

2020

## Battered Women's Help-Seeking in the Rural Southwestern United States

Celina Gerese Bryant  
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# Walden University

College of Social and Behavioral Sciences

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Celina G. Bryant

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Walden University  
2020

Abstract

Battered Women's Help-Seeking in the Rural Southwestern United States

By

Celina G. Bryant

MSW, New Mexico Highlands University, 2005

BS, Eastern New Mexico University, 2001

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

December 2020

## Abstract

Many victims of domestic violence who seek help are never able to break the cycle of abuse. Many studies address the stages and types of domestic violence, but few focus on successful recovery from abuse. The purpose of this study was to fill the gap in the literature concerning battered women's help-seeking processes in rural southwestern United States. The specific focus was on how victims and survivors of intimate partner violence seek help for domestic violence issues and whether their help-seeking processes determine successful recovery from domestic violence situations. This study was a qualitative case study based on symbolic interactionism and incorporating a trauma-informed approach to explore how help-seeking affects the recovery process of 12 survivors of intimate partner violence. Hand coding was used to organize data from semi structured interviews and develop categories that were the basis for common themes. Five themes emerged from the data analysis: (a) economic abuse, (b) low self-esteem, (c) unawareness of services, (d) self-worth, and (e) remorse. Results of this study may inform domestic violence providers and mental health care workers that those who endure intimate partner abuse can successfully recover from the violence. Moreover, the lived experiences provided by this study's participants can provide direction for additional research to improve the experiences of victims and survivors of domestic violence.

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## Dedication

I dedicate this study to the many survivors of domestic violence who had the courage to break the silence, the persistence to move forward, and the empowerment to pursue well-being, fulfillment, and a life free from domestic violence.

## Acknowledgements

Achieving a doctoral degree has been one of the most challenging yet humbling and rewarding experiences in my life. I am forever grateful for the members of my support system who gave graciously of their time to assist me with this process. I would first like to give thanks to God, for without Him, nothing is possible. Next, I would like to thank my husband, parents, and close friends who were present with me through each phase of this process. Their support was invaluable because they were there when I felt the most challenged and overwhelmed. Thank you for not allowing me to give-up! I am forever grateful to all of you beautiful people in my inner circle. I love you all so much. Next, I would like to thank those professionals who paved the way for me in earning their doctoral degrees and providing direction and sound advice throughout my process: Dr. Reginald Taylor; Dr. Robert Phillips; Dr. Carolyn King; and Dr. Georita Frierson, my dissertation chair. The dissertation process has taught me how to persevere during the most challenging times.

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## Chapter 1: Introduction to the Study

Domestic violence is a distinctive and multifaceted type of violence. The intimate relationship between the victim and the perpetrator has historically been construed as private and therefore beyond the reach of law (Richards & Haglund, 2015). The often-hidden site of the violence provides this conceptualization. The victim is often financially dependent on his or her abuser, and other economic and familial factors tend to complicate the victim's response to abuse (2015). Furthermore, women who disclose occurrences of domestic violence frequently face intimidation, retaliation, and stigmatization; thus, incidents of domestic violence are notoriously underreported and under prosecuted throughout the world, including the United States (Hannah & Goldstein, 2010).

Domestic violence tends to be a vicious cycle that is difficult to break. Children raised in families where domestic abuse takes place tend to repeat the cycle, either by becoming abusers themselves or by entering relationships where they are abused, as do their children (Richards & Haglund, 2015). This cycle can continue for generations on end. Police, courts, hospitals, prisons, schools, and social services can all be involved. Often these entities are ill equipped to handle these situations (2015). A victim's neighbors, family, and friends can be implicated - sometime for getting involved, and sometimes for failing to act. Countless others can be affected by a domestic violence situation, including those having to witness such events yet unsure of how to react. In addition, children in these households are often alienated from friend and neighbors (McCue, 2008). Missed work or school, medical bills, the cost of prosecuting and

incarcerating perpetrators, funeral costs, and children left without parents are some of the consequences of domestic violence. These factors all affect society as some level (Richards & Haglund, 2015).

Domestic violence impacts more than simply the victim. It occurs in epidemic proportions and in every walk of life. Each year, between one and five million women in the United States suffer nonfatal violence at the hands of an intimate partner (McCue, 2008). Domestic violence affects individuals in every racial, ethnic, religious, and age group; at every income level; and in rural, suburban, and urban communities (2008). Despite the prevalence of domestic violence across demographic categories, it is mostly a crime perpetrated against women. Women are five to eight times more likely than men to be the victims of domestic violence (Richard & Haglund, 2015). The Department of Justice reports that between 1998 and 2002 in the United States, 73% of family violence victims were female, 84% of spouse abuse victims were female, and 86% of victims of violence committed by an intimate partner were female (United States Department of Justice, [USDOJ] 2016).

Not only are women more likely than men to experience domestic violence, but they also represent an even greater percentage of victims in the most serious of the assault cases by an intimate partner. Women are also far more likely than men to be the victims of battering resulting in death at the hands of an intimate partner. In 1996 alone, over 1,800 murders were attributed to intimate partners, and nearly 75% of those victims were women (United States Department of Justice, 2016). In the United States, more than three women are murdered by their husbands or boyfriends every day, and approximately

one third of women murdered each year are killed by an intimate partner (Centers for Disease Control and Prevention [CDC], 2010, p. 35). According to an estimate by the CDC from 1981 to 1998, the number of domestic violence fatalities in the United States exceeded 300,000 (CDC, 2010, p. 33).

Government sources indicate that one third of women in the United States experience at least one physical assault at the hands of an intimate partner during adulthood (Heise, 2015). Due to feelings of shame and fear of retribution that prevent women from reporting assault, this statistic may significantly underestimate the incidence of domestic violence in the United States (2015). The historical classification of domestic violence as a “private” or “family” matter may also contribute to the underreporting of domestic violence (McCue, 2008). It is important to note that not all women in the United States experience domestic violence with the same frequency. The data suggests that although the domestic violence epidemic cuts across the lines of gender, race, and immigration status affecting women and men; African Americans, Latinas, American Indian and Alaska Natives; and Whites; and immigrants and U.S. citizens – it has a particularly disparaging effect on groups who lie at the crossroads of these categories: poor ethnic minorities, immigrants, and American Indians and Alaska Native women (Elliott, Nerney, Jones, & Friedmann, 2002).

Many studies have addressed domestic violence and intimate partner violence (IPV). However, help-seeking processes in rural areas for recovery from violence have been somewhat neglected in the literature, according to my research. Over the past couple of years, studies on help-seeking for domestic violence have started to emerge

(Harley & Teaster, 2018). The emergence of such studies shows the significance of relevant help-seeking. However, the authors of these studies explored help-seeking from others' perspective, such as those suffering from mental illness or substance abuse. The existing studies do not show help-seeking from the perspective of those who have successfully recovered from a violence relationship. Therefore, existing studies simply tell what others perceive to be true of seeking help for domestic violence as a secondary issue in relation to mental health and substance abuse. In addition, previous researchers (McCue, 2008; Harley & Teaster, 2018) almost exclusively studied domestic violence issues following incidences of physical abuse and did not address the actual outcomes relevant to other forms of abuse as well as successful recovery from a relationship involving (IPV).

Thus, there is a need for a study that addresses the help-seeking behaviors of female survivors who reside in rural communities from the survivor's point of view to give a better, more complete understanding of the phenomenon of domestic violence. Only the survivors really know what has been helpful in their successful recovery from abuse (DeKeseredy & Hall-Sanchez, 2017). Additionally, there is a need for a study that examines what services, if any, served as a catalyst in the survivor's recovery process. The recovery process after the experience of violence, for example, is different and more difficult to cope with for those who reside in rural areas of the United States where resources are scarce (Harley & Teaster, 2018). Therefore, help-seeking for survivors in rural areas may be different than help-seeking in urban areas. If domestic violence providers want to help those who are seeking to successfully recover from abuse, they

must understand all forms of abuse and how access differs regarding rural and urban areas.

In this chapter, I will provide the background of the study, followed by the problem statement for the study. I will then discuss the purpose of the study and detail the research questions. After doing so, I will provide an overview of the theoretical framework. A section on the nature of the study will follow the theoretical framework. Important concepts will be defined in the definition section of this chapter. I will then address the assumptions of the study and discuss the scope and delimitations, limitations, and the significance of the study. The chapter concludes with a summary of key points.

### **Background of the Study**

Many researchers over the years have focused on the long-term abuse aspect of domestic violence against women. This phenomenon is also known as battered women syndrome (BWS;) (Walker, 2012). BWS is a mental disorder that develops in victims of domestic violence because of serious, long-term abuse (2012). BWS is dangerous primarily because it can lead to what some scholars say is “learned helplessness” or psychological paralysis where the victim becomes so depressed, defeated, and passive that she believes she is powerless to leaving the abusive situation (Goomak, 2008). Though it may seem like an irrational fear, the fear is real to the victim.

IPV has somewhat been neglected in the literature. Researchers have examined the effects of domestic violence from a professional perspective (Straus, Gelles, & Steinmetz, 2017) looking at how clinicians and other health professionals perceive the female victim when they are seeking help for the abuse. However, the findings are

inconsistent. Some findings show that victims seem to feel more isolated, make excuses, do not follow through with services, demonstrate social withdrawal, and have lower self-esteem and social competence (Dekeserdey & Hall-Sanchez, 2017). Other findings show victims seem assertive, more serious about the abuse, more willing to accept the help and follow through, and have an increased maturity and self-concept after receiving help (Mayo & Mohanta, 2017). Researchers have also interviewed adults, who, as children, witnessed abuse of a parent or caregiver to gain a better understanding of how the surviving children coped (Straus et al., 2017). Findings show both internalizing and externalizing problems such as feelings of sadness, shame, anxiety, and guilt; isolation from peers; lower social competence; higher social withdrawal; and higher aggression among victims of IPV.

There is a need for a study of the help-seeking behaviors of women who live in rural areas and who have successfully recovered from abuse. Previous researchers have examined help-seeking from others' point of view. However, only the survivor truly knows what the help-seeking process meant to them. In addition, there is a need for a study that addresses a broader range of help-seeking behaviors to determine which, if any were instrumental in the survivor's decision to continue moving forward in her recovery from abuse.

In this study, I define help-seeking behavior as a complex decision-making process instigated by a problem that challenges personal abilities. I also define domestic violence as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner (Straus et al., 2017).

The term *intimate partner violence* encompasses a broader understanding of violence in relationships. It acknowledges that abuse not only occurs in marital relationships, but in any type of personal intimate relationship, regardless of sexual orientation, marital status, or gender (Heise & Kotsadam, 2015). Like domestic violence, it does not assign the roles of the abuser and victim to one gender or the other. Therefore, studying help-seeking behaviors of victims of IPV may provide a more comprehensive understanding of what it means to successfully leave and recover from an abusive relationship.

Because first-hand knowledge may be more reliable than others' perspective of help-seeking for abuse, I decided to use as participants only female victims of abuse, specifically ones who reside in rural New Mexico. The study is a case study, and the participants are female adults who have experienced domestic violence. The problem the study addresses is how rural communities affect help-seeking for domestic violence and if community influences the recovery process. Study findings may yield knowledge of how a community affects the help-seeking process from the first-person point of view, which may allow providers to gain a better understanding of what victims and survivors are experiencing. Furthermore, the study's findings may give providers helpful information they need to offer a more personalized approach with their clients.

### **Problem Statement**

A plethora of data-based studies on intimate partner violence exist; however, it is known that the numbers of victims of domestic violence incidents in rural areas encompass about 85% women and 15% men (Heise & Kotsadam, 2015). Research indicates that women in rural areas are as likely as women in cities and suburban areas to

report being the victims of domestic violence and intimate partner violence (Heise & Kotsadam, 2015). Additionally, it is known that the already significant challenges faced by battered women are exacerbated by rural factors (2015). These challenges are poverty, lack of public transportation, shortages of health care providers, under-insurance or lack of health insurance, and decreased access to many resources (such as advanced education, job opportunities and adequate child care) all make it more difficult for rural women to escape abusive relationships (Peek-Asa, Wallis, Harland, Beyer, Dickey, & Saftlas, 2011). This difficulty presents a challenge about how communities perceive female victims of violence who seek help in rural communities.

There is a gap in the understanding of how culture and community perceptions may influence the help-seeking behaviors of female victims of domestic violence (DV) and intimate partner violence (IPV) in rural communities. For example, rural areas may differ from one another in geography, economics, demographics, and even culture. Rural life itself is not uniform across the United States, but there are certain characteristics and issues which are often found equally in most rural areas. For instance, there are usually few police officers to respond to calls, and there may be limited access to telephones or emergency services (Peek-Asa, Wallis, Harland, Beyer, Dickey, & Saftlas, 2011). The geography of rural areas may pose a significant hurdle to victims of domestic violence. The response time and speed with which support services may be provided in an emergency may vary greatly, and the typically lengthy response time may increase the lethality of certain forms of violence (2011). In large cities about 27 percent of residents own a firearm, but in rural areas over 75 percent of citizens are gun owners (Lynch &

Logan, 2017). Additionally, a more accepting attitude toward ownership of weapons is common in rural communities. Hunting weapons are common, and domestic violence victims are often threatened with them. The increased availability of weapons in rural households increases both the likelihood and the lethality of domestic violence attacks on rural victims.

Women in rural areas face many challenges when dealing with domestic violence, and few statistical studies of rural domestic violence exist. Often the significant perceptions relevant to domestic violence victims are exacerbated by a variety of rural factors which may decrease access to resources and make it more difficult for victims to escape abusive relationships (Pun, Infanti, Koju, Schei, Darj, & ADVANCE Study Group, 2016). Economic conditions in rural communities often pose barriers to domestic violence victims, as many rural areas tend to suffer from high and enduring levels of poverty. The eroding economic base in these communities makes it difficult to offer appropriate services and shelters to victims in the area and makes securing adequate employment quite difficult for victims trying to succeed on their own (Pun et.al, 2016).

Past studies tend to demonstrate a relationship between rural and urban victim's coping strategies and help-seeking behaviors together to demonstrate how victims seek help for abuse but fail to show if and how the victims attained recovery from abuse (Little, 2016). Another study by Johnson and Benight (2013) addressed 55 women who had experienced abuse by a partner but were no longer in a relationship. The study reported that 45% reported positive gain from participation, 25% reported they were more upset than anticipated, and a minority of women (6%) expressed regret for

participation. The study did not include any information relevant to the actual process of recovery from intimate partner violence.

Another study on victim recovery in rural North America revealed that survivors recounted long journeys of ambivalence, often only disclosing abuse after leaving the perpetrator (Evans & Feder, 2014). The study showed that the victims rarely had access to specialized support, despite high levels of consulting for anxious and depressed feelings. Moreover, any help that was received was often facilitated by police or housing agencies following a crisis such as assault. Informal disclosure only led to specialist help if the family member or friend themselves had experience or familiarity of domestic violence or intimate partner violence (Evans & Feder, 2014). The gap in this study demonstrates the distinctiveness relevant to help-seeking resources, coping strategies, and supportive approaches often associated with successfully recovery from abuse for women who reside in New Mexico and are survivors of intimate partner violence.

According to Shannon, Logan, Cole, and Medley (2006) rural women's help seeking, coping, and perceptions in dealing with intimate partner violence differ than those from urban areas. Women living in rural areas tend to perceive the justice system as less helpful than urban women; urban women use more help-seeking resources than rural women; and urban and rural women seek different types of resource (Shannon et al., 2006). The effects of intimate partner violence in rural America are often exacerbated by limited access to support services for victims, familial connections with those in positions of authority, lack of cultural acceptance and awareness for alternative lifestyles, transportation barriers, the stigma of abuse, lack of available shelters, and poverty as a

barrier to care, among many other challenges (Perez-Trujillo & Quintane, 2017). In many small rural communities, there is often an overlap among healthcare providers, law enforcement officers, and abuse victims. If intimate partner violence (IPV) can be identified early, interventions could be developed to reduce the impact of IPV on mental and physical health status for both men and women (Ingram, 2017).

Previous research suggests that there are distinctive contextual factors that hinder coping styles of women victims of IPV in rural communities. (Logan, Stevenson, Evans, & Leukefeld, 2004). Yet, researchers studying domestic violence coping strategies tend to overlook contextual issues when evaluating the adaptive and maladaptive environment of victim's coping strategies (Gadoni-Costa & Dell' Aglio, 2016). These contextual factors are most consistently associated with a man's increased likelihood of committing violence against his partner(s) are: young age; low level of education; witnessing or experiencing violence as a child; dangerous use of alcohol and drugs; personality disorders; acceptance of violence (e.g., thinking it is acceptable for a man to beat his partner); and a history of abusing partners (Stark & Ager, 2011). Factors consistently associated with a woman's increased likelihood of experiencing violence by her partner(s) across different settings include: low level of education; exposure to violence between parents; sexual abuse during childhood; acceptance of violence; and exposure to other forms of prior abuse (2011). Clearly, these factors support some of the widely held beliefs about gender roles and the perpetuation of intimate partner violence.

Intimate partner violence (IPV) occurs in rural communities as often or at higher rates than in urban areas (Beyer, Wallis, & Hamberger, 2015). Many rural women live in

poverty which further increases their stress. The rates of lifetime IPV among low-income women range from 40% to 80% compared with the national average of 25% (Perez-Trujillo & Quintane, 2017). The positive correlation between abuse in low-income women and adverse physical health symptoms is emphasized in many studies (Beyer, Wallis, & Hamberger, 2015). With limited access to health care and costly drugs, low-income rural women do not receive medical treatment early enough, leading to chronic health conditions. Not only is there a scarcity of medical resources in many rural areas, there are also fewer opportunities for employment, child care, housing, and transportation (Hidroboa & Fernald, 2013).

While prior research has shown empowerment and gender inequality affect risk of intimate partner violence (IPV) in rural communities, little research attention has been given to the effects of gender disparity and empowerment on the probability of help seeking for IPV (Hayes & Franklin, 2016). Research showed that gender inequality at the macro-level, including societal norms supporting male authority over women and discriminatory ownership rights, was associated with population levels of intimate partner violence across the country (Falb, Annan, & Gupta, 2015). Other studies also showed that women's risk of gender-based violence in the context of their economic empowerment is profoundly influenced by other identities and aspects of power relations (Perova, 2010). For example, there are community and societal level factors, including the existing relational conservatism of gender relations and rural versus urban setting (World Health Organization [WHO], 2012).

Community and societal factors found across studies include gender-inequitable social norms (especially those that connect notions of manhood to dominance and aggression); poverty; low social and economic status of women; weak legal sanctions against IPV within marriage; lack of women's civil rights, including restrictive or inequitable divorce and marriage laws; and weak community sanctions against IPV (2012). Also, communities where gender relations are more patriarchal or where rates and acceptance of IPV are already high, the risk of women gaining any level of empowerment is greater. Conservative cultural contexts that limit women's status and opportunities outside of marriage make it less likely that she can leave an abusive relationship, thereby in effect reducing her bargain power (Hidroboa & Fernald, 2013).

Krishnan, Hilbert, and Van Leeuwen (2001), found that help seeking for female victims of intimate partner violence in rural areas is extremely limited and attributed to the desire for privacy by many victims. Intimate partner violence has been recognized as a global public health concern, with considerable research and resource attention mostly dedicated only towards the identification and intervention of victimization and very little focus on help seeking processes (Hayes & Franklin, 2016; Palermo, Bleck & Peterman, 2014). The results from this study will help influence and inform the development of stronger outreach efforts relevant to help seeking resources in rural communities.

Intimate partner violence represents the most significant burden of violence on women's overall health (Heise, 2015). Research shows that many female victims of abuse, especially in rural communities, are often in poorer health; face a certain degree of barriers which seem to be directly linked problems encountered when accessing services

(Heise & Kotsadam, 2015; Moher, Liberati, Tetzlaff, & Altma, 2009). Many studies tend to focus on the negative impact of victim behavior caused by someone else (Krishnan, Hilbert, and Van Leeuwen, 2001; Beyer, Wallis, & Hamberger, 2015; Moher, Liberati, Tetzlaff, & Altma, 2009). According to Zweig, Schlichter, and Burt (2002), few data-based studies about rural battered women exist. The studies that do exist tend to focus primarily on the types of barriers and violence incurred. Very little attention is given to the successes attained after recovery from IPV. Poverty, lack of public transportation, shortages of health care providers, under-insurance or lack of health insurance, and decreased access to many resources (such as advanced education, job opportunities and adequate child care) all may make it more difficult for rural women to escape abusive relationships (Zweig, Schlichter, & Burt, 2002; Perez-Trujillo & Quintane, 2017). An alternative view would be to focus on positive changes and outcomes in those who successfully survive a life of abuse (Cotton, 2010). Cotton (2010) mentions that factors leading to successful outcomes are best understood by focusing on solutions, strengths, and competencies instead of focusing on problems, deficits, and pathology.

Research in domestic violence related traumas over the past ten years tends to heavily focus on the history of victims rather than the actual care provided as well as after-care (Bell & Mathis, 2000; Miller, Lund, & Weatherly, 2012; Wilson, Fauci, & Goodman, 2015). Fundamental to research in domestic violence outcomes seems to be the issue of defining factors that contribute to or lead to successful outcomes for victims of domestic violence (Hasisi, Shoham, Weisburd, Haviv, & Zelig, 2016). Some research indicates that appropriate outcomes relate to never suffering abuse again or leaving the

relationship in which the abuse occurred equates success (Jeffries, Field, Menih, & Rathus, 2016). These perceptions run the risk of disregarding the complexity of survivors' lives as well as overlooking the accountability of offenders and our community in the prevention of violence.

Present research focuses on the negative consequences relevant to staying in a violent relationship or situation, as well as what it means to successfully leave a violent life (Miller, Lund, & Weatherly, 2012). This study will address the help-seeking barriers faced by victims from rural New Mexico communities who have successfully overcome abusive relationships. Additionally, the study will address the gap by producing results reflecting on the approaches that victims obtained to overcome the help-seeking barriers; in turn, the results will demonstrate factors such as change in knowledge attitude, skill, behavior, expectation, emotional status, or life circumstance that lead to or determines successful outcomes for victims who reside in rural New Mexico. While this study is conducted in New Mexico, the rural demographic may be generalizable to other comparable rural communities. Thus, this current study has implications on the overall health and wellbeing, self-perceived safety, emotional impacts, physical consequences, and societal impacts for persons affected by interpersonal violence.

### **Purpose of the Study**

The purpose of this qualitative case study was to explore psychosocial factors related to culture and community that contribute to or lead to successful outcomes for victims of domestic violence and/or intimate partner violence in rural New Mexico. This study explains whether successful recovery from domestic violence is connected to

support from services associated with domestic violence programs. Data was obtained through in -depth semi-structured interviews from voluntary participants in southeastern New Mexico. Recruitment methods for participants involved advertising through local university email newsletters and list serve, social media outlets, community radio and television stations, and distribution of flyers or brochures within the community.

### **Research Questions**

I sought to answer the following research questions (RQs), which were

- RQ1. What are the psychosocial factors related to the survivors' environment that contribute or influence successful outcomes for survivors of domestic violence in rural New Mexico communities?
- a. Are victims in rural communities impacted by psychosocial difficulties that interfere with attempts to successfully leave violent relationships?
  - b. Do overall physical and mental well-being influence victims' abilities to leave abusive relationships?
  - c. What psychosocial issues do victims want to overcome?
- RQ2. How is success described regarding the services received by survivors of domestic violence in rural New Mexico communities?
- a. What are the services or resources that victims disclose as being instrumental in a successful recovery from abuse?
  - b. Are victims considering orders of protection as an influence in their recovery process?

- c. Are victims continuing to participate in services after recovering from abuse?

### **Theoretical Framework**

Symbolic interactionism theory (SIT) originally developed by George Herbert Mead, will be one theory that will explain how and why victims who have recovered from violence of abuse made the decision to leave a dangerous environment (Mead, Morris, Brewster, Dunham, & Miller, 1939). Symbolic interactionism (SI) is a theoretical approach to understanding the relationship between humans and society. In SIT humans are described as acting, as opposed to being acted upon. Symbolic interactionism has roots in phenomenology, which emphasizes the subjective meaning of reality. Symbolic interactionism proposes a social theory of the self, or a looking glass self ("The Symbolic Interactionist Perspective," 2016). Symbolic interactionists study meaning and communication; they tend to use qualitative methods. The main principles of SIT are: human beings act toward things on the basis of the meanings that things have for them; these meanings arise out of social interaction; and social action results from a fitting together of individual lines of action (Crossman, 2017).

Reeves, Kuper, and Hodges (2008) argue that SIT aims to provide an understanding of individuals' communications by examining the symbols, especially the verbal communication, used in their daily encounters. Interactionism is a theoretical perspective that derives social processes such as conflict, cooperation, and identity formation from human interaction. It is also a study of how individuals act within their world (Reynolds, Turner, Branscombe, Mavor, Bizumic, & Subašić, 2010). This

approach helps show how victims of abuse perceive themselves, their offenders, and their environment. In turn, this study revealed some level of understanding relevant to the way certain meanings are constructed and modified through individual social actions, interactions, and reactions (Bryant, 2014). Some of the basic principles of SIT are: (1) “human beings possess the capacity for thought, which is shaped by social interaction; (2) people learn meanings and symbols through social interaction; and (3) people are able to modify or alter the meanings and symbols they use in interactions by interpreting the situations they are engaged in” (Ritzer & Goodman, 2004, p. 332). The process of socialization is one significant element in SIT that can help this study reveal how victims of abuse engage in staying or leaving abusive relationships. Additionally, factors explaining the cycle of domestic violence along with SIT will provide insight on victim’s choices, decisions, and reasons related to their personal stories.

A trauma-informed approach is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma (Najavits, Weissbecker, & Clark, 2007). Trauma informed approaches generally recognize that the domestic violence survivor's need to be respected, informed, connected, and hopeful regarding their own recovery process. Also, this approach recognizes the interrelation between trauma and symptoms of trauma such as domestic violence, substance abuse, eating disorders, depression, and anxiety as well as the need to work in a collective way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers. Trauma informed care in the context of domestic violence has advanced and expanded with new research and clinical practice

within the last 14 years (Ko, Ford, Kassam-Adams, Berkowitz, Wilson, Wong, & Lane, 2008).

The five core components of a trauma-informed approach to domestic violence recovery are (a) providing survivors with information about the traumatic effects of abuse, (b) adapting programs and services to meet survivors' trauma- and mental health-related needs, (c) creating opportunities for survivors to discuss their responses to trauma, (d) offering resources and referrals to survivors, and (e) reflecting on the clinician's and programs' practice (Elliott, Bjelajac, Falot, Markoff, & Reed, 2005). Implementing a trauma-informed approach to domestic violence recovery means attending to survivors' emotional as well as physical safety. Just as we help survivors to increase their access to economic resources, physical safety, and legal protections, using a trauma informed approach means that we also assist survivors in strengthening their own psychological capacities to deal with the multiple complex issues that they face in accessing safety, recovering from the traumatic effects of domestic violence and other lifetime abuse, and rebuilding their lives. A trauma informed approach also means ensuring that there is access to advocacy services in an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing for survivors of domestic violence.

### **Nature of the Study**

For this study, a qualitative approach was used, specifically, a descriptive case study approach, to explore the lived help-seeking experiences of adult female survivors of domestic violence who reside in rural New Mexico. A qualitative case study approach is consistent with trying to gain a deeper understanding of help-seeking behaviors that

lead to successful outcomes of women in abusive situations. The study involved women who attempted to leave an abuser prior to the successful recovery; women who filed orders of protection and sought help; and women who experienced domestic violence in a relationship. A qualitative case study approach guided the inquiry of this research in the form of face to face semi-structured interviews and observations to determine factors leading to successful outcomes of help-seeking behaviors (Creswell, 2013). The focal point was to assert that this study was not explored through only one cultural lens, but rather a range of diverse viewpoints inclusive of the participants who identified as survivors of domestic violence and/or intimate partner violence, thus allowing for multiple characteristics of the phenomenon to be discovered and shared.

This study was qualitative, with a descriptive and exploratory focus. It addressed the phenomenon of help-seeking and successful recovery among adult female survivors of abuse in New Mexico. Semistructured interviews addressed the barriers, challenges, and trauma experienced by female survivors who sought help when trying to leave a violent relationship. In addition, semi structured interviews facilitated a way to extrapolate information necessary to understand the traumatic impact that led the participant to seek help and move from victim to survivor. Through purposeful sampling, I chose adult female survivors of abuse who had sought help at least once in their adulthood and had recovered from the abuse. The intent was to gain a greater understanding of experiences of help-seeking as it related to being an adult female victim of abuse in rural New Mexico. Limitations included but were not limited to the small sample size that most qualitative studies have. The results cannot be generalized to all

adult female survivors of abuse. *Adult female survivors of abuse men who have sought help at least once in their adult life* describes a unique sample of women whose perceptions of help-seeking may have been related to experiences beyond the process of help-seeking and recovery.

### **Definitions**

*Actual barriers:* A circumstance or obstacle that keeps people or things apart or prevents communication or progress (Fanslow & Robinson, 2010).

*Help-seeking behaviors:* A series of well-ordered and purposeful cognitive and behavioral steps, each leading to specific types of solutions (Shea & Yeh, 2008).

*Horizontalization:* A process that allows the qualitative researcher to assign equal value on every statement or piece of data (Sage, 2008). These data were instrumental to the development of this study.

*Intimate partner:* A person with whom one has a close personal relationship that can be characterized by emotional connectedness, regular contact, and ongoing physical contact and/or sexual behavior (CDC, 2017).

*Intimate partner violence:* Any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors (WHO, 2017).

*Phenomenological:* The real time and present moment experience that takes place through lived incidents or occurrences (Creswell, 2014). I used a phenomenological framework and approach in conducting my investigation.

*Psychosocial barriers:* Internal and personal barriers that stem from individual beliefs, attitudes, values, hang-ups, and inhibitions. These barriers tend to show up in one's private thoughts and social interactions and tend to be very connected to cultural norms and expectations (Ben-Porat, 2017).

*Rural areas:* A term that encompasses all population, housing, and territory not included within an urban area; whatever is not urban is considered rural (U.S. Census Bureau, 2017).

### **Assumptions**

The credibility of the participants was a very critical part of a qualitative research study. Consequently, this study was conducted under the assumption that the interviews, statements, personal accounts, and survey data collected during the research process represented accurate and true information indicative of behavior and experiences among participants. I presume that the cases of lying and malingering are minimal to nonexistent considering the use of a confidential affidavit that the participants were required to sign prior to the interviewing process. The results of this study were not altered, and personal experiences, personal opinions, or personal biases were not allowed to affect, dictate or influence the interviewing process as well as the outcome of the data reported. I, the researcher, did not lead or suggest words, feelings, and emotions to the participants during the interview, but allowed for the participants to use their own words and dialect to answer the interview questions accordingly.

### **Scope and Delimitations**

In this study, I explored psychosocial factors focusing on issues related to culture and community that contribute to or lead to successful outcomes for victims of domestic violence and/or intimate partner violence among women in rural areas of varying age groups. This was conducted in an in-group type of research setting. All the subjects and participants in this study were adult females between the ages of 18 and up, therefore eliminating men outside of these specified parameters. The scope of this study was narrowly tailored to only include a specific age group, gender, and number of females who have experienced domestic violence and intimate partner violence. Therefore, all results and findings were limited to the opinions of only those participating in the study and met the study requirements and qualifications. This study specifically captured accounts of female survivors of domestic violence up to the age of 67 in one rural domestic violence service setting.

In this qualitative study, I explored female domestic violence victims and survivors in a local rural domestic violence service provider setting; therefore, it is limited in the types of victimization in participants. The study was limited due to no inclusion of male participants who are also victims or survivors of domestic violence.

### **Limitations**

Limitations in qualitative studies relate to validity and reliability (Creswell, 2014). I took the necessary precautions to minimize the limitations in the study. The validity of this study was verified by examining current literature (Creswell, 2014). Current peer-reviewed articles and scholarly journals that have been written based on relevant

investigative evidence were explored. By using this evidence-based approach to literature, I was able to draw inferences and conclusions based on previous research to establish a credible foundation for the basis of this study. The major limitation in this task of the qualitative study is relevant to the lack of current evidence-based research in what is considered or defined as a successful recovery from a volatile relationship involving intimate partner violence.

### **Significance**

This project can make a significant contribution to domestic violence and intimate partner violence research because of the factors revealed leading to positive outcomes for victims who successfully recovered from a life of abuse. Moreover, the results of this research will be an invaluable resource for victims who are contemplating leaving an abusive situation by providing education on the positive factors that contributed to a successful outcome from an abusive life. While incidents of domestic violence vary across our nation, generally, the crime is understood as *abuse* within the context of a domestic and/or intimate relationship. Intimate partner violence is gendered and is quite often a crime committed by a man against a woman (Caponera, 2012).

The implication for this research is to become a resource by educating the public, victims, advocates, stakeholders, and policy makers on how people can leave an abusive home life, situation, and/or intimate relationship and have a successful recovery from domestic violence (2013). Specifically, this study provides safe informed approaches for victims to consider prior to actually making the decision to leave a violent relationship.

The results of this study will be a tool to help improve aspects of the lives of those who contemplate leaving and actually leave.

This study will educate readers by defining the dynamics of domestic violence and intimate partner violence; in turn, provide information on applicable factors that were instrumental in facilitating successful recoveries for participants. Another significant point to share is that the results will inform providers and the community at-large on what influences social change within a community with respect to helping victims attain their own personal level of recovery. Perhaps, the findings might eventually benefit the nation with respect to gaining an understanding into the reality that a positive recovery from domestic abuse is possible. This study will show how victims can transition to being survivors while overcoming a multitude of complex barriers to reach a successful recovery from a life of abuse.

### **Summary**

Intimate partner violence is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviors by an intimate partner (Grover, Tomsich, & Richards, 2015). Intimate partner violence (IPV) happens in all settings and among all socioeconomic, religious and cultural groups. The devastating worldwide burden of IPV is borne by women. Although women can be violent in relationships with men, often in self-defense, and violence sometimes occurs in same-sex partnerships, the most common perpetrators of violence against women are male intimate partners or ex-partners.

Intimate partner violence generates a rippling effect of consequences beyond the immediate injury. Women who have experienced IPV are more likely to “experience impacts such as fear, concern for their safety, need for medical care, injury, need for housing services, and missing at least one day of work or school” because of the IPV (Dudgeon & Evanson, 2014). IPV is also associated with many adverse health outcomes. Given the high rates and injurious consequences of IPV, the focus of attention is on behaviors survivors engage in as a response to the violence. While most victims seek assistance, they are more likely to seek informal rather than formal means of support. Barriers to help-seeking behaviors among victims make theoretical evaluations difficult and complicate the development of effective formal resources as a response to those seeking help for IPV. As survivors attempt to move on after being abused, they can face immense effects about views of their personal safety.

This study provides a detailed account of help-seeking behaviors of adult female survivors of abuse who reside in rural New Mexico. This study also depicts behaviors, from the survivor’s point of view, that possibly led to the participant’s successful recovery from abuse. This study provides a more detailed and comprehensive explanation of help-seeking and its connection to successful recovery from domestic violence. The study is a qualitative case study. Data were gathered through an interview using open-ended questions to allow the participants to guide the interview and provide as much detail as possible. The study was guided by a symbolic interactionism theoretical lens to establish the subjective meaning of help-seeking and its relevancy to what it means to successfully recover from abuse.

Although the intent was to bring a more complete understanding of help-seeking in relation to successful recovery in general, the study only addressed female's help-seeking in rural New Mexico. The participants were all adult female victims and survivors of intimate partner violence. Some of the participants may have experienced other types of trauma besides intimate partner violence, but the interview only allowed for discussion of the help-seeking processes. If participants chose to discuss different types of trauma, they experienced that information will only be used in comparison to intimate partner violence. Consequently, this study is just one step toward a more complete understanding of what influences a successful recovery from intimate partner violence. More studies are needed to explain, compare, and inform on different types of help-seeking to bring a better understanding of the phenomenon.

## Chapter 2: Literature Review

### Introduction

Domestic violence is different in many ways from other forms of crime. Domestic violence is characteristically not an isolated event. According to the United States Department of Justice's Office on Violence Against Women (2015), the definition of domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain control over another intimate partner. Perpetrators' attempts to employ gender ideologies contribute to this form of violence. Women are more likely to experience violence committed by partners or ex-partners than men (de la Rosa, Barnett-Queen, Messick, & Gurrola, 2016). Although men are more likely to experience general violence, it is most often violence committed by people other than their partners or ex-partners (Tjaden & Thoennes, 2000). In addition, violence against men is also usually committed outside of the home (Dudgeon & Evanson, 2014). Acts of domestic violence necessitate providing safety to those who have experienced domestic violence, most commonly women and their children (McCall-Hosenfeld, Weisman, Perry, Hillemeier, & Chuang, 2014).

In the past 10 years, *domestic violence* and *intimate partner violence* have been used by health care professionals as synonymous terms to describe some form of abusive behavior by one individual upon another person in a relationship. Although these two terms are used interchangeably to describe the same criminal offense, they have different origins (Heise & Garcia-Moreno, 2002). The conventional view of violence in a relationship focused on a crime of abuse involving two individuals in an opposite-sex

(heterosexual) marriage (Heise & Garcia-Moreno, 2002). Typically, the abuser was the husband and the victim was the wife. The origin of the term *domestic violence*, thus, stems from the view that abusive behavior was a form of violence that existed within a domestic relationship (2002). Domestic violence occurs in all settings and among all socioeconomic, religious, and cultural groups; however, the overwhelming global burden of domestic violence is borne by women (Juzwiak, 2002). Although women can be violent in relationships with men, often in self-defense, and violence sometimes occurs in same-sex partnerships, the most common perpetrators of violence against women are male intimate partners or ex-partners (Hindin, Kishor, & Ansara, 2008).

Historically called *domestic violence*, *intimate partner violence* describes physical, sexual, or psychological harm by a current or former intimate partner or spouse (Juzwiak, 2017). This type of violence can occur among heterosexual or same-sex couples. As a result, advocates introduced the term *intimate partner violence* to include a broader understanding of violence in relationships (Heise & Garcia-Moreno, 2002). Violence by an intimate partner is linked to both immediate and long-term health, social, and economic consequences (Juzwiak, 2002). Factors at all levels--individual, relationship, community, and societal--contribute to IPV (2002). Preventing IPV requires reaching a clear understanding of those factors, coordinating resources, and nurturing and initiating change in survivors and society.

The concept of the need to address domestic violence gained recognition in the 1970s. In the early 1970s, women's rights groups began an organized battered women's movement highlighting the need to address the issue of abuse perpetrated by husbands

upon their wives (Arnold, 2013). In response, government and nonprofit agencies started providing emergency shelters and other advocacy services for women who were survivors of domestic violence (Weisz, Tolman, & Saunders, 2000). The materialization of emergency shelters provided researchers an opportunity to study the issue of domestic violence in greater depth as victims were now easier to access. In the past, victims had few options and often remained in abusive relationships; as such, it was difficult for researchers to study this population (Arnold, 2013). In addition, victims were often unwilling to discuss their situations; therefore, data were very difficult for researchers to obtain (2013).

As research on the topic of domestic violence has increased, so has public awareness. In 1994, Congress passed the Violence Against Women Act (VAWA; Resnick, 2000). This legislation strengthened existing laws on assault by specifically identifying violence against women as a crime that needed more focused attention. Victims of domestic violence were considered the key recipient of protections provided by this legislation. Research shows that violence against women is inextricably linked to entrenched views about masculinity and entitlement (Rodgers, 2016). Believing that equality is present in a relationship often presents conflict when determining the nature of abuse in relationships.

Domestic violence has always been a complex, nondiscriminating issue. With one woman in four physically abused by her partner at some point in her life, the likelihood is that all individuals know someone who lives with the terrifying threat of abuse (Juzwiak, 2017). Domestic violence, whether physical or emotional abuse, reaches

every corner of society. It does not respect class, religion, race, culture, or wealth (Heise & Garcia-Moreno, 2002). A working-class mother living in low-income housing riddled with urban disorder and vandalism is just as likely to endure abuse as a professional woman used to managing teams of employees and making million-dollar decisions (Florida, 2015; Hopkins, 2010; Johnson, 2008;). The purpose of this qualitative case study was to explore psychosocial factors related to culture and community that contribute to or lead to successful outcomes for victims of domestic violence and/or IPV in rural New Mexico.

### **Literature Search Strategy**

In reviewing the existing literature on domestic violence and successful outcomes of survivors, I performed searches using the following databases from the online library at Walden University: Thoreau Multi-Database Search, Academic Search Complete, ProQuest Dissertation and Thesis Global, Educational Resource Information Center (ERIC), EBSCO, MEDLINE, PUBMED, Health and Psychosocial Instruments (HapI), PsycARTICLES, PsycCRITIQUES, PsycEXTRA, PsycINFO, Sage Journal, SocINDEX with Full Text, Criminal Justice Database, and World Health Organization (WHO). The ProQuest Dissertation and Thesis Global database includes full-text dissertations and theses from Walden University and several other universities from around the world. A variety of Internet search engines (Ask; Google; Bing; Yahoo; and Vivisimo Search, Clustering, and MetaSearch Engines) were also used.

Key words used for these extensive searches included *domestic violence, intimate partner violence, successful outcomes, recovery, trauma informed practice, rural*

*communities, symbolic and situational interaction theory, batterer's mindset, and New Mexico.* The searches included the Boolean system of combining key words with the connectors *and* or *or*. Using the Google search engine and entering the key words *domestic violence* and *recovery* generated 29,500,000 hits while the key words *domestic violence* and *outcomes* generated 9,610,000 hits. When I combined *domestic violence successful outcomes* with *measures* it generated 18,300.000 results. In addition, only 422,000 of these results could be considered as scholarly articles. When using the academic search engines and entering key words such as *domestic violence recovery*, the search generated only 33 hits. Entering *trauma informed services* and *domestic violence* generated seven hits while *trauma informed services* and *domestic violence survivors* produced 1,820,00 hits on Google Scholar.

### **Verification of Data Quality in Literature Sources**

Lincoln and Guba's (1985) verification the trustworthiness process was used to examine the quality of the data presented in the articles researched during the literature search strategy. Trustworthiness of research findings requires proof or documentation of four components (Lincoln and Guba, 1985). These four components include (a) trustworthiness, (b) dependability, (c) transferability, and (d) confirm ability. Lincoln and Guba (1985) reveal that there are eight strategies that allow for verifying the trustworthiness of articles. These eight strategies are explained as clarifying researcher bias, member checking, prolonged engagement and persistent observation, peer review or debriefing, triangulation, and negative analysis. The researched literature was evaluated to identify the goal of the research and the importance and relevance of the research, as

well as to study the appropriateness of the research design, the effectiveness of the recruitment strategy, and the proper use of the type of methodology needed to gather the data. This process was used to validate the quality of the literature used for this study and explored how that current literature yields information that may bring about new areas of research.

### **Theoretical Foundation**

The conceptual framework of this study is predicated on the notion that human beings do not react directly to events; they act based on their interpretation of the meaning of events. Symbolic interactionism is a theoretical approach to understanding the relationship between survivors of violence and society (Strauss, 2016). Symbolic interactionism is a social psychological theory developed from the work of Charles Horton Cooley and George Herbert Mead in the early part of the twentieth century (the actual name of the theory comes from Herbert Blumer, one of Mead's students). Symbolic interactionism is rooted in phenomenological thought. The basic concept of symbolic interactionism is that human action and interaction are understandable only through the exchange of meaningful communication or symbols. In this approach, humans are portrayed as acting, as opposed to being acted upon. The focus is on the language and symbols that help us give meaning to the experiences in our life (Atkinson & Housley, 2003). For changes to occur with respect to helping victims of abuse in rural communities reach a successful level of safe recovery, there needs to be a clear understanding and identification of what is considered a successful recovery from domestic violence.

According to Rock (2016) social interactionists observe that as we interact with the world, we alter the way we behave based on the meaning any given situation. Our time is spent thinking about what we will do next and adjust our approach depending on how we believe others perceive us. According to the symbolic interactionism theory, people occupy a world that is in large part socially constructed (Rock, 2016). Specifically, the meaning of objects, events, and behaviors comes from the interpretation people give them, and interpretations vary from one group to another.

### **Principles of Symbolic Interaction**

Three basic principles, meaning, language, and thought drive symbolic interactionism theory (Jeon, 2004). These three principles lend an understanding relevant to a person's self and socialization into a larger community. The first principle of *meaning* is central in human behavior and base things upon the meaning that has been given. For example, someone says, "Hey, you look amazing, what did you do to your hair?" This statement could be interpreted in many ways, both positive and negative. The *meaning* that individuals assign to this statement is how they react to what people say. Individuals have their own unique meaning assigned to different things. With regard to symbols, meaning is also reliant on the amount of consensual responses of those who use it (Hung & Lee, 2017). For example, if a person uses a word such as "y'all," to those who use this a lot, it means you all. Now, for those that are ambiguous to "y'all," it could mean an entirely different thing to them. The subsequent principle explains human negotiation of meaning through symbols.

The second principle of *language* gives humans a method by which to negotiate meaning through symbols. Mead believed that once something is named, it has an assigned significant meaning (Hung & Lee, 2017). An example of this would be if I named my dog Diablo. Then, the meaning of this name would be devil, because perhaps the dog is extremely aggressive and had bitten people on several occasions. In Layman's terms, the *language* principle articulates that when we talk to each other, symbolic interaction simply indicates that we, humans, identify meaning, or naming, and then we develop dialogue, which is oral communication (Jeon, 2004).

The third principle of *thought*, interpretation of symbols, is based on language (Hung & Lee, 2017). An example would be you having a conversation and your mind is busy contemplating different perspectives or interpretations to what the other person is saying. Essentially, what this means is that once you hear someone say something, you automatically begin thinking about what or how you are going to respond. Mead professed that we naturally talk to ourselves to sort out the meaning of a difficult situation (Hung & Lee, 2017).

Whatever a person thinks of before acting or responding to a phrase is "their" thought. People do this, giving personal meaning to words, all the time without really knowing it. All in all, symbolic interactionism and its premises are based on communication between people. The *language* and *thought* principles are fundamental in the understanding of symbols which have always affected humanity (Hung & Lee, 2017). The concept of symbolic interactionism has been applied and articulated in previous research by demonstrating the distinctiveness in a way that shows human relations,

interpretation or definition rather than mere reaction, response based on meaning, use of symbols, and interpretation between stimulus and response (Stets, 1987).

Previous studies of domestic violence and symbolic interactionism have primarily addressed couples involved in volatile relationships which were not representative of individual victim perspectives relevant to survivor's successful recovery from violence (Wolitzky-Taylor, Horowitz, Powers, & Telch, 2008). A study by Stets (1987) showed that domestic violence is embedded in a stream of ongoing out of control emotional behavior and the acts of abuse are accounted for by analyzing the perspectives of both parties. Another study by Harrelson (2013) revealed that society affects an individual's behavior through various constraints posed by different societal norms and principles. Symbolic interactionism theory holds that individuals live in a symbolic society and a physical world. People normally have different interpretations for different symbols. To understand human conduct, it is significant to understand the meaning of a behavior. When two partners in a marriage understand each other's symbols, they ultimately have a mutual understanding and know each other better (Wolitzky-Taylor et al., 2008). For this reason, the potential for domestic violence in their relationship is lessened. The partners in a relationship learn about themselves and form personal feelings established on they react to each relational interaction.

A symbolic interactionism approach benefits this study because it is a major perspective which has been applied to many sociological issues. Moreover, in past few decades, many researchers support the utilization of symbolic interactionism in the study of domestic violence (Erickson, 2003). The basic assertions of symbolic interactionism

have been influential in examining and explaining the characteristics of human interaction in the context of domestic violence, which is regarded as a micro level social issue. Specifically, relevant to exploring help seeking successes of survivors of abuse, symbolic interactionism will show how a) behavior originates within a situation, b) survivors determine their behavior depending on the way in which they identify with the situation, and c) each situation is a product of the interaction between the survivor and the abuser (Erickson, 2003).

### **Trauma-Informed Model**

The trauma informed care model in domestic violence facilitates an understanding of a domestic violence survivor's subjective direct experiences of trauma (Wilson, Fauci, & Goodman, 2015). This last decade has experienced a powerful shift in our collective awareness to trauma, with a convergence of voices from research, practice, and policy stressing its pervasive and devastating consequences (Wilson et al., 2015). As part of this shift, trauma informed care has materialized as a broad approach to human services in which many aspects domestic violence program culture and service delivery are designed to be receptive and attentive to the effects of trauma. Trauma informed services are not designed to treat symptoms or syndromes related to sexual to physical abuse; instead they are intended to provide services in an approach that is warm and appropriate to the precise needs of trauma survivors (Filson, Darby, & Cave, 2012).

Trauma survivors of domestic violence endure multidimensional barriers in the rural state of New Mexico. Domestic violence is an indirect barrier to job search and job maintenance by increasing the risk of health problems and psychiatric disorders that

interfere in these activities (Tolman & Rosen, 2001). In a study of New Mexico women's health among a random sample of women aged 18-64, women who experienced violence were more likely to report having a diagnosis of a depressive or anxiety disorder from a physician in the past five years than women who reported no abuse (Alhabib, Nur, & Jones, 2010). In addition to work barriers and diminishing women's physical and psychological wellbeing, domestic violence may also amplify the risk of material hardships such as homelessness, inadequate food sources, lack of education, no transportation, and many other economic tribulations (2010).

Rural women who have endured domestic violence report having less social support and greater feelings of loneliness than their urban counterparts (Gallup-Black, 2004). These victims are less likely to seek out help and tend to perceive the justice system as less helpful than urban women. Individuals to whom the victim might need to reach out for help, such as a member of law enforcement, a clergy member, a judge, a primary care provider, or another service provider, might have a personal relationship with her or her abuser. In one study, fifty percent of primary care providers reported that lack of privacy in a small rural community was a key barrier to care (Riddell, Ford-Gilboe, and Leipert, 2009).

Relationships or familiarity with healthcare providers and/or law enforcement officials may affect victims' willingness to discuss abuse or violence. Similarly, relationships with an abuser may limit the extent to which an abuse or violence disclosure is explored. The culture of some rural communities can make it more difficult for women to seek help (Alhabib, Nur, & Jones, 2010). Survivors of violent trauma are most likely to

find their way to domestic violence programs. These survivors usually have suffered emotional, psychological, sexual, and/or physical abuse. The multiplicity of traumas can result in polyvictimization or complex trauma with increased possibility of adverse traumatic symptoms (Graham-Bermann, 2002). Domestic violence is linked to high rates of posttraumatic stress disorder, anxiety, depression, substance abuse along with other mental health challenges and it usually occurs in the context of chronic incidents of social oppression that shape and compound the impact of trauma (Arnold, 2013). Specifically, this is accurate for women who are isolated by race, class, gender, sexuality, ability, or other social positions (Sokoloff & Dupont, 2005).

Trauma informed care in the context of domestic violence has advanced and expanded with new research and clinical practice within the last 14 years (Ko, Ford, Kassam-Adams, Berkowitz, Wilson, Wong, & Lane, 2008). A recent study on trauma informed research identified ten core principles of trauma informed care (Elliot, Bjekajac, Fallot, Markoff & Reed, 2015). These principles are indicative of essential services provided to trauma survivors who might not otherwise be able to benefit without these applied values. Each principle reflects an element of the foundation which forms a service setting that is considerate, hospitable, safe, and helpful to survivors while also considering the survivors' unique needs and challenges they endure in the recovery process. These ten principles encompass the following: (1) Recognition of the impact of violence on coping strategies; (2) recovery as the primary goal; (3) empowerment model; (4) highlight personal choices and control over own recovery; (5) relational collaboration; (6) ensure the atmosphere is safe, secure, respectful, and accepting; 7) emphasizes

strengths and adaptations over pathology; (8) minimization of re-traumatization; (9) personalization of cultural competence in the context of life experiences; and (10) involvement of consumers in development and evaluation of service. (Elliott et. al., 2015).

### **Literature Review**

There are many different types of domestic violence that individuals experience. Social issues, effects of intimate partner violence, cost and consequences, help-seeking processes, and evidence of successful outcomes from a survivor's perspective will all be addressed in the proposed study. Social problems are the major issues to be addressed in the study. However, other relevant issues were briefly reviewed to determine if and how they are similar to or different from intimate partner violence. The goal of this study focuses on gaining a more complete understanding of help-seeking for intimate partner violence. This goal is too broad and comprehensive for the proposed study. However, reviewing some of the major findings in the literature helped form the foundation for the study.

### **Social Problems of Domestic Violence**

Domestic violence is manifested differently; women of all ages, nationalities, economic classes, and ethnic groups are affected. As hard as it may be to define the term, measuring the prevalence of family violence as a social problem has proven no less difficult. The most obvious reason is that the greater part of family violence takes place in the privacy of the home, and only a small percentage of occurrences are often reported (Barnett & Miller-Perrin, 2005). Quite often, these tend to be the most tragic incidents—

those that result in serious injury or death. Even then, some fatalities may be classified in official records under criminal categories that are not considered when national and international family violence statistics are collected. Further complicating the problem is the fact that in some countries, many violent acts between family members are still not considered crimes. For example, a United Nations study released in 2006 reported that “at least 102 of the 192 Member States have no specific legal sanctions against domestic violence, and marital rape is not a prosecutable offence in 53 countries” (Finkelhor, 2007, p. 48). Even in the United States, criminologists merely began to classify certain acts of intrafamilial violence (such as marital rape) as crimes as recently as the 1970s (2007).

Domestic violence tends to be a vicious cycle that is difficult to break. Children raised in families where domestic abuse takes place tend to repeat the cycle, either by becoming abusers themselves or by entering relationships where they are abused. As do their children. This cycle can continue for generations on end. Police, courts, hospitals, prisons, schools, social services- all can be involved. Often these entities are ill equipped to handle these situations. Domestic violence can cause issues with neighbors, family, friends- some for getting involved, some for failing to act. Countless others can be affected by a domestic violence situation- those having to witness such events yet unsure of how to react, children in these households are often alienated from friends/neighbors. Missed work/school, medical bills, the cost of prosecuting/incarcerating perpetrators, funeral costs, children left without parents. These factors all affect society. Domestic violence impacts more than simply the victim. It occurs in epidemic proportions and in every walk of life.

About 85 % of domestic violence victims are women (Trinh, Oh, Choi, To, & Van Do, 2016). Intimate partner violence (IPV) negatively impacts a woman's physical and mental well-being, and usually indicates that her children are likely to experience abuse, neglect and other traumatic experiences (Dube, Anda, Felitti, Edwards, & Williamson, 2002). Women experiencing intimate partner violence (IPV) have multiple health and social service needs but many, especially Hispanic, women may not access available resources for numerous reasons (Lipski, Caetano, Field, & Larkin, 2006). Intimate partner violence (IPV) has been recognized as an international public health concern (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). It is estimated that from 1 to 52% of women experience IPV each year, according to 48 population-based surveys from around the world (Krug et al., 2002). In the United States, 1% of all surveyed women and up to 14% of married or cohabiting women has reported IPV in the previous 12 months in national surveys (Lipski et al.; Gelles, 2000; Tjaden & Thoennes, 2000). The 12-month prevalence of IPV in the U.S. clinical populations is higher, ranging from 7 to 30% (Lipsky et al., 2004).

Minimal research has addressed protective factors that may reduce the risk of poor mental health outcomes for abused women (Coker et al., 2002). The adverse outcomes include depression, anxiety, PTSD, substance abuse, and suicide ideation and action. One potential factor that may protect abused women from experiencing adverse mental health outcomes is social support. Women who suffer partner abuse may need social support, for several reasons. Abused women may not disclose abuse or seek social support because they may feel stigmatized if others know of their abuse, they may see

violence in the home as a private matter, or they may fear retaliation from their partners if they disclose the abuse (Meier, 2016). Even if abused women seek social support, they may not receive the support they need because potential support providers may blame the victim or feel uncomfortable discussing this sensitive topic. Because the abuse may be chronic, abused women over time may deplete the emotional and material resources of providers (Okey & Cohen, 2016).

The callous treatment of family members by their closest relatives—those who above all others should be their safety net, protectors, and allies—is not a new phenomenon, nor is it an uncommon one (Stagner & Lansing, 2009). No society is immune to acts of domestic violence. Mostly hidden and historically non-criminalized, family violence may take the form of intimate-partner violence, child abuse, sibling bullying or elder abuse. In addition to physical violence, researchers often extend the term to cover nonphysical forms of maltreatment such as neglect, emotional abuse, and psychological abuse; although there is some debate over just how far the definition can be effectively applied (Matthews, 2016).

### **Effects of Intimate Partner Violence**

Interpersonal violence among adults in a family setting was once referred to in research as “domestic violence,” “marital abuse” or “spouse abuse” (Marcus, 2017). However, a broader term was considered necessary to cover violence that occurs between current as well as former marital partners, separated marital partners, and current and former cohabiters. As a result, the term intimate-partner violence (IPV) has now entered general use among researchers; its definition is sometimes expanded to include violence

between individuals who have an intimate dating relationship (Reeves & O'Leary-Kelly, 2007). The broadening of such definitions is important, particularly in communities where marriage is declining. Early research into family violence neglected to separate data relating to married couples from that relating to cohabiting couples (2007). The assumption at the time was that differences between the groups were improbable. However, more recent research conducted in the United States and Canada consistently indicates that IPV is significantly more prevalent among cohabiters than among married couples when the two groups are considered separately (Block, 2003).

The most commonly used model for understanding intimate partner violence is the ecological model, which proposes that violence is a result of factors operating at four levels: individual, relationship, community and societal (World Health Organization [WHO], 2012). Researchers have begun to examine authentication at these levels in different situations, to better understand the factors associated with variations in pervasiveness; however, there is still limited research on community and societal influences. Some risk factors are without fail identified across studies from many different countries, while others are context specific and vary among and within countries (e.g. between rural and urban settings) (WHO, 2012). Also, important to note that, at the individual level, some factors are associated with perpetration, some with victimization, and some with both.

A 2006 similar study conducted among five Latin American cultures found comparable results. According to Flake and Forste (2006), if a woman cohabits in Latin America, she is more likely to experience violence than if she is married. Further noted,

while marriage is significant to reducing abuse among Latinas, there is an inclination for women to cohabit rather than marry. The fact that cohabitation rates are increasing in every Latin American country is a major concern, as it most likely signifies that more and more women are inadvertently placing themselves at risk of partner violence (Flake & Forste, 2006). Other factors effecting an increased risk for IPV include lower socio-economic status, cultural attitudes condoning male violence against women, exposure to parental violence, and failure to learn effective problem-solving and anger-management strategies in childhood (Kelley, Montano, Lam, Hernandez, Miller & Workgroup, 2017). Couples engaged in IPV tend to communicate more negatively than nonviolent couples, using anger, contempt or hostility rather than looking for ways to exit arguments. They tend to frequently underestimate the quality and number of positive actions exhibited by their partners.

Women who have experienced serious abuse face extreme mental and emotional distress. Almost half of the women reporting intimate partner violence meet the criteria for major depression; 24 percent suffer from posttraumatic stress disorder, and 31 percent from anxiety (Goldsmith, 2016). Emotional abuse does not produce cuts, bruises, and broken-bones like physical abuse, so its scars are more difficult to recognize and treat. However, emotional abuse can leave deep internal emotional scars and trauma on the psychological well-being of the victim. Quite often, emotional abuse often leads to substance abuse, low self-esteem, feelings of powerlessness, isolation, alienation, anxiety and depression, and post-traumatic stress disorder. Women are so often the victims of abuse; therefore, more is known about their psychological trauma (Kelley et. al., 2017).

A study by Dr. Walker, psychologist, examined female victims of abuse and described “battered woman syndrome” (Walker, 1984; Grohol, 2016). This study found that women who frequently experience physical, sexual or serious emotional abuse tend to be affected in familiar ways and begin to show similar behavior. The battered women in her study showed minimization and denial of the abuse, poor memory related to abuse incidents, anxiety, fearfulness or panic related to stress, avoidance in dealing with related circumstances, recurring flashbacks of battering episodes, and specific fears and are continually watching out for signs of further harm (2016).

### **Cost and Consequences**

The costs of IPV against women alone in 1995 exceeded an estimated \$5.8 billion (National Center for Injury Prevention and Control, Division of Violence Prevention, 2017). These costs included nearly \$4.1 billion in the direct costs of medical and mental health care and nearly \$1.8 billion in the indirect costs of lost productivity (2017). This is generally considered an underestimate because the costs associated with the criminal justice system were not included. When updated to 2003 dollars, IPV costs exceeded \$8.3 billion, which included \$460 million for rape, \$6.2 billion for physical assault, \$461 million for stalking, and \$1.2 billion in the value of lost lives (Goldsmith, 2016). The increased annual health care costs for victims of IPV can continue as much as 15 years after the cessation of abuse. Victims of severe IPV lose nearly 8 million days of paid work-the equivalent of more than 32,000 full-time jobs-and almost 5.6 million days of household productivity each year (National Center for Injury Prevention and Control, Division of Violence Prevention, 2017). Women who experience severe aggression by

men (e.g., not being allowed to go to work or school, or having their lives or their children's lives threatened) are more likely to have been unemployed in the past, have health problems, and be receiving public assistance (Grohol, 2016).

Approximately 23% of women and 14% of men in the U.S. have experienced contact sexual violence, physical violence, or stalking by an intimate partner and reported at least one measured impact related to these or other forms of violence in that relationship (Celaya, 2014). In general, victims of recurring violence experience more serious consequences than victims of one-time incidents. Apart from deaths and injuries, physical violence, a major consequence of IPV, is associated with many adverse health outcomes. Some health conditions associated with intimate partner violence may be a direct result of the physical violence (Black, 2011). Examples of health conditions associated with IPV are asthma, bladder and kidney infections, cardiovascular disease, irritable bowel syndrome, central nervous system disorders, and migraines and headaches. Some of the reproductive consequences are gynecological disorders, sexually transmitted diseases including HIV/AIDS, delayed or no prenatal care, pregnancy difficulties like low birth weight babies and perinatal deaths, and unintended pregnancy. Lastly, physical violence is usually accompanied by emotional or psychological abuse. Some outcomes of psychological abuse are anxiety, depression, antisocial behavior, suicidal thoughts, and fear of intimacy, emotional detachment and replaying the violence in the mind (Warshaw, Brashler, & Gil, 2009).

Ultimately, the most severe health consequence of intimate partner violence is homicide, accounting for more than half the homicides of women in the United States

each year (Black, 2011). Much of adult female homicides are carried out by a husband, partner, or ex-husband or ex-partner, and in many of those homicide cases, the woman was severely battered before she was killed. The trajectory of the most severe kinds of abuse is often an increase in severity and frequency over time that may culminate in a homicide if the woman does not leave or the man does not receive intervention, treatment or incarceration for violence (Warshaw, Brashler & Gil, 2009; Black, 2011; Grohol, 2016). Most female victims of abuse eventually do leave their abuser; however, they are at a higher risk for homicide after they have left the abuser or when they disclose to the abuser that they are contemplating leaving (2016).

### **Help-Seeking**

The psychosocial needs of women in violent intimate partner relationships can be vast, with many women requiring legal, economic, and health services, as well as housing, child care, emotional and social support (Leon, Johnson, & Cohan, 2007; Sullivan, Basta, Tan, & Davidson, 1992; Weisz, Tolman, & Bennett, 1998). What remains uncertain is whether violence type predicts these needs or whether any attempts to meet these needs have been examined. Regardless of the classification of the type of intimate partner violence (IPV), there is consensus among researchers that the effects of IPV are damaging and that the nature and extent of psychological, emotional, physical, and sexual IPV relate to victims' help-seeking decisions (Meyer, 2009; Ferguson, Horwood, & Ryder, 2005a; Gondolf & Fisher, 1988; Leon, Johnson, & Cohan, 2007; Walker, 1979). Additionally, victims residing in rural settings are often assessed based

on the unique set of values embedded within the context such as rural pride, privacy, and sense of community (Anders & Saunders, 2003).

The sociocultural context of rural settings increases women's vulnerability to intimate partner violence which in turn negatively impacts help seeking and resource availability. While leaving an abusive relationship appears to most to be the dominant proposed solution to violence, women who leave an abusive relationship often experience restricted socioeconomic mobility, loss of social and community networks, and ongoing interpersonal escalating violence from the abuser, which can be more severe than was anticipated at the time of leaving (Goldsmith, 2016). Given its prevalence and context, intimate partner violence has been identified as a significant public health concern (Grohol, 2016). Many help-seeking theories within the psychological and family studies literature tend to be framed within domestic violence agency samples which are representative of victims of intimate partner terrorism.

### **Help-Seeking Theories**

Gondolf and Fisher's (1988) survivor theory and Merritt-Gray and Wuest's (1995) reclaiming self-theory are two general theories that attempt to explain victim help seeking. According to Gondolf and Fisher, victims increase their help seeking as the physical violence against them escalates. Correspondingly, Merritt-Gray and Wuest argue that women actively counteract partner violence and that escaping or ending violence is a process, rather than a unitary event, as supported by the finding that women leave violent relationships multiple times before permanently escaping (Leon, Johnson, & Cohan, 2007; Dobash & Dobash, 1979; Gondolf, Fisher, & McFerron, 1990). Moreover, both

Gondolf and Fisher (1988) and Merritt-Gray and Wuest (1995) stress women's active refusal as opposed to passive acceptance of violence. Both theories reveal that help seeking of women in violent relationships is extensive and includes both community samples (e.g., respondents to relatively large population-based surveys) and agency samples (e.g., women receiving services from shelters, hospitals, and courts). This research has not differentiated between violence types, however, making it indefinite as to whom findings can be generalized. Even so, these studies have focused primarily on three factors: severity and consequences of the violence, victim characteristics, and sources of help utilized.

First, physical violence severity is the most persistently examined and consistent predictor of help seeking, with findings revealing a positive association between violence severity and seeking help, predominantly legal and medical help seeking (Leon, Johnson, & Cohen, 2007; Gondolf & Fisher, 1988; Hutchinson & Hirschel, 1998; Kantor & Straus, 1990). Additionally, psychological consequences of partner violence such as fear, anger, depression, and low self-esteem are also positively linked to victim help seeking. The connection between help seeking and social isolation and lack of social support has also been studied among agency samples. These findings show that victims tend to seek help from people they believe to be receptive and empathetic (Waldrop & Resick, 2004).

Second, victim background characteristics are generally not associated with help seeking and findings are often inconsistent. For example, some findings suggest that Hispanic and African American women are more likely than White women to call the police in response to partner violence (Delichte, 2017; Hutchinson & Hirschel, 1998;

Krishnan, Hilbert, & Leeuwen, 2001), whereas other studies show that they are less likely (Johnson, 1995, 2001; Richie, 1996). Yoshioka, Gilbert, El-Bassel, and Baig-Amin (2003) established no discrepancies among African American, Hispanic, and Asian women's help seeking for IPV. Specifically, about 30% called the police or a counselor, or both, and less than 4% contacted a doctor (Delichte, 2017). Victim socioeconomic status is also an inconsistent predictor of help seeking, with some studies showing a positive association (Hirschel & Deveau, 2017; West, Kantor, & Jasinski, 1998) and others showing a negative association (Thao, 2016; Donato & Bowker, 1984).

Lastly, places where victims help seek has also been studied. Again, the lack of differences makes it complicated to determine whether violence type predicts differentiation in help-seeking behaviors. One way to reveal the different violence types is to focus on the populations of victims being sampled. A study by Johnson (1995, 2001) argued that agency samples are most likely dominated by IPV whereas community samples are likely dominated by situational couple incidents (SC). That is, it is unlikely that a person experiencing a first-time fight with their spouse would seek refuge in a domestic violence shelter or court support because they are unlikely to experience a level of danger requiring such intervention, and victims of IPV might not respond to general surveys for fear that the abusive partner would retaliate physically (Hirschel & Deveau, 2017; Thao, 2016; Johnson, 1995).

For example, data from agency samples (comprised mostly of IPV victims) show that a large fraction of victims utilize formal help sources (e.g., police, hospitals, counselors). More specifically, about 45–60% call the police, 30–40% contact a

shelter/counselor, and about 30% seek medical services (Hirschel & Deveau, 2017; Hutchinson & Hirschel, 1998; Krishnan et al., 2001; Pakieser, Lenaghan, & Muelleman, 1998). Other studies reporting the utilization of community samples (containing mainly IPV victims) suggest less formal help seeking; 7 – 30% of victims call police, 11 – 22% contact a shelter, and about 16% seek medical help (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000; Hathaway et al., 2000; Kantor & Straus, 1990).

In sum, three conclusions can be drawn from the help-seeking literature. First, extrapolating from studies using different sampling strategies, it seems that IPV victims are more likely than SC victims to seek formal help, particularly from the police, are more likely to seek multiple forms of help, and are equally or less likely to seek informal help. Second, factors positively related to IPV, such as severe and frequent violence, injury, psychological distress, and perceived social support are consistently associated with help seeking, particularly from formal sources. Finally, background variables are less stable predictors, suggesting a need for more research among ethnic minority groups.

### **Evidence of Successful Outcomes**

The act of separating or attempt to separate from an abusive partner is often an extremely compound decision for women (Broughton & Ford-Gilboe, 2016). The act of leaving has been described as a non-linear, multifaceted process in which a multitude of factors, such as access to emotional and social support means, as well as ongoing violence, shapes the victim's distinctive experiences. The largest part of research tends to focus mostly on victims navigating the leaving process and the impact on their safety, health, and quality of life (Ornstein & Rickne, 2013). The shift in understanding

survivor's recovery is to learn what's going well in their lives and not what's going well in trying to prevent the abuse. Successfully recovery from domestic violence takes time, support and work. But it is possible.

### **Survivors' Personal Perspectives**

Defining success for a survivor of intimate partner violence is not as clear-cut as asking people, "How do you define success?" To understand the true essence of success from a victim's perspective is to cut through all the overwhelming number of social messages from the media and other sources and allow victims to talk about success on their own terms. Melbin, Jordan, & Smyth (2014) produced a study with 150 self-identified survivors with varied cultures, races, and ages that focused on teaching survivors to pause when things go right, and systematically examine the moment, so they can potentially create more such moments in the future. The study was framed around significant moment reflections which focused on significant moments relevant to success in a survivor's life with an in-depth examination and reflection to tease out what enabled this moment. The study considered the practitioner's reflections of survivor's success as well.

Melbin's (2014) study included survivors living in northern and southern rural and urban locations in California. The data, inclusively, told the same story, again and again. Only 7% of the survivors stated that leaving or altering their abusive relationship was relevant to their success. Specifically, this 7% attributed their success to making changes in the abusive relationship which focused on feeling independent from the relationship. However, 93% attributed their success to connections with others,

accomplishments not connected to their abuser, and the normalcy of daily life.

Separation from the abuser was almost never mentioned in relation to success, and services were seldom mentioned as part of attaining success. Overall, the survivor's moment of success reflected a combination of autonomy and self-agency, with a connection to God, faith, family and friends.

**Being connected and belonging.** Being connected and belonging to something much bigger than oneself was one explanation used in defining success. Survivors mentioned that having an identity specific in relation to others was like “finding one's tribe,” and being connected to a much larger force in life. Survivor's reported that friends, family, community, and even the abuser played an important, positive role in their reaching a point that defined success. They attributed moments of success to turning points in life that was somehow connected to other people. One example comes from a survivor being at a park and watching her son playing baseball and hitting a homerun. The survivor recalled the feeling of thinking, “This is what life's about!” Moments such as this, feeling successful contributed to a shift in how the survivor began to view many other aspects of their lives, including the relationship with the abuser.

**Accomplishment and opportunity.** Accomplishment and opportunity facilitated a sense of feeling validated, valued, as well as being on the verge of something new and better. Survivor's stories relevant to success ranged from passing a driver's license exam, to reaching a sobriety milestone after years of addiction, to attaining independence and making one's own decisions, and more. These moments of success were accomplishments that they or others never imagined to be possible. For example, one

survivor indicated that graduating from college was huge for her because she had never completed anything in her life. Another survivor mentioned that she had finally procured a new apartment for her and her children. She said that even though she had just been released from jail and was wearing an ankle monitor, she was finally able to open the door to her *own* place for the first time ever in her life.

The notion of separation from a violent relationship as the first step to other positive experiences and feats is a very common denominator in many domestic violence recovery situations. *Success*, regarding recovery from domestic violence, can be best articulated as a fundamental reordering of life without any connection to the abuser. According to Melbin (2014), only about 7% of survivors related their success to actual changes in the abusive relationship. The success has been described completely independent from, and prior to changes in, the abusive relationship. While domestic violence is the predominate issue that was being assessed in the lives of survivors, it's the way that most survivors credited themselves, family members, God, and faith as the top enablers relevant to moments of success, as well as top supporters for coping in between recovery and success. Overall, being able to attain some level of success seems to define the identity of survivors. Even though supportive appropriated services do help toward taking the necessary steps to attain independence, they are not the only or even the most significant factor.

### **Framing the Qualitative Study Within Success Outcomes**

Based on a qualitative research effort carried out by Keeling, Smith, and Fisher (2016) on women's stages of change from domestic violence toward freedom that

explored the dynamic process, of fifteen women in rural areas, that often requires multiple attempts and separation prior to a successful termination of an abusive relationship, midlife women appear to differ from younger women by transitioning quickly through the stages of change with regard to leaving and moving into the maintenance stage of recovery. Attributed to this rapid transition is the consequential effect of having lived with long-term violence causing a shift in the victim's perception towards the violent partner, with an associated reclamation of power from within the violent relationship (Bostock, Plumpton, & Pratt, 2009). The realization that rapid departure from the violence seems to be critical in terms of personal safety as well as the reality that there is something terribly wrong with the relationship appears to positively affect the course of leaving.

Women survivors in midlife appear to navigate through the stages of change in a rapid linear process, forging ahead and exiting the abusive relationship with certainty and without considering options. Research also shows that younger women's process of leaving differs in the sense that younger women make repeated attempts to escape the abuse (Mookerjee, Cerulli, Fernandez, & Chin, 2015). Evidence accumulates that leaving a violent relationship has been identified as a dynamic process that requires multiple attempts and separation prior to final termination (2016). However, evidence also suggests that a midlife woman's narrative is dissimilar that the norm, one of finality. For women in younger and midlife age groups, terminating a violent relationship appears to be segregated acts. Consistent with successful termination of an abusive relationship,

success can be best understood by knowing how survivors thrive after they terminate the relationship.

### **Summary and Conclusions**

In conclusion, minimal research has been conducted exploring what survivors of domestic violence see as success. This study begins to address help-seeking approaches by victims who survive intimate partner violence. Moreover, this study also delves into what is deemed “success” by those who survive intimate partner violence. Most studies on domestic violence help-seeking behaviors tend to be based on services utilized by victims yet there is a need for qualitative studies to focus on survivor’s definition of success.

Wilson, Fauci, and Goodman (2015) noted that the trauma informed care approach in domestic violence is helpful in facilitating an understanding of a domestic violence survivor’s subjective direct experiences of trauma. Specifically, this last decade has experienced a prevailing change in our collective awareness to trauma, with a convergence of voices from research, practice, and policy stressing its pervasive and devastating consequences (Wilson et al., 2015). Trauma informed care has materialized as a broad approach to human services in which many aspects domestic violence program culture and service delivery are designed to be receptive and attentive to the effects of trauma. In the last 14 years, research in trauma informed care in the context of domestic violence has expanded (Elliott et. al., 2015).

Just as we help survivors to increase their access to economic resources, physical safety, and legal protections, using a trauma informed approach means that we also assist

survivors in strengthening their own social and psychological capacities to deal with the multiple complex issues that they face in accessing safety, recovering from the traumatic effects of domestic violence and other lifetime abuse, and rebuilding their lives. Domestic violence societal issues have been in existence since the beginning of time; however, only in most recent times, have societies begun to recognize intimate partner violence as a true social problem exceeding an estimated \$5.8 billion in direct costs of medical and mental health care (Barnett & Miller-Perrin, 2005).

Gondolf and Fisher (1988) identified two theories to help explain help seeking approaches of victims. The authorizes theorize that victims of intimate partner violence tend to increase help seeking as the violence escalates and victims, specifically women, tend to leave violent relations multiple times before successfully escaping and starting over (1988). Particularly, victims of intimate partner violence versus those of situational couple's violence are more prone to seek formal help from police and help from multiple sources.

Ornstein and Rickne (2013) suggested that most of the research in this area tends to equate success with the focus on how victims navigate the leaving process. However, Melbin, Jordan, and Smyth (2014) study produced results that counteract this study. Melbin, Jordan, and Smyth's (2014) study revealed that a high percent of victim-survivors attributes their success to establishing strong connections with others (e.g., God, faith, family and friends) while also achieving a sense of autonomy and self-agency. Under this notion, there is an assumption that victims who successfully recovered from violence rarely connect their accomplishments to their abuser.

Within a historical context, it is known that domestic violence is manifested differently in women of all ages, nationalities, economic classes, and ethnic groups. It is also known that domestic violence is a multigenerational cycle that is very difficult to break. It also known that children raised in families where violence is recurring tend to become offenders of violence or repeat the cycle by entering and staying in abusive relationships (Cook et al., 2017). It is also known that about 85% of domestic violence victims are women who endure a multitude of barriers when attempting to exit a violent relationship. Ultimately, it is also known that some women do successfully exit a violent relationship and go on to establish a life without violence. It is also known that victims of intimate partner violence do seek out various form of support when contemplating leaving a violent relationship.

What is not known is whether violence type is a predictor in the needs of each victim and whether any attempts to meet said needs have ever been examined (Meyer, 2009). What is also not known is how domestic violence survivors describe their personal successes. The study by Melbin, Jordan, and Smyth (2014) provided insight to understanding domestic violence survivor's attributions relevant to success along with survivor's perspectives on what is not relevant. I sought to answer two qualitative RQs: (a) What are the psychosocial factors related to the survivor's environment that contribute or influence successful outcomes for survivors of domestic violence in rural New Mexico communities? and (b) How is success described regarding the services received by survivors of domestic violence in rural New Mexico communities?

This present study aims to address successful help-seeking approaches of female victims of domestic violence within the context of subjective experiences relevant to the survivors who reside in rural southwest New Mexico. Moreover, this study generates themes elicited from survivors of intimate partner violence that might possibly eliminate or diminish their return to a relationship where domestic violence is prevalent. These themes can be helpful in various areas relevant to domestic violence interventions and support programs. Specifically, the information is helpful in the aid of developing a practical screening tool to share with various disciplines in trying to assist in determining a best approach for victims who are in the contemplation stage of change.

Chapter 3 includes an overview of the methodology including the qualitative approach and research design and rationale. I provide information on how participants were selected and what questions were asked of the participants to determine successful help-seeking approaches for victims of IPV in rural southwest New Mexico. The chapter also includes the procedures for recruitment, participation, and data collection; the data analysis plan; and discussion of issues of trustworthiness.

## Chapter 3: Research Methods

### **Introduction**

Chapter 3 includes the methodology for this study. The purpose of this qualitative case study was to explore psychosocial factors related to culture and community that contribute to or lead to successful outcomes for victims of domestic violence and/or IPV in rural New Mexico. I examined whether successful recovery from domestic violence is connected to support from services associated with domestic violence programs. This exploration allowed for an investigation into real lived experiences from female victims of abuse who reside in rural New Mexico. This research provided insight into a specific population, adult women who have recovered from domestic violence, which is a group that has been minimally examined by researchers (McCosker, Barnard, and Gerber, 2001). Past researchers studying female survivors of domestic violence mostly focused on the severity of the abuse and the losses associated with incidents of abuse (Najavits, Weissbecker, and Varjas, 2004). There is limited research on the experiences associated with successful recovery from domestic violence among adult women.

Conducting this research helped me to clarify whether successful recovery is connected to support from services associated with domestic violence programs. In addition, it provided insight about what is deemed “success” by those who have successfully recovered from IPV. When conducting the study, I closely reviewed literature on the current attitudes of adult female survivors regarding seeking domestic violence supportive services and whether these services were relevant to attain success in

recovery from abuse. Last, I investigated whether participants' recovery from abuse had an impact on culture and community.

### **Research Design and Rationale**

Creswell (2014) described qualitative research questions as open-ended, evolving, and nondirectional. Central questions are broad questions that researchers use to explore a central phenomenon or concept (Creswell, 2014). I sought to answer two central questions. The goal of the first question was to determine the participants' conceptualization of their experience relevant to domestic violence. The goal of the second central question was to determine the participants' conceptualization of success in relation to services and recovery.

### **Research Questions**

The two central questions (RQs) and six sub questions were as follows:

- RQ1. What are the psychosocial factors related to the survivors' environment that contribute or influence successful outcomes for survivors of domestic violence in rural New Mexico communities?
- a. Are victims in rural communities impacted by psychosocial difficulties that interfere with attempts to successfully leave violent relationships?
  - b. Do overall physical and mental well-being influence victims' abilities to leave abusive relationships?
  - c. What psychosocial issues do victims want to overcome?
- RQ2. How is success described regarding the services received by survivors of domestic violence in rural New Mexico communities?

- a. What are the services or resources that victims disclose as being instrumental in a successful recovery from abuse?
- b. Are victims considering orders of protection as an influence in their recovery process?
- c. Are victims continuing to participate in services after recovering from abuse?

I used an interview protocol with a few general semi structured questions, which served as a guide for the interview. These additional interview questions were meant to determine which variables of the help-seeking process make domestic violence recovery difficult and how the participant successfully overcame IPV.

I asked a few broad questions during the interviews. First, I asked a few questions about the impact of living in a rural community in relationship to leaving an abusive relationship. Second, I asked questions about the types of services received and whether they were helpful in the process. Finally, the interview focused on continuation of services after recovering from abuse.

### **Central Concepts**

The central concept of the study was successful recovery from IPV. IPV refers to “... any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors” (WHO, 2018, p.#21). I focused on many factors relevant to help-seeking and recovery amongst victims of IPV.

Domestic violence is intermittently called *intimate partner violence*. It includes physical, sexual, or emotional abuse, as well as sexual coercion and stalking by a current or former intimate partner (WHO, 2018). An intimate partner is a person with whom one has or had a close personal or sexual relationship. IPV affects millions of women each year in the United States (2018). Although *domestic violence* and *intimate partner violence* are used interchangeably to describe the same criminal offense, they have different origins.

The long-held view of violence in a relationship focused on a crime of abuse involving two individuals in an opposite-sex (heterosexual) marriage (Sullivan, 2000). Societal views have expanded to better understand the types of violence that exist within relationships as well as the reality that the roles of abuser and victim are not gender-specific (Boss, Bryant, & Mancini, 2016). In 1994, Congress passed the Violence Against Women Act (VAWA) and the term *intimate partner violence* (IPV) was introduced to include a broader understanding of violence in relationships (Wallace, 2015). The term IPV did not gain momentum until 2000. Regardless of whether it is called *domestic violence* or *intimate partner violence*, the term refers to a cycle of violence demonstrated through control and abuse that exists in a personal and intimate relationship (2015).

Another central concept in the study was help-seeking behaviors of those who experience domestic violence. I drew on Fanslow and Robinson's (2009) findings on the process of help-seeking by victims of IPV. A final concept was symbolic interactionism. The theoretical foundation for this study was symbolic interaction theory, or symbolic interactionism. Symbolic interaction is, "the process of interaction in the formation of

meanings for individuals which also emphasizes that human beings are best understood in a practical, interactive relation to their environment” (Boss, Bryant, & Mancini, 2016, pp.24-25). Researchers using this theory rely on participants’ views of their own personal situations or phenomenon experienced (2009). These subjective meanings are ones that have been formed through experience or interaction with others. Symbolic interaction theory provided an avenue to help understand lived experiences of female victims of abuse and the choices they made during and after the abuse.

### **Research Tradition**

I conducted a qualitative case study. Case study methods to inquiry are familiar to social scientists as they have a long and distinguished history (Blaikie, 2000; Creswell et al., 2007). A case study is an inquiry that examines an issue through ‘one or more cases within a bounded system’ (Creswell et al., 2007; p. 245), or a ‘contemporary phenomenon within its real-life context’ (Yin, 2003; p. 130). Case studies can be used in mentoring research to collect rich data that forms a holistic view of both mentor and mentee experiences, their social situations and their life histories (Colley, 2003), in a manner impossible with quantitative research. Although case studies can sometimes appear like narrative approaches, significant differences are evident (Creswell, 2007). For example, in this case study, the focus will be on the issues surrounding the ‘case’ as opposed to stories told by participants. A case study approach involves the process of gaining a deeper understanding through multiple types of data sources.

A qualitative method was best because I sought to understand how each participant personally experienced help-seeking relevant to successful recovery from

intimate partner violence. Also, another goal was to know how the helping process affected or influenced those who successfully exited an abusive situation and what they did to sustain their recovery. Therefore, the study needs an in-depth analysis of the help-seeking process. Qualitative research uses open-ended questions to allow the researcher to explore and understand the meaning individuals ascribe to social problems or phenomenon (Creswell, 2014). This design facilitated a more personalized explanation of the help-seeking behaviors for each participant.

### **Rationale for Tradition**

For this study, I used a qualitative approach. An exploratory, qualitative approach using the framework of an interpretive phenomenological analysis (IPA) was used to conduct this research effort. Qualitative methods have been recommended for research in areas where little is known, particularly where the researcher is exploring complex, little understood personal and interpersonal processes, and where it is important to preserve the subtlety and ambiguity of the phenomena under study (Elliott, Fischer, & Rennie, 1999).

This design provided a more encompassing view of the participant's attitudes and opinions from a person-centered perspective, opposed to a quantitative approach analyzing and comparing statistical data among two or more groups. A qualitative approach allowed for the exploration of attitudes and experiences in the participants natural setting, while making it possible to compare ideas on a single phenomenon, which is the pervasiveness of help-seeking approaches among female survivors of intimate partner violence. The qualitative approach allowed me, the researcher, to be involved with a face-to-face dialogue through interviewing participants to collect data. In many

rural communities, is deemed as taboo and not often discussed until it becomes a matter of life or death (Owens and Carrington, 2015). However, a qualitative approach allowed for a more personal setting and a more intimate style of interviewing on such an intrusive topic by using a humanistic approach (Creswell, 2014).

Prior research offered contributory explanations to recovery from abusive relationships through quantitative approaches. However, there is a need for more qualitative measures of understanding the survivor's perspectives and understanding of what it means to successfully recover from an abusive relationship. According to Evans and Feder (2016), a qualitative study "focuses on the meaning successful recovery has for the individual, and how the individuals engaging in help-seeking behaviors interpret themselves, their actions, and their surroundings" (p. 62).

Based on Creswell's description of a qualitative research design, a case study on the relevancy of help-seeking behaviors in determining how success is defined best fit into a case study that is geared toward understanding in-depth like experiences or common themes among the participants such as female victims of intimate partner violence between the ages of 18-and up. Furthermore, Hegarty, Tarzia, Hooker, and Taft (2016) suggested that case studies provide tools for researchers to study complex phenomena within their contexts. When this approach is applied correctly, it becomes a valuable method for social research to develop theory, evaluate programs, and develop interventions. A case study is a more beneficial study to understanding help-seeking behaviors (Hegarty et al., 2016), as well as female survivors' descriptions and experiences as they explain their stories.

### **Role of the Researcher**

My responsibility as the researcher for this study was to examine and truthfully record the anecdotal views and opinions among the participants without exhibiting personal bias and without allowing my preconceived notions about intimate partner violence guide the study. Groenewald (2004) and Hammersly (2000) make clear that no researcher can be or should otherwise pretend to be disconnected from their own personal beliefs about their research, but they should never construct their research investigation around those beliefs.

My role in the data collection procedures was to collect data from participant interviews and develop a composite description of the essence or meaning for the participants. To ensure confidentiality and consistency of interpretation I was the sole interviewer. The study used a symbolic interactionism theoretical lens. Therefore, it was critical that I recognized how my background and experiences might shape any interpretations. My position in this research was to acknowledge, if any, interpretation might be from my own experiences. My role as the researcher was to interpret the meanings others have about the world. Symbolic interactionism was appropriate for case studies where individuals described their experiences such as their experience with help-seeking for domestic violence and the process of recovery.

As the researcher, I did not have any professional relationship with any of the participants. There was no supervisory or instructor relationship with any of the participants. As the researcher, I did not have any overt power or influence over the participants. As the researcher, I did not have personal relationships with any of the

participants. The participants became known to me either directly or indirectly through sister agencies and colleagues. The reasoning for this was mainly due to financial and time constraints as a student researcher. The participants were procured through some social media sites and word of mouth. This process minimized the amount of money and time spent searching for participants. The possibility of participant bias was taken into consideration. Consideration was given to the fact that participants might respond in ways they believe the researcher wants them to respond. Therefore, the participants guided the interview as much as possible.

I refrained from offering any personal information on experiences and focused on the participants. Allowing the participants to guide the interview minimized any personal bias on the subject. In addition, the participants were allowed to view my interpretations of the interview to ensure there was a complete understanding as to the responses of each participant. This ensured no misinterpretation of anything during the interview. The interview results were reviewed by the dissertation committee as well as the participants themselves to ensure no personal bias was involved in the study and that the results reported reflected what the participants intended.

In most research, there are biases and limitations. The biases within this research study included, but were not limited to, identification with the group involved. I identified as an adult female having knowledge of domestic violence interviewing adult female survivors. In addition, my professional expertise included several years as a counselor and as a trainer in the field of domestic violence policy and welfare. Due to the social and political climate involving female victims and survivors of domestic violence,

there is a level of empathy and compassion for present-day victims and survivors of domestic violence.

## **Methodology**

### **Participant Selection Logic**

**Population.** A population includes all relevant units of analysis (Frankfort-Nachmias & Nachmias, 2008). For this study, the population was adult females in rural New Mexico who have experienced domestic violence sometime in their life. In addition, the study is only interested in studying female victims and survivors of intimate partner violence from an adult standpoint, so the population is female adults who have experienced intimate partner violence. The participants may have experienced domestic violence as a child or an adult, but only adults will be interviewed. The reasoning behind interviewing adults is that they are more likely to be able to better process the trauma and adults can express how the violence affected them. In addition, children are a more vulnerable group of participants than adults.

**Sampling strategy.** Sample designs can be probability or nonprobability sampling designs. Probability designs identify the probability that each sampling unit will be included in the sample (Frankfort-Nachmias & Nachmias, 2008). For this study, I chose probability samples are preferred over nonprobability samples because it was much easier to predict how the findings of the study would differ from the results if the whole population was studied. Participants were purposefully selected to interview to help me, the researcher, gain a better understanding on the dynamics relevant to the help-seeking processes among female victims of intimate partner violence who reside in rural

areas. According to Creswell (2014), neither random sampling nor a selection of a huge number of sites and participants is suggested to conduct a qualitative study. Therefore, a purposive sample was implemented.

I used a purposive sampling strategy. Purposive samples, occasionally referred to as judgment samples, allow the researcher to use their subjective judgment and attempt while “selecting sampling units that appear to be representative of the population” (Frankfort-Nachmias & Nachmias, 2008, p. 168). Participants selected for the study were purposefully so that they can provide key information for the phenomenon. More specifically, participants needed to meet specific criteria. Therefore, the study used criterion sampling. “Criterion sampling works well when all subjects studied represent the people who have experienced the phenomenon” (Creswell, 2013, p. 158).

The sample size was determined by the type of study being conducted and the desired information that needed to be collected to adequately represent the population and answer the proposed research questions. The interviews were conducted and responses from 12-15 respondents were interviewed and analyzed for answering the research questions. According to Mason (2010), the qualitative research sample size should be large enough to explore and capture diverse perceptions, but not so large that the information becomes repetitive.

The target sample number was determined by taking into consideration the severity of violent incidents relevant to female victims who openly discussing their victimization. Another factor that determined the sample number is the age of the participants and the elements linked to their recovery from a life of abuse.

**Participants.** My selection logic in this study was based on the traditions and criteria of case study research (Yin, 2017). The participant population in this study was inclusive of females between the ages of 18 and up who experienced intimate partner violence at least once in their lifetime. Over the past five years, there has been a major worldwide increase in the percentage of women who have experienced physical and sexual abuse by an intimate partner (Vagianos, 2014). Researchers have suggested that women had a significantly higher lifetime prevalence of severe physical violence by an intimate partner (24.3%) compared to men (13.8%) and 47.1% of female victims were between 18 and 24 years of age when they first experienced violence by an intimate partner (Breiding, Chen, & Black, 2014).

According to the CDC (2017), during the past decade, our understanding of the biological response to acute and chronic stress that links IPV with negative health conditions has deepened (CDC, 2010; Black, 2011; Crofford, 2007; Pico-Alfonso, Garcia-Linares, Celda-Navarro, Herbert, & Martinez, 2004). Historically, violence against women initially came to be viewed as a serious social issue in the early 1970s, in part because of the re-emergence of the women's movement (CDC, 2017). In unprecedented numbers, scholars were educated in diverse disciplines as philosophy, literature, law, and sociology examined violence against women in the context of a feminist ideology. Despite of the resulting outpouring of research on violence against women, predominantly in the areas of rape and intimate partner violence, many gaps remain. There is an apparent need to investigate and address help-seeking processes that

rural area female victims of IPV encounter during their road to recovering from an abusive relationship.

I recruited volunteers from a local domestic violence community women's program. The executive director, of the agency at which participants were selected, was contacted through a letter requesting approval to conduct the study (see Appendix A). These participants will be targeted due to the likelihood of the respondents having sought help for issues related to intimate partner violence occurrences. Permission was sought after from the Walden University's Institutional Review Board to protect the rights of human participants as suggested by Creswell (2014), by providing copies of the informed consent, confidentiality, and interview guides for approval through a test piloting process.

### **Instrumentation**

For this study, a demographic questionnaire was developed to gather demographic information: Race/Ethnicity, Gender, Age, Income, Familial status, and education. The semi-structured interview was developed to determine whether the person experienced trauma related to abuse and sought help for the abuse within the last year. The interview included questions relevant to reasons for help-seeking that they feel are important or that applied to them while having sought help for abuse. The interview captured opinions regarding various aspects and experiences with abuse, recovery, as well as describing the relationship between attitudes surrounding abuse, help-seeking, and the recovery. The goal of the questions was to assess the personal views and reason for help-seeking and successful recovery from abuse. The interview engaged participation from those that

have had experienced intimate partner violence, sought some level of help, and recovered from the abuse.

### **Procedures for Recruitment, Participation, and Data Collection**

Prior to conducting interviews, I introduced myself by using direct eye contact, appropriate body language, and tone of voice to ensure that participants were comfortable. Rapport-building is important to the interviewing process. For this study, two avenues of social media (Facebook and website) were utilized to identify and recruit participants. The flyer was given out to the agency's director and group leaders who posted it in the places where everyone had access. Volunteers meeting the criteria were asked to contact the researcher by way of the information provided on the flyer. In addition, I requested for anyone reading the post to repost the study so that it may reach as many people as possible. After potential participants responded, I verified that the potential participants meet the criteria of the study before being included. The participants were asked to read and sign a consent form before being included in the study. The participants were given the opportunity to ask questions. This process was continued until I had enough participants for the study. Creswell (2014) recommends using 19-15 participants in a phenomenological study. In this study the number of participants was 12 – 15 participants. This number allowed for dropouts' while keeping within the recommended range.

In qualitative research there are four types of data: observation, interviews, documents, and audiovisual materials (Creswell, 2014). For this study, I used semi structured interviews. The goal was to understand how the participants experienced help-

seeking personally. The main data collection procedure was the open-ended interview process. The only documents involved in the data collection procedures were notes taken in the interview by hand and on audiotape. The reason for the audiotape was to make sure not to miss any important information in the interview, and the use of videotape would be unethical as it may breach confidentiality of the participant. Open-ended questions to help guide the interview while still allowing the participant to speak without restraint guided the interviews. The interviews were reviewed and transcribed immediately after each interview to ensure accuracy. The data set were small enough that the data was managed manually by coding, analyzing, and reporting. To provide meaning to the results the data were thoroughly read, reflected on, categories created, and conclusions were drawn.

### **Data Analysis Plan**

The analysis was conducted by reviewing the information collected during the interviews. Next, I summarized the information in memos and reflective notes. The data was categorized and coded for sorting and refinement. Then, each transcript followed a series that is a variation of methods suggested by Stevick (1971), Colaizzi (1973), and Keen (1975) and adapted from Moustakas (1994) who is one of the leading representatives of the phenomenological tradition. This series as described in Rudestam and Newton (2015) follows 7 steps:

1. Review each statement for how well it describes the experience.
2. Record all relevant statements.

3. Remove all statements that are redundant or overlap with others, leaving the key meaning units of the experience.
4. Organize the invariant meaning units into themes.
5. Coalesce the themes into a description of the textures of the experience and augment the description with quotations from the text.
6. Using your imagination and taking multiple perspectives to find possible meanings in the text, construct a description of the structures of your experience.
7. Create a textual-structural description of the meanings and essences of your experience. (p. 215)

Each transcript went through these seven steps which integrated the individual textual-structural descriptions into a composite description of the meanings and essences of the experience of the entire group to develop a grounded theory. This study included the use hand-coding to manage and assist in the development of themes from the interview data.

### **Issues of Trustworthiness**

#### **Credibility**

Credibility is the equivalent to internal validity in a qualitative study. Rudestam and Newton (2015), refer to credibility as the “truth value of findings.” It deals with the question of how similar are the findings to reality? Credibility was ensured by spending enough time with the participants to check for distortions in their stories. This meant having multiple interviews with each participant. Another way credibility was ensured was to get as much detail as possible to truly understand the participant’s experience. The

audiotapes helped ensure credibility by providing a means to evaluate the interviews multiple times to ensure the researcher does not miss any important information. I clarified the findings of the interview with the participants by ensuring the experience was correctly recorded, described, and transcribed. This was the most significant step to ensure credibility because it allowed the participant the opportunity to check the accuracy of the interpretations. I sought support such as peer review from colleagues as I navigated going through the dissertation process. Finally, there were several meetings with committee members reviewing the study who provide ongoing feedback.

### **Transferability**

Transferability is the qualitative equivalent of external validity. Qualitative studies emphasize a “thick description” of an experience from a small number of people (Rudestam & Newton, 2007). To allow for transferability the participants and the setting need to be depicted in detail. The goal is to be able to generalize to other participants and settings. Therefore, the researcher must describe the setting and participants with sufficient detail for the data to be transferable to other settings and other people. Still, for transferability to be possible the situations must be similar.

### **Dependability**

Dependability is the qualitative counterpart to reliability. It concerns the replication of the study under similar circumstances (Rudestam & Newton, 2007). The key to ensuring dependability is to provide as much detail as possible. A way to ensure dependability is to have skilled interviewers. The researcher is not exactly a trained skilled interviewer, but is a doctoral student working on a dissertation. Therefore, the

researcher does have a sufficient knowledge of how to conduct an interview.

Furthermore, the interviews will be recorded and transcribed to ensure dependability. The researcher will code the data in a way that the ordinary person can understand the themes. The goal is for others to be able to use the similar themes and come up with like conclusions.

### **Confirmability**

Confirmability was the qualitative counterpart to objectivity. This step ensured that the findings reflected experiences of the participants and not that of the researcher. Confirmability helped minimize any researcher bias.

### **Ethical Procedures**

This study involved potentially vulnerable people because of the sensitive subject matter. Approval was gained from the Walden review board to study the topic. Stress was minimized by not pushing the study and the interviews. The participants were allowed to tell as much or little as they wish. Each participant was provided a number for an anonymous hotline and a recommendation for an approved domestic violence therapist in the area who would assist the participants if necessary.

Ethical procedures were followed by obtaining informed consents from the participants and verbally explaining the details of the study to each participant and ask if they still wish to be included in the study. The details are in writing and signed by the participant to show they did in fact consent to the study. In addition, each participant was reminded that the interview was audio-recorded before proceeding with the interview. All potential risks associated with revisiting a possible sensitive subject such as domestic

violence was explained ensuring confidentiality by protecting the identity of the participants.

### **Summary**

No clear conflict of interest for this study exists because there was no personal authority or financial gain involved. In addition, having the research peer reviewed and having a committee oversee the research should eliminate any conflict of interest. The academic gains by the researcher were explained to the participants so they know what the researcher will gain from the study. This gave the participants the information they need to determine if there is a conflict of interest that needs to be addressed and if they were still willing to participate.

I discussed the expected time limit per participant. It was imperative that the participants understood that their participation was on a voluntary basis and that there was no pressure to participate in any way. I explained that there was no consequence should they decided to terminate their engagement in the study. Within this process, possible conflicts were addressed, and the participants were given a copy of the informed consent form. Finally, respect for the research site visited was given by acknowledging the hours of operation as well as being cognizant of the time of any daily planned activities.

Finally, for this study, all participants signed an informed consent and were aware and receptive to being audiotaped prior to their interviews. Furthermore, although the presence of an observer could have been disruptive and affected responses, the presence of an observer was not necessary for these interviews. Each participant eagerly shared her

experiences and through audiotaping and note-taking during the interview, I gathered adequate information. In addition, audiotaping can be difficult to interpret. One of 12 audiotapes was difficult to interpret due to some background noise. Acknowledging the limitations of this study motivated me to consider the research problem on a more critical level. This means the possibility of further assessing the problem to determine if the right methods were being used. Finally, understanding the limitations of this study provoked assumptions of research to address unknown information.

## Chapter 4: Results

### **Introduction**

The purpose of this case study was to explore lived experiences of survivors of domestic violence who have successfully recovered from abuse. The main objective was to explore behavioral factors that contribute to or lead to successful outcomes for survivors in rural New Mexico. Domestic violence survivors' descriptions of their lives as a current success can be considered counterintuitive—an act of resilience that can be perceived differently than other traumas (Dunn, 2005). However, the ability to endure abuse and successfully recover from the abuse is worth acknowledging. To learn more about survivors' survival strategies please refer to Appendix B. In this chapter I present the findings from the semi structured interviews I conducted with adult female survivors of domestic violence who reported successful recoveries from domestic violence.

### **Setting**

I conducted semi structured interviews at a secure safe office and conference room at the main offices of the agency. The location for the interviews depended on the availability of participants and their schedules. I communicated with participants by providing a letter, in person, regarding the nature of the study. Each participant was provided a copy of the informed consent and statement of confidentiality.

Prior to conducting the semi structured interviews, I explained the general overview of the study and the objective of the interview. In addition, I reviewed the informed consent with each participant and afforded each participant the opportunity to ask questions prior to obtaining consent to participate. I reviewed the option, as outlined

in the informed consent, to conduct the interview face-to-face or by telephone and ensured that each participant's choice was followed.

All participants agreed to a face-to-face interview. I also provided the option to receive a copy of the results of the study. Finally, each participant was informed that she could withdraw from the study at any time if she experienced any discomfort during the interview process. No participants chose to withdraw. Each participant was gifted a \$5.00 Starbucks gift card, as outlined in the informed consent.

During the interview, I repeated questions and reframed participant responses when necessary to ensure that participants and I understood the questions and answers. I used an interview guide (see Appendix B) to ensure that I posed main questions to each participant. Furthermore, prompting was used throughout the interview so that I, as the researcher, could gain better insight.

### **Demographics**

The sample included 12 adult women ages 18 and older who had experienced domestic violence at least once in their adult life. All participants identified as female survivors of domestic violence between the ages of 27 to 67. A summary of each participant follows.

#### **Participant 1: ML**

Participant ML was a 37-year-old Hispanic woman who endured abuse as young mother. ML currently works in the health care industry. ML was raised by her father. ML's abuser was a gang member who instilled fear in her by telling her she was worthless and she would never amount to anything. She said that she had no self-esteem,

finances, or means to leave her abuser. She stayed in the relationship because of her children. She finally left her abuser when a Christian counselor offered to help her. The counseling empowered her to feel strong and to also begin to love herself. ML defines success as being strong in her faith and helping others leave abusive situations. She considered the counselor a miracle from God. In addition, she feels she received considerable education on domestic violence and how to never return to an abusive relationship. Her family is very supportive of her decision to leave her abuser.

**Participant 2: IL**

Participant IL was a 27-year-old Mexican single mom who endured domestic violence as a child and as an adult. IL mentioned cultural barriers and lack of support in her country as main reasons why she suffered abuse as a child and went on to marry an abusive man. IL was abused by her father and then by her husband. She mentioned being vulnerable, pregnant, and alone during the time most of the abuse took place. She prayed that her life would change. She sought a shelter for refuge and learned about safety planning and how to prepare to leave her abusive husband. She described a defining successful moment in her life when she learned how to be in control of her life without help. She feels that she will now be a good role model for her daughter who is the most important thing to her. IL has no support from family at this time.

**Participant 3: BN**

Participant BN was a 47-year-old Hispanic woman who had recently divorced her abuser of 15 years. She attributes her culture and upbringing as the basis for her past abuse. She reported suffering from depression. She says that she did not leave earlier

because she never knew there were services that help women who are being abused. Success for her means being a good role model for her children and being able to be independent. She says that her parents have passed away; but she would have liked for them to see her now that she is free from domestic violence.

**Participant 4: DM**

Participant DM is a 40-year-old Mexican woman who endured 20 years of abuse before leaving. She attributes her religion as the reason why she did not leave sooner. She says her abuser, her husband, would tell her that she was going to hell if she left the marriage. She said she was blamed for everything that went wrong in the household. Her abuser would tell her that she was cursed because she did not pray enough. DM was not aware of shelters or services to help her plan to exit this marriage. She began to seek a job; after finding one, she discovered that she had several rights and did not have to live a life of violence. She regrets that her children witnessed the abuse. DM says that success to her is being able to work, going to college, and seeing her children grow up and become successful. She says that her family stopped speaking to her because she left her abusive marriage, but her friends are very proud of her. DM now reports being in a very healthy marriage.

**Participant 5: JM**

Participant JM is 28-year-old single White woman. She endured abuse as a child and an adult. She says that she developed several phobias due to years of abuse. She says that she had much anger and mistrust in humanity. JM says her grandmother was the only person who has ever been there for her, unconditionally. She also says that her

grandmother encouraged her to seek counseling to address her issues. She now feels better educated on domestic violence. She describes success as being able to accept what has happened and know that none of the abuse was her fault. She says her family and friends now see her as a role model.

**Participant 6: SR**

Participant SR is a 65-year-old African American female veteran who has been free of abuse for over 20 years. She was married to a military man who she said was extremely abusive, physically and mentally. She carried all the responsibilities of the household. She describes that marriage as one of severe psychological abuse and “walking on eggshells” all time. The abuse occurred while they were stationed in California. She says there was no immediate recourse on the base for assistance in fleeing her abuser. She says a friend took her to a shelter for help. She was told she did not meet the criteria for help. She is thankful that a commander helped her out with safety planning and counseling. She defines success as “not being angry,” “forgiving her abuser,” and “loving herself.” She says that counseling helped her understand why she stayed with her abuser for so long. She no longer has contact with family as they did not support her ending the marriage.

**Participant 7: CF**

Participant CF is a 67-year-old single White female who grew up being abused by her mother and went to endure two abusive marriages. She considers herself a success story because she left her abuse and went on to raise her two grandsons who were also being abused. Her grandsons are very proud of her and she no longer has the victim

mentality. Her grandmother helped her get through the worst years of her abuse. She endured years of depression, self-doubt for about 6-7 years. She regrets not leaving her abuser earlier in life. She currently works as a municipal judge in a small community and works as an advocate to assist those in abusive situations.

**Participant 8: NF**

Participant NF is a 54-year-old divorced Mexican female. She has been divorced for three years from her abuser with whom she was married to for 27 years. During her marriage, her abuser managed to turn her children against her. Her children hated her and disrespected her in many ways. NF endured psychological abuse which brought debilitating depression for many years. She began drinking to numb her pain. She attributes counseling that helped her self-esteem. She now has her own business and travels all over the country. Her brother is very proud of her and she now has a much stronger relationship with her children. Her only regret was that she should have left her marriage much earlier.

**Participant 9: LB**

Participant LB is a 48-year-old married White female. Her first marriage was a very violent relationship. She had one daughter with her abuser. Her daughter was very close to her father which made it difficult for her to leave. Her abuse got heavily into methamphetamine. He became more violent through their time together. He was arrested on domestic violence charges and later served time for drug trafficking. LB also became very angry; in turn, she became abusive. It wasn't until she attended a court ordered offender counseling program that she decided to leave her abuser and change her life. She

also sought out an order of protection against her abuser. He attributes her happiness to being independent and not afraid to go home anymore. Her daughter and family are extremely proud of her. She worries that her daughter might end up in an abusive relationship.

**Participant 10: TL**

Participant TL is a 56-year-old single Mexican female who has two grown sons. She grew up in an impoverished country. She married her abuser so that she would be able to leave Mexico. She had no support from family and her husband was extremely psychological and physically abusive. He would secretly record her phone conversations. She began receiving counseling for abuse which is where she learned how to begin saving money and prepare a safety plan to leave her marriage. She left her abuser and began to seek employment. She is now gainfully employed, happy, and independent. Her family and friend support her and seem to be very proud of her success. Her only regret was that her sons had to witness her mistreatment.

**Participant 11: LM**

Participant LM is a 61-year-old single White female. She has been single for over 20 years. During her abuse, she was living in Germany as her husband was in the military. She described him as a very controlling man who basically diminished her self-esteem at all levels. He controlled everything in her life. She was not allowed to work. She attributes the German people for saving her life and helping stop the abuse. She said that she was giving a hundred-dollar bill for safekeeping which she hid in her boot. The German police helped her flee and escape her abuser. She took her clothes and her two

dogs with her back to New Mexico and never looked back. She describes her success as not having to defend herself and being independent. LM currently own her own successful boarding kennel business. Her parents were always supportive and she regrets not letting them know how bad her abuse was. She has not shared her past with very many people.

### **Participant 12: SN**

Participant SN is a 52-year-old single White female who has a 12-year-old daughter. SN endured childhood abuse as well as an abusive relationship as an adult. She has never been married. She sought help for her depression and low self-esteem when she was in her thirties. She began her “healing-journey” by seeking one on one counseling and attending group meetings. She feels she is a success story in the sense that she is an overcomer of incest and abuse and wants to help others with their healing process. SN is gainfully employed with the federal government. SN’s only regret is that perhaps she didn’t seek abuse earlier. Her father is proud of her success. SN shared that her friends seemed to be a bit shocked when shares about her past abuse.

### **Summary of Participant Experiences**

Participants lived experiences of domestic violence were characterized by forms of physical violence and psychological abuse. The experiences were followed by thoughts of seeking emotional support at one point during the abuse, evoking feelings of anxiety, depression, low self-esteem, fear, and suicide. In turn, these feelings led to participants consideration of either seeking help or leaving their abusive situation. Most participants disclosed that their choice to receive counseling or group support was a life

changing decision that helped them make the decisions to finally leave their abuser forever. Although all participants were referred by close friends, support groups, and or community agency, all found that their experience addressed past similar forms of domestic violence including, but not limited to, fear of disclosing, not aware of help, fear of losing children, fear of failing God, and fear of not being able to make it on their own financially.

I discovered that certain barriers involved in leaving an abusive situation remained the same as some researchers have suggested (i.e., finances, fear, pride, faith, family, and shame). Although many barriers were discussed, I discovered that the participants were able to overcome many of their own barriers by gaining self-esteem and becoming empowered through forms of group support or individual counseling. All participants disclosed that they learned self-worth through specific domestic violence support groups for women. At least 7 out of 12 disclosed that they still attend groups and occasionally share their stories with newcomers to the group.

Participants reported that prior to leaving their abusive relationships, they felt as if they had no sense of self-worth or identity. Some participants, after leaving, continued to experience lack of support from family due to cultural expectations within the family. All participants described at least two experiences in which they felt fearful and unsafe of the unknown and lacked self-confidence in being able to make it on their own. Specific incidences in which they experienced fear and danger included leaving their country of origin, having no money, and breaking up the family. Although each participant had felt like there was no hope in recovery from abuse at one point or another, each participant

also believed that they might benefit from counseling or group support to help address safety planning, financial issues, and emotional wellbeing to help attain some level of better self-esteem and hope. Finally, all participants agreed that they consider themselves a success story with regard to leaving an abusive relationship.

### **Data Collection**

I collected data through semi structured face-to-face interviews with the 12 participants (see Appendix B). I conducted semi structured interviews with each participant in a private secured conference room after business hours. The duration of the interviews varied in length, depending on the amount of information provided by each participant. All interviews were handwritten in person and transcribed afterwards. After reviewing and transcribing, I hand-coded the data. The process of hand-coding allowed me to organize data strategically and create themes presented by each participant throughout the interviewing process.

The interview protocol included seven questions asked of each participant. I focused on these seven questions to help develop common themes throughout the interviewing process. In addition, detailed notes were taken during the interview process to ensure that I focused on main themes developed and documented nonverbal cues, including facial and hand gestures and tone of voice. At the end of the interview, I asked for any additional information to add to the interview. All participants focused on the need to continue being strong independent women.

### **Data Analysis**

The interview data were clarified in follow up interviews which consisted of about 25-35 minutes for each participant. “Coding is the process of organizing the data by bracketing chunks (or text or image segments) and writing a word representing a category in the margins” (Creswell, 2014, p. 197-198). In addition, coding was used to organize common themes throughout the interviewing process. Field notes were recorded in a journal and later transcribed.

I used the method of hand-coding versus the use of NVivo software, as outlined in Chapter 3 for the following reasons: (a) unfamiliarity with NVivo software, (b) unbudgeted expense for NVivo software, (c) my ability to identify words that may be considered acronyms will avoid a computerized possible misinterpretation of said acronyms; and (d) my ability to interpret the meaning of the data instead of using NVivo provides more than one interpretation of a response or statement from the participant. If incorrect spelling was input, the response may have been coded incorrectly, which may have led to misinterpreted findings and possibly provided invalid results (Bright & O’Connor, 2007).

During the analysis process, I used data reduction to reduce large chunks of data into smaller units of coded data which were representative of the participants. Seven tables were created to correspond with the questions put before each participant. Each table included consists of three columns inclusive of the participant identification by initials, quoted statements of each participant, and a theme (adjectives) presented based on information gathered. After reviewing all of the themes, I established an overall theme

used to represent a culmination of information gathered from all participants during each question posed. The main theme is representative of lived experiences of adult female survivors of domestic violence who consider themselves survivors and successes of domestic violence. The final phase of the analysis reported in the demographics section of this paper includes a summary of each of the participant's lived experiences.

### **Evidence of Trustworthiness**

#### **Credibility**

Credibility is one of the most imperative factors in establishing trustworthiness. Simon (2011) proposed that credibility is like internal validity with the focus on establishing a match between the responses of experts (e.g., educators and administrators) and those certainties represented by the evaluator and designer of the instrument (researcher such as myself). Credibility of the results was ensured through member checking in which a summary of the interview transcript was provided in person to each participant involved in the study. Each participant was given the opportunity to provide feedback to ensure accuracy of information; however, there were no changes recommended by the participants.

#### **Transferability**

Transferability includes verification of findings obtained by providing a thorough description of the methodological procedure and research context. The primary aim of this study was to understand the behaviors that adult female survivors endure on their journey to overcoming abuse and being able to identify as a survivor who has successfully recovered. Consequently, the phenomenology of this case study is dependent

on a rich description of research to date to improve transferability of results. Creswell (2014) mentions that qualitative researchers provided detailed descriptive information of a setting or offer many perspectives about a theme; thus, the result will be more relative and richer, adding to the validity of findings. In this study, transferability was addressed by using a real-lived rich description of the participant's life while including information-rich themes representative of adult female survivors of domestic violence.

### **Dependability**

I used audit trails to ensure dependability of the findings by tracing the information such as the data documentation, data collection, data analysis, and the development of themes. Accuracy of findings was ensured by method of audit trails, member checking, and hand-coding.

### **Confirmability**

Confirmability of this study was improved by providing a comprehensive overview which includes transcript information as well direct personal quotes from the participants. The quotes include emotional and psychological expressions which are documented in the audit trails. The confirmability of data findings includes record-keeping consisting of handwritten notes and transcribes interview notes.

## **Results**

The presentation of this study's results is organized by the research questions. Each interview item is followed by the responses of the participants which also include descriptions of their real lived experiences relevant to domestic violence. Item 1 asked, "What are the barriers that interfered in your attempt to leave an abusive relationship?"

This was an outlier question to help understand the significance involved in victim's attempts to flee a violent situation. Additionally, the question represents reality in the lived experiences of the participant's attempts to leave abusers. There were five emerging themes discovered in this study: economic abuse, low self-esteem, unawareness of services, self-worth, and regret for not having sought help sooner.

I discovered that the following items evoked responses that focused on adult female survivors of domestic violence who have successfully recovered. Item 1 asked, "What are the barriers that interfered in your attempt to leave an abusive relationship?" Item 2 asked, "What are the mental obstacles you faced during your attempt to leave an abusive relationship?" Item 3 asked "What are the resources or services that were helpful in your recovery from an abusive relationship? Item 4 requested, "Can you describe what success means to you?" Item 5 asked, "What, if anything, would you change about your recovery process if you could?" Item 6 asked, "How does your family view your recovery? Item 7 asked, "How do your friends view your recovery?" Each item evoked a series of common themes shared by most participants.

### **Theme 1: Economic Abuse**

Manion (2014) proposed that one the most crippling reasons abuse victims stay with their abusers is economic dependence. For example, an abuser tends to assert power and control over their partner by disallowing them from earning income, attaining a job, driving or managing their own finances. Many abusers also indirectly affect employability by creating situations where their victims miss work for injuries, counseling or legal matters. Financial abuse is one of the most serious forms of control.

Unfortunately, too often, victims tend to view themselves as being incapable of successfully handling the family finances.

I initially asked, “What are the barriers that interfered in your attempt to leave an abusive relationship?” to determine reasons that deterred victim’s from moving forward in the process of leaving a violent relationship. The responses were very consistent with my belief that many female victims turned survivor stay with the abuser because they have no financial means to be able to support themselves as well as their dependents. During the interview time this question evoked a flood of emotions such as deep sighing and sadness. Each participant explained their experience with a hint of pensiveness, yet, appearing to be very passionate about their responses. These responses were based on real lived experiences. The common theme, economic dependence, resonated with each female participant as they explained their past abusive experiences as female survivors of domestic violence. This item evoked explanations of occurrences where the abuser held them against their will, controlled the finances, finances were controlled by family, they lived in isolated locations and/or the children were controlled by the abuser(s).

According to most of the responses of each participant, many adult female victims/survivors still endure some form of financial abuse by partner, spouse, and/or family members. Participant ML said, “My abuser controlled everything and even threatened to kill my father should I even think of leaving.” Each participant mentioned how difficult it was to ever have their own money and the fear of having to ask the abuser for at least \$20.00. Direct quotes from each participant’s response to Item 1 are displayed in Table 1.

Participant ML added, my mother abandoned us when I was 6 years old, so, I took up with a gang member who basically took over my life. He controlled all the money. I felt as if I had no value and was fearful of him because he threatened to kill my father if I ever left. Participant IL added, I grew up in a traditional Mexican family from Mexico. My father beat my mom and all of us kids. We were all dependent on him as he was the only one who worked and my mom and us were not allowed to work. I use to daydream about meeting “prince charming.”

Table 1

*Theme of Economic Abuse: A form of abuse when one intimate partner has control over the other partner’s access to economic resources.*

ID	Test	Code
ML	I feared leaving because I had no value. My abuser threatened to kill my father who was the only family I had. My abuser controlled my world. He had all the money and I have nothing.	Fear
IL	My father was the typical Mexican person who beat all of us and instilled fear by controlling all the money. We depended on him for everything.	Dependence
BN	My upbringing had a lot to do with the way I allowed myself to be treated. My Hispanic culture was controlled by my abuser. My abuser gave me an allowance and told me how and where to spend.	Control
DM	My religion and family had a lot to do with why I stayed. My abuser manipulated me into thinking that I would die if I ever left him. He even told my kids that I was possessed. I had to ask for 20.00 to get gas or groceries. That’s all he would give at a time. Sad!	Manipulation
JM	I endured abuse as a child and as an adult. I thought it was the norm until my grandmother took me in to live with her. When I was a child, I was beaten by family, then, I was given money if I promised not to tell anyone.	Abuse
SR	I was a military wife who basically had no say so in any of the family matters. I worked and had to hand over the money to my husband who made me pay for everything from daycare, mortgage, food, travel/fuel. I was very depressed and defeated during those years.	Defeated
CF	I had a child who was very ill and my abuser was not supportive. He did not help with insurance or any other financial burdens brought on by having a very sick child.	Neglect of Needs

	The only thing I had was a home. My sibling helped me out a lot.	
NF	My abuser had a lot of money and used it to manipulate my children. He turned them against me and berated me. He told me that I was too stupid and ugly to ever amount to anything and no one would ever hire me because I had no skills.	Berated
LB	I married my high school sweetie. He got into meth and everything went to hell. My daughter was close to him and that made it hard for me to leave. My abuser stole money from me. Luckily, I didn't rely on him for money too much. I am so glad I went to college and know how to make a living.	Addiction
TL	I was married to my abuser for a very long time. He controlled everything. My life was very hard. I had no money or support of any kind. My boys were my only reason for living. My husband use to spy on me by recording my phone calls. I had no privacy in my own home. I felt violated.	Violated
LM	I was in Germany with my spouse who was in the Army. He was psychologically abusive and controlled everything. I could work or even make friends with others. I felt isolated and lost. He had a prominent position in the Army and I feared even seeking help during that time.	Power
SN	I endured childhood incest and an abusive relationship as a young adult. I continued Acceptance to have skewed relationships even when I knew better. I was always seeking acceptance and love.	Acceptance

Participant BN added, “My culture had a lot to do with the way I grew up. I’m Hispanic and my mom allowed my father to control all the finances in the home.”

Participant DM added, “My husband repeatedly told me that I would go to hell if I even thought of leaving him and the children. He told me he knew what I was thinking. He held Catholicism over my head.”

Participant JM added, “Knowing where to go to get help was a major barrier.”

Participant SR added, “I had so many financial barriers since I had to pay for everything.”

Participant CF added, “My abuser (husband) had all the money and never bothered to help with our sick child who eventually passed away.”

Participant NF added, “My homelife was awful. He was wealthy and could do whatever he wanted. He used monetary means to control the children. They hated me back then. I was depressed to the point of drinking and sleeping a lot.” Participant LP added, “I worked and he did drugs. My barrier was that my daughter loved her father and I was scared to break that up.” Participant TL added, “My husband controlled all the money and even me. Life was very hard.” Participant LM added, “My abuser was a prominent person the Army in Germany. I was alone in a foreign country, did not speak the language, and had no money. He literally controlled everything. I fled Germany with a hundred-dollar bill hidden in my boots.” Participant SN added, “I basically had a lot of internal barriers such as always wanting to be loved and accepted.”

In Table 1, one of the 12 adult female survivor’s responses included mention of the need to be accepted and loved as her main barrier that interfered in her attempts to leave abusive relationships.

## **Theme 2: Low Self- Esteem**

Interview Question 2 focused on the mental obstacles each participant faced during their attempt to leave the relationship. This item required some prompting as some of the participants were initially guarded in their responses. Promptings included reframing as opposed to eliciting responses by force. The prompting facilitated an easier way of sharing. More than half of the participants reported that they always felt something was wrong with them. Other participants reported that lived in fear of the abuser and always held on to hope that things would change. However, all participants described their mental obstacles as always feeling that they were not good enough to ever

have anything better and they endured years of anxiety and depression. Each participant explained that once they realized the “reality” of victimization, they were able to seek some level of support to address their trauma. The theme outlining Item 2 is low self-esteem (see Table 2). Interview Question 2 was, “What are the mental obstacles you faced during your attempt to leave an abusive relationship?”

Table 2

*Theme of Low Self-Esteem: Female Adult Survivors’ Knowledge of Lack of Confidence and Feeling Badly About Oneself*

ID	Test	Code
ML	“I felt that there was something wrong with me. I hoped he would change.”	Hope
IL	“I was alone, vulnerable, pregnant, and trapped and felt that I could never do better.”	Trapped
BN	“I sank into a depression which made me feel worthless and sad.”	Worthless
DM	“I feared that I would go to hell because he told me I would.” I was blamed every time the children disobeyed.” I felt I had no say so in anything.”	Blamed
JM	“I had a lot of phobias which brought on trust issues and anger. I struggled with my own sense of self along with other weird emotions.”	Trust
SR	“I felt as if I was always walking on eggshells. I was afraid to speak my mind. I was called the horrific names and repeatedly threatened by him. I almost started to believe I was nothing.”	Brainwashed
CF	“I had extreme self-doubt and still do. I was depressed a lot.”	Depressed
NF	“I was afraid to be alone because he told me I had no skills and I was stupid. He would tell me these awful things in front of the children. I drank a lot and slept all day.”	Berated
LB	“I had too much pride and felt that I could not be a single mom. I was afraid to leave him because my daughter truly loved her father.”	Fear
TL	“I faced life alone with no support. My abuser secretly taped my phone calls and then tried to make me feel that there was something wrong with me. I constantly felt afraid and like I could do nothing by myself. My children saved me”	Psychological control
LM	“I was defeated. I had no inner strength, no confidence, no support, and I was in a foreign country.	Defeated
SN	“I suffered from lack of self-confidence for years. I felt like a failure. I was in my 30s when I finally told my family about the sexual and physical abuse.”	Failure

Participant ML described her mental obstacles as constantly hoping her abuser would change and always feeling as if something was wrong with her. She lived in fear of what might happen during most of her first marriage.

Participant II explained her mental obstacles that of someone being trapped in a cage with no means of escaping. She was pregnant, vulnerable and alone. She felt as if she had no inner-strength to ever leave her abuser. Participant BN explained her mental obstacles as feeling so worthless and sad to the point of which she suffered a debilitating depression. Participant DM mentioned that her abuser repeatedly told her that she would go to straight to hell if she even thought about leaving. She was blamed when the children would misbehave. Her abuser told her she was evil and that even their priest thought so.

Participant JM explained that she had a lot of phobias and was afraid to seek help because she thought no one would want to help her. She had a lot of trust issues during her time of trying to leave the abuse. She had to work through things very slowly. Participant SR explained that she was afraid to speak her mind and always suffered from anxiety. She mentioned that there was a point in the marriage when she began to believe she was nothing and her life did not matter.

Participant CF described her mental anguish as having no belief in herself and always being depressed. She added that she grew up with a very abusive mother and then married abusive men. She said that she was always seeking acceptance.

Participant NF explained her mental obstacles as having to depend on her abuser for everything, which she despised. She said that he would repeatedly tell her that she

was stupid and had no skills to ever be hired by anyone. Her children began demeaning her in the same manner. NF began to drink a lot to numb her pain. She suffered from depression for years.

Participant LB explained her obstacles as having too much pride to ever leave and ask for help. Her pride stemmed from not believing in herself and afraid to be a single mom. Her daughter also had a good relationship with her father (abuser). She said that she knew how to work and make a living; but her abuser had always told her that she'd never make it without him.

Participant TL explained her main mental obstacle as that of living in a new country with no support at all. She was alone with her two sons. Her abuser taped her phone calls and had hidden cameras in the house. He would often say things to her to make her feel as if she was losing her mind. He took advantage of her vulnerability. At one time, she began to believe him. She would daydream about leaving; but she was so fearful and lacked and sense of self-worth to even think of trying to leave for good.

Participant LM explained her experience as being isolated in a foreign country with no one to help her out of the abuse. Her abuse was extremely psychological. She literally felt defeated and knew it was going to be a battle to ever leave Germany on her own. She believed that she was stupid and ignorant for many years. It wasn't until she felt that her abuser was trying to have her killed that she began to really seek ways to leave him for good.

Participant SN described her main mental obstacle as lacking any self-confidence to even think of have a better life. She said that she felt like a failure for most of her early adult years. She always felt that she deserved what happened to her in the way of abuse.

### **Theme 3: Unawareness of Services**

Interview question 3 focused on the resources or services which were helpful in the participant's recovery from abuse. This item helped explain whether or not the participants attribute domestic violence resources as a part of their successful recovery process. Many of the participants answered this question in a two-part response, explaining their recovery process and their post-recovery process. During their recovery process, participants explained that they were unaware of any help for those trying to flee an abusive relationship. It was almost as if the participants truly weren't aware of the severity of their abuse as well as knowing they could seek help. Many felt as if they were on their own and had to trust in God to get them out of the situation. All 12 participants described the post-recovery time as a learning process and a time when they began to discover resources such as domestic violence shelters, counseling, and support groups. Each explained that their recovery process was a time of challenges; yet, a time of education and a time of realizing that there is help out there.

The theme outlining Item 3 was lack of awareness of any resources or services related to victimization (See Table 3).

Participant ML expressed that during her abuse she prayed a lot and trusted in God to help her find a way out the violence. It wasn't until she had made up her mind to flee when a very close friend used "tough-love" with harsh, but sincere and honest words

with her. Her friend told her that if she kept on with the abuser, she would eventually die. Once ML left the relationship, she sought Christian counseling at her church. She attributes this to helping her realize that none of the abuse was her fault. It was then that she began to feel worthy and the healing process began.

Participant IL articulated that she “sort of” figured that it was normal to endure abuse and control in relationships. She endured abuse during her pregnancy as well. She came to the United States and began to realize that it was normal to be controlled by anyone. IL made the decision to start seeking some sort of help so that her daughter would never grow up around violence. She discovered a domestic violence shelter that had many services. She entered the shelter with her daughter and it was there where she received the help she needed. IL added, “I learned that I had rights and I no longer needed to put up with any abuse. I learned about safety planning and how to escape if the abuse got worse.” IL returned to her abusive husband for a short time. However, she eventually filed for divorce and now lives independently.

Table 3

*Theme of Unawareness of Services: Female Adult Survivors Awareness of*

*Resources/Services*

ID	Test	Code
ML	I prayed a lot to God to help me out this violent marriage. My friend helped me by using tough love and telling me to leave or I would eventually die.”	Tough Love
IL	“It wasn’t until I move to the United States when I realized that abuse was the norm. I left him a few times before I actually filed for divorce. I got help from a great DV shelter.”	Cultural Norm
BN	“I truly had no idea I was being abused. Once I became aware of it, I didn’t know places Existed where I could find help.”	Unaware

DM	"I was married and abused for 20 years and had no idea of any domestic violence shelter or resources. I began looking for a job and discovered a DV shelter which is where I began to work. I learned about safety planning and the best way to leave a violent relationship."	Safety Plan
JM	"I was always afraid to even ask for help. I wasn't aware of help for younger people. Once I began going to college, I began to learn about resources. I had already left the abusive place, but I needed to heal and learn about why I allowed myself to tolerate such violence."	Afraid
SR	"I was a military wife and had no idea as to where to even began to ask for help. Once I learned about domestic violence shelters, I went for help and no one would help me. They told me I didn't "meet the criteria." I felt abandoned and lost."	Abandon
CF	"I can honestly say, "none!" The police didn't help out when they were called. My grandmother was the only one who brought me any comfort and help. It was a very traumatic time in my life."	Trauma
NF	"I never knew about counseling until our church deacon recommended that we seek couples counseling. During the counseling which was meant for us to stay together, I really learned that I was being psychologically controlled in every aspect of my life."	Emotional Abuse
LB	"I knew there were resources, but I always thought it was for those who really being abused. I felt that I could handle things and stay in the marriage. Eventually, I was ordered to seek help at a local domestic violence agency. This is where I learned so much about myself."	Introspect
TL	"I learned about local resources through a friend. I had no one to talk to and my husband would tell me I was crazy. I received counseling and stayed in a shelter for a while. These services saved my life. I learned how to safety plan and save money."	Resources
LM	"I was in Germany. I was fearful and knew better than to cross him because he was a high- ranking official. I knew of no services for victims of abuse. To this day, I have never received any help outside of my family."	Scared
SN	I didn't actually seek help until I was in my 30's. I wasn't aware of help during the abuse. Now, I see myself as being on a healing journey. I religiously attend a support group for survivors."	Healing

Participant BN mentioned that she had no knowledge of any resources in her community. BN was shocked to learn that there was an entire network of help for victims. She said, "I never knew any of these domestic violence shelter places existed. I learned about them when I began attending college to study social work." BN added that she wasn't aware she was being abused until she learned about domestic violence in college. She always thought it was something she had to endure.

Participant DM said, "I was married for 20 years and never knew of any help or resources out there. We lived in a lot of places. It wasn't until I began to look for a job when I discovered that there were resources and options available to me as a victim. I also could relate to a lot of the client's stories. I finally got strong enough to file for an order of protection and a divorce." Participant JM explained her experience as not seeking help until she actually began going to college. She became educated after she left her abusive situation. JM added, "Being educated, learning about abuse in school taught me how to take care of myself and to never let anyone mistreat me." JM was a very shy person who was afraid to seek help.

Participant SR explained her knowledge of resources as "not knowing of any helpful services or resources" during her abuse. SR said, "I was a military wife who brought in a lot of money and basically paid all the bills. I once went to shelter and was told I did not meet the criteria...whatever that means!" SR feels she was denied because she worked and had money. I stayed in California for a long time, mostly because of my children." SR didn't seek help until after she decided to leave California and come to New Mexico. She attributes her success in leaving to a friend who helped her file for a divorce. SR believed that she was shunned because she was a military wife.

Participant CF mentioned that she attempted to seek help from police and they were not helpful. She stated that she was not aware of any other resources during the time of her abuse. She said, "My sweet grandmother was there for me and she offered me so much emotional support. I started to believe in myself because of her kind words. My siblings were also supportive. But it was mostly my grandmother."

Participant NF said, “My abuser and I began counseling to save our dysfunctional marriage. It was in counseling that I learned just how controlling he was to me.” NF added that marriage counseling served as a way for her to begin thinking about herself as an individual. NF stated, “The marriage counseling was a blessing in disguise. I gained a huge sense of self-esteem and began planning a life on my own with him.”

Participant LB said, “I knew there resources out there, but, honestly, I never saw myself as one who needed any help. I thought I could handle his drug use and abuse as I knew how to handle it. It wasn’t until I was basically ordered to seek an order of protection when I learned just how serious the abuse was.” The services came after she left her abuser. LB self-enrolled in an offender treatment program to learn about herself and why she stayed so long. She is very grateful to a local domestic violence program for helping her work through her trauma after leaving her abuser.

Participant TL explained her abuse as feeling trapped. She said, “My husband made me think that I was the crazy one who was imagining things. He recorded my phone calls and videotaped me inside the bathroom.” TL was introduced to resources and services by a friend who had been in an abusive marriage. TL said, “The shelter took me in and taught me so much about myself, safety, and finances.” I kept going back, but I eventually left him and never looked back.”

Participant LM said, “I knew of no resources in Germany. I was married to a high-ranking official in the Army and I knew better than to cross him.” LM added that things got so bad she feared to even leave their house which was on the base. She began to tell a neighbor about the psychological abuse. This is when her neighbors contacted the

German police who eventually helped her escape. LM said, “Thank God the German people provided an escape plan for me. They gave me money, a plane ticket for me and my dogs. They even escorted me to the airport. I left and never looked back.” LM added, “When I arrived in the United States, my parents were waiting for me at the airport. I never really could bring myself to tell them just how traumatic my life was in Germany. They died not knowing what I endured. Maybe this is for the best!”

Participant SN explained her experiences as a healing journey. SN said, “I never had the courage to even speak about it until I was in my late 30’s. I allowed a lot of abuse when I knew better. I sought help afterwards. I began attend group support for survivors and one on one counseling. I appreciate professional counselors who can see through the B.S. and are up front and honest.” SN continues to attend group and she mentioned that she wished she had sought these services during the abuse.

#### **Theme 4: Self-Worth**

For interview question 4, each participant was asked, “Can you describe what success means to you? It was very compelling to observe each participant as they seriously thought about this question before they responded. Although each participant gave varied descriptions of success, many of these responses were very similar in meaning. Each participant gave a sigh of relief and somewhat smiled when they would respond to this question. This particular observation resonated deeply with me as I listened, observed, and documented each response. All 12 participants gave heartfelt responses which were all skewed on the positive side of recovery from abuse. Each participant described the path to success as learning to love themselves as well as finding

themselves. Additionally, all 12 participants learned about love and self-respect as a major part of their recovery process which led them to being independent. For many, the recovery process has been a lifelong painful path to learning how to let go of the past while gaining a sense of self-worth. Responses to Item 4 are in Table 4.

Table 4

*Theme of Self-Worth: Adult Female Survivors A sense of one's own value or worth as a person; self-esteem; self-respect.*

ID	Test	Code
ML	"Finding myself!" I had to learn to love myself and respect who I was. Strength I am an amazing strong woman"	Strength
IL	"I am in control of my own life. I've empowered myself to be a role model for my daughter"	Empower
BN	"I know that I matter and I can show that to my kids. deserve a healthy relationship."	Deserving
DM	"I have dreams to do more with my life now. I am going to college and I want to help others."	Aspirations
JM	"I have accepted my past. I know it wasn't my fault and I know I am worthy of better."	Acceptance
SR	"It means not being angry and getting over the "why." It means that I've forgiven myself and actually Love myself more now than ever."	Forgiveness
CF	"It means being secure in who I am and breaking a pattern of self-doubt. I feel empowered!"	Assured
NF	"Means that I can work hard and have my own business. It means the world to me"	Sufficient
LB	"It means being happy and doing what makes me happy. It also means not being afraid to go home alone. I can be happy in my own skin."	Happiness
TL	"There is no more darkness. No more looking back. My life is clear now and I respect the women that I've become."	Clarity

LM	“Not having to depend upon a man to complete me. I believe in myself now and have become very self-sufficient. I feel as if I’ve been freed from bonds.”	Freedom
SN	I can walk on my own with dignity, pride, and feel secure as I do it!”	Pride

Participant ML expressed that she had to learn to love herself while trying to find herself. She said it was through prayer and God that she was able to survive and learn that she is an amazing woman. Participant IL shared that success to her means being empowered in knowing that she is worth having a good life. She said, “I am in control of my life and whatever happens from now on. My daughter will never have to see me being abused.” Participant BN expressed that she is a success because she is able to be a good role model to others who are in similar situations. She knows how to survive and knows that her life is worth all good things that come her way. She wants her children to also have healthy relationships as they grow older.

Participant DM stated, “I feel successful in the sense that I can now believe that my life will continue to get better. I see myself in a happy relationship, going to school, and raising my boys to be good men.” DM added that she is happy to know what it feels like to have self-respect. Participant JM mentioned that she is happy to finally accept what has happened in her past. She stated, “I’ve learned that it was never my fault and I deserved better treatment than what I had. I’ve learned to trust my instincts. I matter!” Participant SR expressed her feelings of success as “not being angry,” letting go of the “why” and forgiving herself and her abuser. She added that the biggest sense of finality was when she realized that she truly loves herself and is happy being alone.

Participant CF described success as being secure in who she is while being able to break the pattern of self-doubt. She feels very empowered nowadays. Participant NF mentioned that success to her means believing in herself so much that she will never have to depend on anyone. NF added, “It means the world to me to feel valued. I work hard now and have my own business. I make a lot of money and feel very respected by my male colleagues.” Participant LB shared that success to her meant being okay with “being alone.” LB added, “It was horrible, but I tolerated it because of many things, mostly I didn’t want to go home alone. I learned that it was okay to be alone. I learned to respect my choices as well as myself.”

Participant TL shared that she has more clarity now that she is free from her abuser. She described her life as happy and no more darkness. She attributes her recovery to God mostly. TL said, “I learned that I needed to respect myself before anything could change. Violence destroys your soul. I have a good relationship with my boys. No more looking back!” Participant LM described success as not having to depend on a man to complete her. She said, “Now, I am self-sufficient, independent, and truly like who I am. Actually, I love myself!” Participant SN shared that success has been a long painful process. SN said, “I’m an overcomer of incest and abuse. I’ve learned to ask for help. I’ve learned to implement healthy methods toward building relationships, and I’ve learned that I am worth so much more than I ever imagined.” SN added that she wants to be able to help others who experience abuse.

**Theme 5: Regret**

Interview question 5, for all participants, was answered from a perspective relevant to having recovered from abuse and reflecting back to the time the abuse occurred. Seeking help was not a viable safe option for many of the participants during the time the abuse took place. I observed each of the 12 participant's response to this question and found it interesting that many had serious remorse for not having sought help sooner and allowing their children to know of the abuse. The participants expressed regret and anger for not allowing other to help them when help was offered.

Item 5 asked, "What, if anything, would you change about your recovery process if you could? This question focuses on allowing the participants to reflect on what, if any, changes they feel would have made a difference in their recovery from domestic violence. Response to Item 5 are represented in Table 5.

Participant ML responded by saying, "I would change that it never happened. I regret living that life and regret jumping into a relationship so quick after I left.

Participant IL mentioned that she regrets the time it took her to realize she needed to leave and seek help. She took her 3-4 years to even begin thinking of seeking help.

Participant BN said there's nothing she would change because everything she went through brought her here today.

Table 5

*Regret: Adult Female Survivors*

*Feel sad, repentant, or disappointed over (something that has happened or been done, especially a loss or missed opportunity).*

ID	Test	Code
ML	"I would change that it never happened. I regret living that life for so long. I also regret jumping into a relationship so quick after I left."	Regret
IL	"I would change the time it took me to realize that I needed to leave and get help. I hate that I've wasted so many years with him" Wasted	Time Wasted
BN	"I guess I wouldn't change much because everything I went through brought me here today."	Fate
DM	"I regret telling everything to my children. I should have protected them and never told them about the abuse."	Protect
JM	"I wish I would have let others help me and I would have trusted others a bit more."	Help
SR	"I regret being married to him. But I'm glad I got counseling. I wouldn't change much."	Marriage
CF	"I wish I would have gotten help sooner. I should have reached out to a counselor. I had so much depression that kept me from seeking help. I was too weak in spirit."	Counseling
NF	"I should have left the first time he was abusive. He belittled me in every way a man can belittle a woman." "I regret ever knowing him"	Belittling
LB	"I probably would have tried to help my daughter understand that the way her father abused me was not okay."	Daughter
TL	"I would change how I did things with my children." I regret not having protected them more."	Protect
LM	"I regret not letting my family know of the abuse. I was ashamed and embarrassed to tell anyone."	Shame
SN	"I maybe should have started the healing process earlier. Maybe!"	Ambivalent

Participant DM said, “I would hide everything from my children. I regret telling them anything about the abuse. I should have been more protective of them and never told them anything. Participant JM responded by saying, “I regret how I treated those who tried to help me. I would let others help and would have trusted others a bit more.” Participant SR only regret ever being married to her abuser. She mentioned that she wouldn’t change much and is glad that counseling helped her get over things quickly. Participant CF stated, “I wish I would have gotten help sooner. I should have reached out to a counselor. I had so much depression which also made it difficult for me to seek help.” Participant NF feels that she regrets not leaving the first time her abuser demonstrated psychological abuse.

Participant LB mentioned that she would change the way she explained the abuse to her daughter. She said, “I probably would have tried to help my daughter understand that the way her father abused me was not okay.” Participant TL mentioned many regrets about the way she did things with her children during the abuse. She mentioned that she should have been more protective and not allowed them to be around the psychological abuse. Participant LM expressed regrets about not having told her parents just how serious her abuse was during her time in Germany. She said she was too ashamed and embarrassed to tell her parents as well as anyone else. Looking back, she said she should have let them in. Participant SN added that her only regret is not having sought help sooner. SN said, “Maybe if I had started thinking about getting mentally healthier earlier, things might be different?”

Six out of twelve participants mentioned having deep regret for not have gotten help any sooner than they did. Three out of 12 participants regret the way they handled things with their children. Eleven out of 12 participants would change something about their recovery process. Only one participant mentioned there's nothing she would change.

*Table 6. Participant Demographics*

*The average participant age was 48.5 years old. The youngest was 27 years old, and the eldest was 65yers old. All 12 participants were females.*

Table 6

*Demographics of*

Factor	Count
<b>Marital Status</b>	
Single, Never Married	2
Married	6
Seperated	2
Divorced	2
<b>Annual Income</b>	
\$0 - \$12,000	1
\$13,000 - \$24,000	4
\$25,000 - \$49,000	4
\$50,000 >	3
<b>Employment</b>	
Employed for Wages	10
Self Employed	2

## Education

Nursery School to 8 <sup>th</sup> Grade	1
High School Diploma or Equivalent (GED)	3
High School Diploma and some College Credit No Degree	5
Associates Degree	1
Bachelor's Degree	2

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### Summary

The purpose of this case study was to understand the lived experiences of adult female survivors of domestic violence in the rural southwest. Specifically, adult female survivors who have successfully recovered from domestic violence. Overall, collective responses from semi-structured interviews patterns as well as shared experiences from all participants. The participant responses were summarized in detail relating to five significant themes: (a) economic abuse, (b) low self-esteem, (c) unawareness of services, (d) self-worth, and (d) regret. In addition to the responses of each participant, additional descriptive information was included to understand how each them evolved.

Chapter 5 provides the reader with an overview of this study, which includes an interpretation of findings, limitations of the study, recommendations, the core of the study, and social change implications. In addition, it provides the reader with a

comparison of the study as well as other researchers who have focused on help seeking processes of adult female survivors of abuse.

## Chapter 5: Discussion, Conclusions, and Recommendations

### Introduction

The purpose of this case study was to explore psychosocial factors related to culture and community that contribute to or lead to successful outcomes for victims of domestic violence and/or IPV in rural New Mexico. I also wanted to provide a deeper understanding of the help-seeking behaviors used by female survivors of domestic violence while residing in rural communities. This study addressed the gap in the literature (Zweig, Schlichter, & Burt, (2002), regarding the help-seeking behaviors of female adult survivors that lead to successful recovery from domestic violence. I sought to answer the following RQ's and sub questions:

- RQ1. What are the psychosocial factors related to the survivors' environment that contribute or influence successful outcomes for survivors of domestic violence in rural New Mexico communities?
- a. Are victims in rural communities impacted by psychosocial difficulties that interfere with attempts to successfully leave violent relationships?
  - b. Do overall physical and mental well-being influence victim's abilities to leave abusive relationships?
  - c. What psychosocial issues do victims want to overcome?
- RQ2. How is success described regarding the services received by survivors of domestic violence in rural New Mexico communities?
- a. What are the services or resources that victims disclose as being instrumental in a successful recovery from abuse?

- b. Are victims considering orders of protection as an influence in their recovery process?
- c. Are victims continuing to participate in services after recovering from abuse?

Data from the 12 semi structured interviews indicate that participants' help-seeking experiences were very traumatic and driven by fear and low self-esteem. The fear of being killed or beaten shaped the experience of help-seeking for many of the participants. However, many participants disclosed realizing, to some extent, their sense of self-worth and knowing that life had to get better. During the process of attempting to leave the abusive situation, many participants were unaware of relevant services and relied heavily on their faith, friends, and family to see them through the difficult times. Participants expressed unawareness of services and fear of help-seeking as negative factors inhibiting the help-seeking process during the time of their active abuse.

Participants disclosed a level of having faith in a higher power at some point during the help-seeking process. During the time of needing the most help or seeking help, many participants relied heavily on God, faith, and family or friends. Most participants had no trust in others during this time. Due to two of the negative factors and barriers that prevented a positive help-seeking process-fear of what might happen and/or not realizing the severity of the abuse-many were unaware of the services and resources available to victims of domestic violence.

Some recent researchers have attempted to address potentially effective help-seeking approaches for addressing successful recoveries of adult female survivors

(Walton, Brooks, & Li, 2018). However, social workers and victim advocates are sometimes challenged when trying to identify and implement helpful approaches that can be used when helping victims in their process of healing. Experts have identified approaches such as learning how to safety plan and having someone who believes in the victim as invaluable strategies or exiting an abusive environment (Wood, Glass, & Decker, 2019). Like other researchers, (Walton et.al., 2018; Monterossa, 2019), I was interested in whether participants' sharing their stories of lived traumatic struggles, which is the reality of many who are recovering from severe domestic abuse, could aid domestic violence recovery.

To understand the help-seeking experiences of adult female survivors in rural New Mexico, I considered the traumatic events that occurred before and during the time of the abuse. I carefully considered the questions and the responses of each participant by actively listening and observing all verbal and nonverbal cues throughout the interviews. This study included 12 adult female survivors of domestic violence who voluntarily reported having successfully recovered from a past relationship of traumatic abuse. Each participant shared her experiences related to the trauma of having lived through an abusive relationship. I devised seven interview questions to help explore psychosocial factors focusing on issues related to culture and community that contribute to or lead to successful outcomes for victims of domestic violence and/or IPV in rural New Mexico.

## Interpretation of the Findings

### Barriers

In this study, Interview Question #1 asked, “What are the barriers that have interfered in your attempt to leave an abusive relationship?” I used the question to explore more in depth the help-seeking process of adult female survivors. The response of each participant helped me to develop a greater understanding of each participant’s challenges during her help-seeking times in a rural location. Each participant explained at least one barrier that interfered in her effort to flee a violent relationship. Past researchers have suggested that many women are less likely to leave an abusive relationship the first time due to a multitude of barriers faced including (a) isolation; (b) fear; (c) physical harm; (d) economic necessity; (e) lack of resources or information; and (f) culture, religion and family pressure (Monterossa, 2019). Although experiences with lack of resources or information and pressure from culture, religion, and family were verbalized by each of the participants, none reported that these barriers had prevented them from making the decision to leave their abuser and move forward in their healing process. This study showed that barriers to help-seeking behaviors currently exist among female victims in rural communities.

In a study on adult female victims and their help seeking behaviors during active abuse, Bridges, Karlsson, Jackson, Andrews III & Villalobos (2018) found that survivors described their barriers as “challenging,” “fearful,” “hopeless,” and “ongoing struggle” due to (a) lack of support, (b) lack of knowledge of where to seek help, (c) fear of abuser, (d) low self-esteem, and (e) fear of embarrassing their families. Despite these barriers,

successful help-seeking behaviors have been demonstrated through (a) determination; (b) maintaining faith in a higher power, God; (c) believing that their lives will get better; and (d) leaning to family and friends (Bridges et al., 2018). Participants in this study described past trauma as motivation to begin safety planning with the intent to exit an abusive situation for good.

### **Mental Obstacles**

Interview Question#2 was, “What are the mental obstacles you faced during your attempt to leave an abusive relationship?” This particular question, more than others, provided a foundation for understanding adult female victims related to their help-seeking processes. Responses to this question also clarified how each participant described the mental barriers involved in her time of victimization. Each participant described mental obstacles encountered when trying to flee her abuser. This question addressed many barriers that many female victims face when attempting to leave an abusive relationship (see Saunders, 2018). Initially, many participants reported feeling that they were at fault for the abuse; therefore, they continued to hold onto hope that their situation would change. I discovered that the participants were initially reluctant to seek help because of fear of what might happen. The stigma and stressors for female victims seeking help was evident in most of their initial experiences; however, as participants continued to realize that leaving was necessary, they seemed to be more open to face whatever challenges were needed in order to exit their relationships (see Bridges et al.; Monterossa, 2019).

After the participants made the decision to seek help, they began to gain self-confidence in knowing that they were not to blame for their abuser's acts of violence towards them. Participants shared feeling like their life was worth more. Also, participants shared that they began believing in themselves and accepting the past so that they could move forward. However, most participants remained fearful during this time. Bridges et al. (2018) proposed that "when leaving a violent relationship, safety planning is critical because even though they can't control an abuser's use of violence, they can plan how to respond to future abusive or violent incidents by preparing for the possibility of an incident happening, and planning how to get to safety" (p. 1812).

Once the participants gained an awareness of what safety planning entailed, self-confidence and determination became more evident. The connection between the participants and their desire to have a life without violence became a purposeful reality. Participants' ability to identify and share their mental obstacles displayed their level of self-awareness. However, through the discovery of their shared lived personal trauma, mental barriers involved in active help-seeking were confirmed.

### **Resources and Services**

Consistent with past and current research, some of the resources that were or were not helpful to help-seeking remain true for the participants in this study. Participant's responses for Interview Question 3, which requested, "What are the resources that were helpful in your recovery from an abusive relationship," evoked a series of emotional responses. Many participants disclosed that they never knew of resources specifically for their situations. Many participants thought the abuse was their fault, so they stayed. In

addition, participants discussed being fearful of leaving and having to put their trust in God, a higher power, or a trusted friend once they made the decision to leave. Saunders (2018) shared that, not surprisingly, fear, lack of resources, support, and even blame from family, friends, and others can to sense of helplessness caused by the abuse. Bridges et al., (2018) mentioned that leaving an abusive relationship is a very complex process involving several stages of planning. Planning involves helping a victim to come to terms and see that the relationship is abusive and losing hope the relationship will get better; and, focusing on their personal needs for safety and sanity and fighting to overcome mental and physical barriers.

### **Defining Success**

Many participants shared similar responses to Interview Question 4, which asked, “Can you describe what success means to you?” Several of the responses focused on the realization of self-worth and empowerment. Fascinatingly, phrases such as *self-respect*, *self-esteem*, *acceptance*, *forgiveness*, and *independence* resonated for participants when describing positive factors relevant to successful recovery from abuse. One participant mentioned envisioning herself in college and being a strong role model for her children. Another participant shared her ability to have “found herself,” and learning how to truly love and forgive herself. This descriptions of positive meaning of success led to an understanding of each participant’s experience that facilitated a path for survivors to begin to maximize their potential as overcomers of violence while focusing on their healing process. Attaining a sense of acceptance, self-worth and self-esteem enhances a victim’s sense of safety and empowerment (Saunders, 2018). This item, over the others,

dispelled the myth that female domestic violence victims never successfully recover from abuse.

The study outcome can inform literature that female survivors of domestic violence can successfully overcome trauma related to abuse and receive the help needed. Participants in this study agreed that they will not only continue being around a supportive environment in the near future but would also recommend recovery resources to others who are in violent situations.

### **Recovery Process**

Interview Question 5, which requested, “What, if anything, would you change about your recovery process if you could” conjured up a series of responses with regret from many of the participants. Most participants shared the phrase, “I wish I would have left sooner” when responding to question 5. Most alluded to the initial steps in their recovery process as a time spent learning about how to move forward and try to survive for the sake of their children. What I found most thought-provoking about this item is that most participants likened the recovery process as a serious life-lesson. During the initial part of beginning to recovery from abuse, there was a lot of regret and self-deprecation with regard to having stayed in an abusive relationship for as long as they did. However, after the recovery process was in place, they began to accept the past, move forward, and began to live a purposeful life.

Past researchers have focused on the traumatic challenges that female survivors endure when recovering from domestic violence. According to Kippert (2019) some of these phases include safety and stabilization (struggle & regulating emotions),

remembrance and mourning (processing the trauma and making meaning of it), and reconnection and integration (recognizing the impact of violence & accept trauma is no longer a defining principle in their life). Healing from trauma related to abuse, whether the abuse lasted a few months or a few years, is not an overnight process. Kippert (2019) argues that, “getting over it,” may never be a reality to many survivors. For many participants in this study, the abuse will have a lifelong impact, but it’s how the survivors have lessened the severity of trauma by their recovery processes.

### **Gap in Literature**

The gap in literature was filled as I showed in this study that some adult female survivors can successfully recovery from abuse. A sample of 12 adult female survivors does not provide a representation of all adult female survivors of abuse. When considering multiple barriers, the adult female survivors in this study demonstrated hope and tolerance, which ultimately led to their decision to leave the relationship. Participants in this study, although a small representative of survivors of abuse in rural New Mexico, displayed encouraging self-concepts when choosing to seek help, despite the barriers and the stigmas attached to female victims of abuse.

Although most participants were initially disinclined to seek help, each participant discovered that once she initiated a safety plan and had some level of support, the leaving part became a reality. Empowerment and motivation to continue being free from abuse was displayed by each participant who overcame fear, stigma, shame, cultural and religious beliefs.

Help-seeking does not equate a successful recovery from abuse; however, it is the platform on which each adult female participant in this study stood to address experiences of stigmatization, overcoming fear of abuser and the unknown, learning to be independent, and exercising self-awareness which eventually led to exiting an abusive environment and claiming success and recovery from violence. Despite barriers, successful recovery has been demonstrated through (a) empowerment, (b) commitment to continuing recovery process, (c) being a god role model for others, (d) forgiveness of self and abuser, and (e) not being angry (Bridges et al., 2018). The participants in this study demonstrate their success by embracing their independence.

Adult female survivors of abuse draw support from those with whom they are most comfortable sharing their truths. Although, faith, family, and community have always been an involved part of the survivor's experience, this study was focused on these survivor's help-seeking experiences to go beyond just-leaving and trying to survive. From the survivor's perspective, the process of help-seeking and successfully leaving an abusive situation is a huge part of increasing self-esteem and decreasing fears and distrust (Bridges et al., 2018). Many participants agreed that both fear and distrust were among those feelings experienced during the initial process of help-seeking. Although cultural messages signifying self-effacing behaviors still exist among many female victims of abuse. I depicted in this study that there is some improvement in the approached female survivors have chosen to actively and successfully seek help to live a life free of violence.

For participants in this study, it seemed that emotional and physical trauma transcended many phases in the recovery process. Although it was uncomfortable and

unknown, the choice to exit a traumatic life, which at one time seemed to be a normal life, participants gained an awareness that living with an abuser was never a normal life. Becoming assertive and transcending barriers, including, but not limited to, pride, trust, family, religious ideologies, and vulnerability, resonates for a demographic who still, at times, considers being an adult female survivor of abuse a daily struggle. The awareness of the reality of recovery from a life of domestic violence to the vulnerable and most stigmatized group of people is a continued journey and process of healing.

All female participants involved in this study said that they would recommend leaving an abusive situation and seeking some level of help from another person, based on the results they achieved after actually leaving their abusers. All 12 participants said that having someone to trust as well as having a safe or private place where they could go and have someone believe them meant everything in their recovery. At the end of each interview, I asked the participant if she wanted to add anything else to the interview pertaining to her experience with help-seeking and/or recovery from abuse while living in rural New Mexico. All 12 participants encouraged seeking help from either a domestic violence program, or someone they can trust. Participant ML stated, “The best thing I learned about myself was to trust “tough-love” and listen to those who cared about me.” Participant DM stated, “What mattered most was the safety of my children and having them trust in what I did was for the best.” Participant LM said, “I never felt safe until I fled Germany and returned to be with those I trusted, my parents.” The words *trust and safety, combined*, were used 46 times throughout the interview process among participants.

### **Limitations of the Study**

There were many limitations of this study. First, the generalizability of findings was limited to the small sample of 12 adult female survivors of domestic violence, which does not represent all adult female survivors of domestic violence who sought help and have successfully recovered from a violent relationship. In future research, researchers can extend the age range to include adult female survivors of domestic violence who are also survivors of childhood traumas related to being a child witness or victim of domestic violence.

Next, a few more outliers could have been included as part of the sampling (i.e., years and age when abuse began/ended, mental health history, etc.), which may have positively impacted the results even more. Recent studies on adult female survivors of abuse focused on the actual abuse and why they stay with their abuser as contributing factors to determine what help is needed to help attain successful recovery. Goodman (2018) posited that one of the six findings from interviews held with adult female survivors regarding why they remained with said abuser for so long was directly related to poverty. Substantial numbers of low-income women are abused or assaulted, and the violence perpetrated against them can make it nearly impossible to escape poverty. Poverty and economic instability can also make it more difficult as well as dangerous to cope with the physical, psychological, and financial impacts of domestic violence. Again, the notion of the need to be safe and trust others continues to resonate for adult female survivors of domestic violence.

In this study, I have considered help-seeking behaviors associated with adult female survivors living in rural New Mexico. Few researchers have focused on help-seeking behaviors leading to successful recovery from abuse among female survivors in New Mexico. However, Choi, Wong, Lo, Chan, Wong, Lau, and Kam (2018) conducted a study with female victims of intimate partner violence to examine help-seeking behaviors over a five-year span. Choi et al., (2018) examined the association between help-seeking and demographic and violent related factors. The odds of help-seeking via shelter services were significantly lower for victims in rural areas who, in addition to not having knowledge of help, also faced other barriers (i.e., not aware of services, financial, mental, transportation, childcare & language barrier). These barriers lend an understanding to the old adage, “why doesn’t she just leave?” In this study, 5 of the 12 adult female participants disclosed that they were unaware of services nearby, had no means to locate help, and were too fearful to seek help.

Next, as mentioned in Chapter 3, face to face interviews were both effective and helpful to the data analysis process. Transcribing data were tedious and required re-writing to ensure accuracy. I found myself repeating question and asking the participants to repeat answers. Participants were given the opportunity to ask questions as well as add information. Questions should clarify criterion used to participate in any study. For the purpose of this research, demographics were voluntarily collected on all participants. Finally, this study is not representative of adult female survivors of abuse who live in rural New Mexico. Therefore, factors such as age, socioeconomic status, educational background, and employment status may have significant impact on result findings.

## **Recommendations**

In this study, I have provided recommendations for future research. Researchers may want to interview adult female survivors of abuse in urban and rural areas who received services relevant to their successful recovery and compare them to other survivors to discover appropriate help-seeking behaviors. In addition, effective help-seeking approaches should be explored within the domestic violence intervention milieu that can be useful for adult females in rural areas. Furthermore, domestic violence recovery forums should be implemented to provide psychoeducation through literature (books, pamphlets, journals) that adult female survivors can read and gain continued support in their recovery. According to Choy et al., (2018), supportive educational curriculums offered by trauma-informed workers may benefit the trauma-healing community and provide insight into the psyche of survivors of domestic violence related traumas. It may also be beneficial to facilitate a study with adult female survivors who are professionals in the field to help develop more applicable strategies from the viewpoint of (a) a female survivor, and (b) a female survivor who successfully recovered from abuse and is working in the field of domestic violence intervention.

Researchers may want to recruit or hire stakeholders, leaders, or other relevant sources from the community as consultants to their studies to help alleviate the stress related to finding participants for the study. Most often, communication with participants following the completion of that study may present difficulties; therefore, planning prior to the study may be most effective, efficient, and beneficial to the researcher and

participants. This can also help to ease the process of member-checking after the data analysis stage.

Areas of future research may also include a qualitative inquiry of those workers who assist adult female survivors who are in the early stages of recovery from domestic violence to determine what services actually facilitated the decision to finally leave the abuse. In a study on interventions to support recovery after domestic and sexual violence in primary care, researchers found that most often it is difficult to identify the severity of abuse, let alone, any abuse, due to the barriers presented by practitioners and patients (Hegarty, Tarzia, Hooker, & Taft, 2016). There exists a great need for a practical, yet effective screening tool to better engage both workers and victims so that detection of domestic violence is, at the very least, addressed and resources are provided.

### **Implications**

This study has been added to the body of literature for adult female survivors of domestic violence in rural New Mexico. Addressing facilitating factors and positive reasons to seek help and recovery from abuse may have increased interest in other victims contemplating leaving an abusive relationship or situation. As researcher, I also addressed the continuum of barriers that exist, including the reasons for female victims choosing not to leave their abuser and seek help. Suggested by Domenech Del Rio and Sirvent Garcia Del Valle (2016), strategies on help-seeking should include implementing a safe empathic trauma-informed milieu that focuses on understanding the experiences of the female victims and survivors. The stigma associated with being a victim and help-seeking can encourage domestic violence workers and practitioners continue to offer

relevant on-going trainings and forums to address the presenting severe diverse needs of female victims and survivors. These competency trainings and forums can facilitate a more effective approach to building a trusting rapport with victims, in turn, more information can be obtained to better assist the victims in the healing process.

The ability to open and share with someone considered a stranger while becoming emotionally vulnerable can be a less stressful process when the worker or helper relates to the patient. Cross culturally, domestic violence, continues to carry a stigma; therefore, it is the responsibility of the community of practitioners and domestic violence workers to hold forums that provide psychoeducation about the useful resources available with the intent of resource sharing. Understanding the traumatic history of victims and survivors will help domestic violence workers and other professionals effectively address key issues and concerns that continue to impact females who experience domestic violence.

It is important to create a safe place beyond the shelter, police department, emergency room, or practitioner's office for victims and survivors to feel safe and seek help. Community supports such as faith-based individuals, clergy, teachers, and outreach workers, should be offered relevant training and information on forums so that they may be able to also assist those identified as victims of domestic violence. In addition, Hegarty (2016) emphasized that knowledge on interventions for domestic violence victims is critical on being able to assist in the help-seeking process. Moreover, it is important for helpers to understand safety involve as well as the severity involved when a victim is trying to escape the abuse. An increased understanding of the victim's

presenting concerns as well as knowledge and awareness of the impact of potential outcome is always necessary.

### **Conclusion**

Through this study, I have facilitated a way to inform literature focusing on the help-seeking behaviors of adult female survivors of domestic violence who reside in rural areas. In addition, the focus on successful recovery from domestic violence has challenged readers to understand the traumatic experiences of adult females who endured violent relationships, which is either minimized or misunderstood due to the significantly low numbers of reported successful stories. However, Domenech Del Rio and Sirvent Garcia Del Valle (2016), posed that adult female victims in rural areas face a multitude of barriers when trying to leave; however, given the appropriate resources and emotional support, many possess the determination and motivation plan and follow through the process of leaving.

Through this study, I have confirmed many of the barriers presented in past literature about adult female victims of abuse who live in rural areas. Most participants confirmed that shame, pride, distrust in the others, cultural, religious beliefs, self-reliance, distrust of the law enforcement, and finances were some of the same barriers they had experienced. However, in this study, I discovered the facilitating reasons and positive factors for adult female victims, a marginalized, stigmatized, and underserved group of people, to trust before seeking help. The terms *trust* and *safety*, combined, were mentioned a total of 48 times during the interviews, which may suggest that most

participants believed that they need to trust and feel safe before they seek help for the abuse.

Consistently, participants shared their important components of the help-seeking experience. All participants agreed that when they began to build up their self-esteem, a level of confidence became present, they experienced hope and began to believe that their life would actually change for the better and they envision a life free of violence. A meaningful and influential factor to making the decision to leave was having someone to talk to who was unprejudiced, empathic, and not telling them what to do. Moreover, most participants agreed that they had a committed interest in learning how to move past the anger and learn to forgive themselves and their abusers. Finally, each participant was very transparent in sharing their experience of learning to continue moving forward and face the “bad days.” They shared how things get easier as they continue to reflect on the pass, understand themselves, and continue gaining a new perspective on the newfound independence.

In conclusion, all participants agreed that help-seeking was challenging, frightening, yet, at times it was also helpful and effective. One participant shared that speaking with someone who had been through domestic violence and recovered could be more helpful in assisting her in her decision making during her time of crisis. The initial contact with a victim is the most critical time relevant to the help-seeking process. During this time, depending on the help that is provided, the victim usually either accept the help or returns to their abuser. It is important that the domestic violence works understand the

appropriate response in order to effectively assist the victim in the safety planning process.

Adult female survivors of domestic violence display a level of inner strength that can only be understood through the lens of a community that understands their journey. Without knowledge and understanding of the adult female survivor's journey to recovery, the domestic violence intervention community will continue to perpetuate a cycle of unawareness on how to appropriately and safely assist victims. Domestic violence education, awareness, and training, if provided and implemented, will be a beneficial avenue for workers and the community at large to effectively begin addressing the critical presenting needs of the adult female victims of abuse.

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## Appendix A: Letter of Approval

January 1, 2019

Leslie Carrera  
Executive Director Roswell Refuge  
1215 N. Garden Avenue  
Roswell, New Mexico 88201

RE: Permission to Conduct Research Study

Dear Ms. Carrera,

I am writing to request your permission to conduct a research study at your institution. I am enrolled in the Social Psychology PhD Program at Walden University in Minneapolis, MN, and am in the process of writing my Dissertation for completion of the program. The study is entitled "A Qualitative Case Study of Battered Women's Help-Seeking in the Rural Southwest."

I hope that your administration will allow me to recruit 15-20 adult female victims of domestic violence between the ages of 18-and up from your institution to anonymously complete a face-to-face interview that will include a demographic survey, behaviors on help-seeking questionnaire, and services sought during recovery questionnaire (copies enclosed). Due to the nature of the study, I hope to recruit adult female participants who consider themselves survivors of domestic violence and having successfully recovered from an abusive relationship. Interested adult female victims who volunteer to participate will be provided a consent form to be signed (copy enclosed) and returned to the primary researcher at the beginning of the study process.

If approval is granted, participants will complete the face-to-face interview and survey in a designated private area, or other quiet setting at the site of the institution. The activities will take place during a time that does not interrupt the normal daily operations of The Roswell Refuge services. The interview and survey process should take no longer than 1 hour per participant. The study results will be pooled for the dissertation project and individual results of this study will remain absolutely confidential and anonymous. Should this study be published, only pooled results will be documented. No costs will be incurred by either your institution or the individual participants.

Your approval to conduct this study will be greatly appreciated. I will follow up with a telephone call next week and would be happy to answer any questions or concerns that you may have at that time. You may contact me at my email address: [Celina.Bryant@waldenu.edu](mailto:Celina.Bryant@waldenu.edu) or call me at 575-308-8675.

If you agree, kindly sign below and return the signed form. Alternatively, kindly submit a signed letter of permission on your institution's letterhead acknowledging your consent and permission for me to conduct this survey/study at your institution.

## Appendix B: Interview Guide

### Interview Questions

Celina Bryant

1. What are the barriers that have interfered in your attempt to leave an abusive relationship?
2. What are the mental obstacles you faced during your attempt to leave an abusive relationship?
3. What are the resources or services that were helpful in your recovery from an abusive relationship?
4. Can you describe what success means to you?
5. What, if anything, would you change about your recovery process if you could?
6. How does your family view your recovery?
7. How do your friends view your recovery?