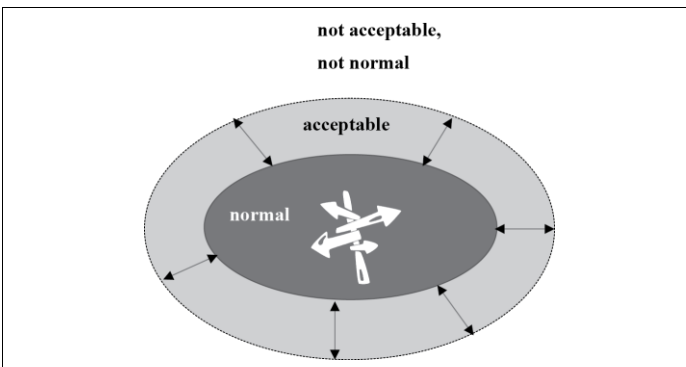

Figure 1. Representation of women's everyday role boundary drawing.
Note. The outer line is dotted as it may be breached. Lines can shift up or down (see arrows). The diagram is two-dimensional but boundary setting is multidimensional, reflecting the intersections of such factors as race, socioeconomic status, time and

space, as shown by the central arrows. Hence, in our text we talk about boundaries rather than boundary lines, although the women themselves often refer to lines.

Changes that led to the outer boundary being breached or the woman's tolerance threshold and, therefore, outer boundary moving toward the inner boundary, meant the woman acknowledged that the relationship was abusive. She had two choices. She could continue to negotiate an understanding of the abuse as acceptable, keeping it hidden and widening the gap between boundaries again, which only Onaedo, the youngest participant, still living with her parents, did temporarily. Or, as the other women did, she could renegotiate with others her role as a "good partner," being now someone who has been wronged; this was helpful in dealing with the abuse and renegotiating it with her partner as unacceptable.

Some of the women renegotiated their relationship by assertiveness and rebellion. Others "did gender" but this contrasted with their previous use of this strategy in three ways. It was used purposefully, the women recognized it as not ideal, and it was undertaken with the support of others. Some of the women instead stepped outside society's gendered roles (see also Cavanagh, 2003), and these women may be better placed to improve their situation than the women who continue to "do gender" (see also Du, 2008).

Those who renegotiated their relationships, whatever strategy they used, felt more empowered. Zink and colleagues (Zink, Jacobson, Pabst, Regan, & Fisher, 2006) similarly noted that when abused women "make sense" of their partner's behaviors through what we have called remedial work, they feel more in control and able to cope with the abuse. We suggest the feeling of empowerment arose in our sample because changes in the women's presented identities that occurred when they told others about the abuse also altered their perceptions of self, or self-identities. It is important to make the distinction between empowerment and power.

Significantly, women in our sample said they used empowerment to reduce the abuse, rather than to leave their partner, which most continued to reject as an end goal within an abusive relationship. The continued constraining effect of family and community—Burman and Chantler (2005) go so far as to call them oppressive as well as supportive—was sometimes explicitly stated as an explanation for staying. It also led many to continue to "do gender," albeit under their own terms, as the appropriate way for an "abused female partner" (as opposed to "good female partner") to perform, as patriarchy (see Cavanagh, 2003) was rooted in everyday life for the women in this study and for those with whom they came into contact. Attempts to break free from social norms by stepping out of gendered roles led to confusion and self-criticism. There was a tension in the way the women saw "doing gender" at different times as positive (when they used it as an adaptive strategy; Du, 2008) and as negative but necessary (when they used it as a coping strategy; Du, 2008).

We have shown how communities were mostly defined spatially by the White women, and by ethnicity by the Black women, and how the African men imposed ethnic insularity on the African women, who, when we compared their data with

those from the other two ethnic groups, gave the strongest impression of being constrained by their culture. While community pressures and the desire to appear strong were portrayed as characteristic of Black women in the narratives that we collected from the Black women as well as in those reported by Edge (2003) in a study of postnatal depression in Caribbean women in the United Kingdom, they were also described by the White British women (see Davis, 2002). Women in general may associate "weakness" with role incompetence. Edge (2003) comments that Black women who state that such phenomena as "strong woman" are culture-specific when they are not are drawing on a collective group identity" (Hall, Held, & McGrew, 1992; Helms, 1990) for sociocultural reasons. In the language of our analysis, the women were presenting their situations and responses as normative and, therefore, acceptable for Black women by exploiting stereotypes, thus preserving their social competencies, although in this case as "good *Black* partners." Ironically, as Mama (1989, 2000) and Burman and Chantler (2005) in the United Kingdom have shown, the same stereotyping and normalizing may reduce Black women's access to and use of support services, reinforcing their silence and their normalizing remedial work. The women found GPs to be an important source of emotional support (see also Feder, Hutson, Ramsay, & Taket, 2006), despite anticipating that they would not be. This echoes Pill, Prior, and Wood's (2001) findings for depression.

Women preferred to confide in friends and family and gain emotional support to help them remain in the relationship, and avoided "going public" to the broader community—something that Ahmed et al. (2009) also report for sexually abused British-born South Asian women living in the United Kingdom. This shows how the women redefined the outer boundary according to context and that it therefore had multiple versions. A woman's family, in acknowledging the abuse, may see her as role-competent but be concerned the larger community will not and may encourage the woman to continue to hide the abuse from others. Our data show that the White British and Black women alike aimed to maintain their reputations; putting "appearances" before individual interests was cross-cultural (see also Burman & Chantler, 2005). This fits Enander's (2010) explanation that shame (e.g., from damaged reputations, or from not "doing gender") is a gendered response embedded in patriarchal discourses. GPs were seen as a less problematic source of emotional support outside the family than "going public." Lynam (1985), in her study of English-speaking immigrants to Canada, found that women preferred to share personal or family experiences with "outsiders" rather than "insiders" from their ethnic and kinship communities, considering that outsiders would be able to draw on different (less constraining) values and would be more likely to uphold confidentiality. The belief among the African women that the White British women defined normal and acceptable differently shows how the women themselves recognized the effect of social and cultural context on their understanding of abuse.

Strengths and Limitations

Strengths of our study include its grounding in the women's current experiences; its focus on the women's experiences within the relationship, rather than as a step toward leaving as in other studies; our consideration of three broad ethnic groups; and our focus on an understudied group, women experiencing predominantly psychological abuse from a male partner. Most had previously reflected on their relationships, although few had contacted support services, and many said they were unhappy or distressed rather than abused. A further strength is the way we have been able to build on Cavanagh's valuable contribution to understanding partner abuse by undertaking careful analysis of the social structures that underpin psychologically abusive relationships and exploring these through boundary setting.

A limitation is the restricted transferability of our findings. Our sample was small, 20 heterosexual women, chosen purposively rather than as a randomly representative sample. We considered all partner abuse that the women described experiencing, although our focus was on the current relationship. We did not interview the women's partners; it would be interesting to develop our theory further by interviewing abusive men in a similar way. We do not address the heterogeneity of the ethnic groups. Some of the women were the main breadwinners; all lived in relatively deprived areas, but half were from middle socioeconomic groups. These limitations highlight the difficulties in accessing the stories of more marginalized members of society. Nonetheless, our findings are consistent with other studies and confirm and add to previous U.K. research on partner abuse of ethnic minority women that has shown the pressures on such women to avoid disclosing abuse and shaming their families (Ahmed et al., 2009; Gill, 2004; Mama, 1989; Thiara, 2005). We have shown that women's experiences of and reactions to abuse are more similar than different across ethnic groups and so have avoided falling into the trap of "cultural relativism" (Thiara & Gill, 2010, p. 45). But we have also considered some of the processes by which barriers to support operate for abused Black and minority ethnic women (see also Anitha, 2010; Khanum, 2008; Mama, 1989; Rai & Thiara, 1997; Thiara & Gill, 2012). We consider that the intersectionality of a number of factors contributes to partner abuse and that this is evident from our data. Thus, there is no single homogeneous group of "African abused women," "Black abused women," or even "women," but all women are different. Research exploring the experiences of younger women in established relationships and women from other ethnic minority groups would add to our findings. It would also be valuable to compare our findings with boundary setting in women who are predominantly physically abused, although coercive control unites the experience of women in all types of abusive relationships as an attack on human rights or "liberty crime" (Stark, 2007).

Conclusion

Our study provides new insights into psychologically abused women's identity work, particularly at the community level of the ecological model. We show how

role and identity boundaries may be drawn, shifted, redrawn, and used in various ways by abused women to live with and manage abuse, and how this process is mediated by remedial work. We also show that formal services (e.g., GPs) are an important source of emotional support. Our analysis underlines the need to take social and cultural context into account in interventions and support for abused women and highlights areas where professionals can increase their understanding of the individual needs of women experiencing psychological abuse. It illustrates the cultural pressures on women to remain within abusive relationships, with family and community contributing to the way the intimate relationship is played out and the importance of "doing gender" as a strategy. Boundaries the women set within the relationship are socially embedded and difficult to shift, and need to be considered by practitioners when supporting abused women. But our analysis suggests that the dynamic nature of boundary setting gives a potential space for health care and other professionals to engage with the problem, if they have appropriate training.

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