

2021

## The Lived Posttraumatic Growth Experience of Intimate Partner Violence Counselors

Susan Purnell  
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# Walden University

College of Counselor Education & Supervision

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Susan Kay Purnell

has been found to be complete and satisfactory in all respects,  
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Walden University  
2021

Abstract

The Lived Posttraumatic Growth Experience of Intimate Partner Violence Counselors

by

Susan Kay Purnell

MA, Webster University, 2017

BBA, Florida International University, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

February 2021

## Abstract

The goal of this research was to explore lived experiences of posttraumatic growth (PTG) in intimate partner violence (IPV) counselors. An improved understanding of secondary trauma risk mitigation may protect the well-being of counselors, which in turn may protect clients, benefitting the profession of counseling as well as counselor education. The purpose of this qualitative interpretative phenomenological analysis (IPA) was to explore the lived PTG experience of counselors who work with survivors of IPV. The theoretical and conceptual frameworks for this study were the PTG model and phenomenology. Semi structured interviews were conducted with eight licensed professional counselors having at least 10 years of experience counseling survivors of IPV. Congruent with IPA, data analysis consisted of listening to recordings, reading transcripts, taking notes, identifying emerging themes, compiling coded themes and organizing them, and identifying patterns across cases. The findings included themes of improved relationships with self and others through increased self-awareness and insight, creating awareness of IPV in others through psychoeducation, vigilance in counselors' personal relationships, processing trauma work, finding a calling, and positive feelings about clients. Additionally, the participant interviews involved themes with implications for counselors working with IPV survivors, such as the importance of counselors' individual experiences of IPV, attitudes toward their work and clients, and maintaining strong social and professional connections. This information is important to both professional counselors and counselor education, in that identifying PTG and fostering it can help alleviate posttraumatic stress and burnout in counselors.

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## Dedication

I dedicate this dissertation to my children, SJ and Miranda. They are my cheerleaders, my companions, and my heart that walks outside my body. I LOVE you both more than any words could ever express. You are my sun and my moon, my entire universe. You hold me accountable and make me want to be my best self for you. SJ, you have taken every opportunity to support me, encourage me, and tell me how proud you are of me. Miranda, you have your own different but equally powerful brand of support with your quiet encouragement and “of course you can do it” attitude. You have both grown up to be amazing adults and I am so incredibly proud of you. You both march to the beat of your own drummer; exhibit incredible character, morals, and ethics; and are so much fun to boot! You two are my favorite people ever! I also dedicate this to my Mama, Kieko. At 19, you came to the United States from Japan with a baby (me) to start a new life in a different country, speaking little of the language and without much support. Somehow, despite the challenges you faced, you raised me to believe anything was possible and that I could do anything I tried. To quote *Cars 3*'s Lightning McQueen when he was asked how he thought he could win all those races, “I just never thought I couldn't.” Mama, you gave and continue to give that gift to me, and not until later adulthood did I realize what a rare gift that is. I Love You!

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Thank you to my study participants, without whom there would be no study. Out of the many, many, many invitations I sent, eight amazing counselors accepted. I am both honored and humbled that without reservation, you freely shared your stories with me.

I would also like to acknowledge Edith Stein aka St. Teresa Benedicta of the Cross. She was a woman before her time and suffered an untimely death during the Holocaust. Hate and intolerance deprived the world of her and everything more she had to offer. I often felt guided by her spirit during my study and was grateful for her presence.

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## Chapter 1: Introduction to the Study

There exist many studies of posttraumatic growth (PTG) in individuals who directly experience adversity (Zoellner & Maercker, 2006). These studies explore the concept of PTG as a positive result of trauma or illness (Devine et al., 2010). Less examined is the PTG of individuals in helping professions who experience secondary or vicarious trauma. Most counselors experience secondary trauma on some level as a result of their work with clients (van der Merwe & Hunt, 2019). However, intimate partner violence (IPV) counselors experience secondary trauma on a regular basis as IPV survivors recount their trauma in counseling (Tarshis & Baird, 2019). As a result, posttraumatic stress symptoms and burnout can occur (van der Merwe & Hunt, 2019). By conducting a phenomenological study on PTG in IPV counselors, I sought to uncover themes related to IPV counselors' lived experiences and how counseling IPV survivors contributes to PTG. The purpose of this interpretative phenomenological qualitative study was to garner insight and understanding of the lived experiences of IPV counselors who work with IPV survivors, and how those experiences might result in PTG.

In this chapter, I provide background information relevant to the examination of the lived PTG experiences of IPV counselors. Included are the study's problem statement, purpose, research questions, and theoretical and conceptual frameworks. Following these, the nature of the study, definitions, assumptions, delimitations, and limitations are presented. A discussion of the significance of the study concludes the chapter.

## **Background**

Researchers have examined various personality characteristics and behaviors that contribute to counselor stress, burnout, and PTG (McCormack et al., 2018). Mindfulness and its association to stress have been examined (Arslan, 2016). Arslan (2016) attempted to answer the question of whether there is a relationship between levels of mindfulness and perceived stress of university students in therapist programs. Testa and Sangganjanavanich's (2016) study explored possible correlations between mindfulness, emotional intelligence, and burnout. Studies have explored the possibility of identifying situations that fostered growth as a result of experiencing secondary trauma. Bartoskova (2017) sought to develop an understanding of the experiences of the trauma therapist and identify the mechanisms that lead to PTG. In a similar vein, Beck et al. (2017) sought to explore PTG in certified nurse-midwives (CNMs) who experienced difficulty after participating in traumatic births. Meaning making of trauma has been explored as a contributing factor in PTG. Day et al. (2017) sought to understand the phenomena of shared trauma, vicarious trauma, compassion fatigue, vicarious resilience, and PTG from the perspective of clinicians and the meanings they assigned to events in their qualitative inquiry. Personality characteristics such as hardiness and resilience have been found to be protective factors in dealing with adversity. Gito et al. (2013) conducted a study to explore the resilience of nurses in psychiatric hospitals in Japan. Kapoulitsas and Corcoran's (2015) study identified themes of compassion fatigue and resilience amongst helping professionals. On the other end of the spectrum, risk factors have been identified as contributing to posttraumatic stress and burnout. Hensel et al. (2015) conducted a

meta-analytical study of articles that explored risk factors of vicarious traumatization in trauma clinicians. While studies about the risks of secondary or vicarious trauma abound, Infurna and Jayawickreme (2019) discussed the concept of PTG and resilience as an attractive alternative to the known negative effects of trauma. Even perceptions of stress and its contribution to PTG have been examined. Ogińska-Bulik and Kobylarczyk (2016) sought to identify a correlation between resilience and PTG in firefighters who experienced job-related trauma and to explore the role of stress appraisal as it relates to PTG.

### **Problem Statement**

The idea that adversity can lead to growth is not novel and can be found in many different faith teachings throughout history (Tedeschi & Calhoun, 2004). The term *posttraumatic growth* was developed by psychologist Richard G. Tedeschi to describe the growth experience of individuals in response to adversities such as trauma (Tedeschi & Calhoun, 2004). Tedeschi and Calhoun (2004) observed growth in the areas of personal strength, improved quality of relationships, new outlook on life, appreciation for life, and spirituality. PTG in various settings and situations is a well-researched phenomenon. Emergency room workers who regularly witness patient trauma consistently reported experiencing PTG as a result (Kang et al., 2018). Social support is a resource that contributes to hardiness and resilience, in turn fostering PTG (Kang et al., 2018). Alternatively, challenges such as vicarious or secondary trauma can result from working with individuals who have experienced trauma. Most mental healthcare professionals are aware of these issues and, as a result, may avoid such client populations (Barrington &



Shakespeare-Finch, 2013). The pathogenic concept of vicarious trauma is well-known; however, the salutogenic concept of PTG may be just as likely an outcome of working with trauma survivors (Hyatt-Burkhart, 2013). The term *salutogenic* refers to that which creates wellness (Antonovsky, 1979). It is worth exploring the possibility of the positive effects of clinical trauma work to challenge the conventional thinking that such work results only in secondary trauma and associated posttraumatic stress (Barrington & Shakespeare-Finch, 2013).

While any form of trauma can result in severe posttraumatic symptoms, IPV survivors struggle with issues specific to this type of trauma. IPV involves particular relationship dynamics, and abusers often display a specific set of behavioral characteristics. There is a typical cycle to an abusive intimate relationship that often begins with an intense romantic and love relationship that progresses to abuse (Walker, 1979). An indoctrination process occurs as a result. These dynamics can be challenging for IPV counselors. Challenges present in IPV work that often are absent from other trauma work include having to constantly and consistently reassure clients of their lived experiences and their perception of their experiences due to a common abuser tactic of undermining the victim's reality (Janoff-Bulman, 1992). Additionally, a survivor's self-esteem (Bowman, 1997; Glass, 2002; Herman, 1997; Orzeck, 2008), support systems (Harway et al., 2001; Renzetti et al., 2001), and financial resources (Orzeck et al., 2010) are often depleted during an abusive relationship.

Attempting to understand the experience of IPV counselors' PTG in clinical practice settings counseling survivors is ideal for understanding the experience specific to

IPV counselors working with this client population. IPV is easily discernible from other forms of trauma due to the relationship dynamics involved, as well as the internalization of trauma suffered by survivors. As a result, the experiences of IPV counselors are relevant to studying PTG as well as identifying and assessing other possible factors that promote hardiness and resilience. Such information is important to both the profession of counseling and counselor education. Identifying PTG and fostering it can alleviate posttraumatic stress and burnout in counselors. Instructing counselors-in-training regarding these issues and offering resources and interventions can prevent the negative effects of vicarious or secondary trauma before future counselors embark on their field experiences.

### **Purpose of the Study**

The purpose of this qualitative interpretative phenomenological analysis (IPA) was to explore the experience of PTG in counselors who work with survivors of IPV. The study of PTG was well-suited to a qualitative approach due to both the phenomena of PTG and the population of IPV counselors I interviewed. I used the qualitative method of IPA (Smith et al., 2009).

### **Research Question**

What are the lived posttraumatic growth experiences of intimate partner violence counselors?

### **Conceptual and Theoretical Framework**

There are several theories related to PTG. PTG theory is one theory of adversarial growth, although the term *posttraumatic growth* is also used in the literature as an

umbrella term for other adversarial growth theories. There is the organismic valuing theory of PTG (Joseph & Linley, 2005); deviation amplification model (Aldwin et al., 1996); stress inoculation and resilience approaches (Meichenbaum, 1985); cognitive adaptation theory (Taylor, 1983); Janus-face model of self-perceived growth (Maercker & Zoellner, 2004); and action growth (Hobfoll et al., 2007). For this study, I focused on the PTG model.

### **Posttraumatic Growth Model**

Tedeschi and Calhoun (2004) described the concept of PTG and its conceptual framework. Tedeschi and Calhoun (1996) coined the term *posttraumatic growth* to describe a “positive psychological change experienced as a result of the struggle with highly challenging circumstances” (Tedeschi & Calhoun, 2004, p. 1). Tedeschi and Calhoun (2004) described the expression of PTG as (a) appreciation for life, (b) meaningfulness of relationships, (c) personal strength, (d) change of priorities, and (e) increased spirituality. Tedeschi and Calhoun’s (2004) model of PTG uses personality characteristics, supportive environments, and cognitive processing of traumatic events to explain growth. The authors also emphasized growth as a process and not a fixed outcome. The concept of PTG was at the center of my dissertation study topic, both as a means by which I organized, as well as the lens through which I viewed data. I conducted a qualitative study of the phenomenon of the PTG experience of IPV counselors.

### **Phenomenology**

Phenomenology is an approach in which the researcher seeks to describe an individual’s lived experience exclusive of preconceived theories and allows for

interpretation based on the person's own meaning-making (Husserl, 1931). Heidegger (1962) described phenomenological research as qualitative inquiry wherein researchers study research participants' described experiences of a phenomenon to identify and explore themes of meaningfulness. Although there are many studies related to the PTG experiences of individuals directly experiencing trauma, few are focused on helpers who experience trauma vicariously. Heidegger considered phenomenological inquiry as an interpretative process where discourse allows the articulation of ideas previously conceptualized through experience. Further, Smith (2004) asserted that double hermeneutics is the condition of meaning-making by participants, and in turn, researchers making sense of that meaning-making. This interpretative phenomenological study focused specifically on IPV counselors and how their work with IPV survivors and their trauma contributes to how they conceptualize themselves as counselors who experience growth. I composed questions in advance, then used subsequent follow-up questions (Rubin & Rubin, 2012) to focus on the experience of PTG in IPV counselors.

### **Nature of the Study**

This study involved interpretative qualitative analysis (Smith et al., 2009). My dissertation topic was compatible with the qualitative approach of IPA due to the exploration of the phenomenon of PTG in IPV counselors. Heidegger (1962) described phenomenological research as a qualitative inquiry where researchers study research participants' described experiences of a phenomenon to identify and explore themes of meaningfulness.

## Definitions

Posttraumatic stress, vicarious trauma, resiliency, depression, hardiness, and burnout are concepts that are either associated with or interrelated and key to the study of PTG. Tedeschi and Calhoun (1995, 1996) coined the term *posttraumatic growth* to convey a “positive psychological change experienced as a result of the struggle with highly challenging circumstances” (Tedeschi & Calhoun, 2004, p. 1). *Posttraumatic stress* is the normal reaction to trauma, stress, or extreme adversity. *Posttraumatic stress disorder (PTSD)* varies in its intensity, severity, and persistence. While both are associated with fear, anxiety, avoidance, nightmares, flashbacks, intrusive thoughts, and dissociative symptoms, PTSD is clinically diagnosed when these symptoms meet certain criteria related to longevity of symptom presentation, frequency, and disruption of normal functioning. *Secondary* or *vicarious trauma* has been defined as “harmful changes that occur in professionals’ views of themselves, others, and the world, as a result of exposure to the graphic and/or traumatic material of their clients” (Baird & Kracen, 2006, p. 182). The American Psychological Association (APA, 2014) defines *resilience* as the practice of adjusting and acclimating well during a challenging time filled with trauma and hardship. *Depression* is a serious mood disorder, and those diagnosed with it experience persistent feelings of sadness and hopelessness and lose interest in activities previously enjoyed. *Hardiness* has been defined as the ability to adapt and perform under stressful conditions while remaining emotionally healthy and stable (Bartone, 1999, 2000, 2007; Maddi et al., 2012). Maslach and Jackson (1981) defined *burnout* as “a syndrome of

emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people-work’ of some kind” (p. 99).

### **Scope and Delimitations of the Study**

Data for the study included interviews with a representative group of licensed counselors who had experienced PTG working with IPV client populations composed primarily of trauma survivors. Additional criteria were accepting participants who expressed that they had experienced PTG. Such inclusion criteria allowed a focus on counselors’ experiences related to PTG.

A delimitation of the study was the sample size. The small number of participants (approximately 5-10) was suggested by Smith et al. (2009) for the qualitative method of IPA. The inclusion criteria for the sample, which specified that participants needed to be licensed counselors with 10 or more years of experience in IPV, were also delimiting factors established to ensure that it was possible to discern the specific experiences of IPV counselors.

### **Limitations of the Study**

A limitation of the study related to the sampling procedure. In accordance with a phenomenological study, I purposively selected participants from a homogenous sample to explore the phenomenon of PTG in IPV counselors (Smith et al., 2009). However, purposive sampling does not contribute to generalizability. It is conducive to studying a specific subset of a population (i.e., IPV counselors working with IPV trauma survivors). Consequently, the findings of my study may not accurately reflect the experiences of counselors with other specialties and those working with different populations.

### **Significance**

There are solid social change implications for my study. There is a need to investigate secondary trauma risk mitigation to protect the well-being of counselors, which in turn protects clients. Bartoskova (2017) sought to develop an understanding of the experiences of the trauma therapist and attempted to identify the mechanisms that led to PTG, observing an abundance of research into the negative consequences (e.g., vicarious trauma) of working with trauma clients and identifying a need for further examination of PTG. There is a common belief, even among clinicians, that trauma work exhausts and depletes mental, emotional, and physical resources (Bartoskova, 2017). Some clinicians avoid such work, fearing posttraumatic stress symptoms that may occur as a result of vicarious or secondary trauma (Barrington & Shakespeare-Finch, 2013). If PTG results from certain personality characteristics, environmental supports, or actions taken after secondary exposure to trauma, fostering PTG might be possible. Additionally, the potential talent pool of future helpers could be increased if the risk of vicarious or secondary trauma is found to have an alternative, positive consequence such as PTG.

### **Summary**

Professional counselors are charged with assessing themselves for signs of impairment and disengaging from counseling activities if physically, mentally, or emotionally impaired (American Counseling Association [ACA], 2014). This ethical responsibility extends to recognizing impairment in colleagues and supervisors, and intervening when necessary to protect clients (ACA, 2014). Vicarious or secondary trauma experienced by counselors can produce posttraumatic stress and burnout that can

lead to such impairment. While professional counselors, counselor educators, and counselor supervisors are trained to recognize and respond to posttraumatic stress, burnout, and other signs of impairment, there exists no corresponding recognition of PTG. The result is a reactive rather than proactive attitude toward counselors' emotional well-being. Exploring the lived PTG experiences of IPV counselors may identify characteristics, behaviors, and circumstances that lead to growth rather than impairment as a result of secondary exposure to trauma and adversity.

An ideal outcome for this study was not only identifying the factors that contributed to PTG in IPV counselors, but also exploring the possibility of fostering such factors to promote PTG. Such data could also be implemented to develop strategies to mitigate posttraumatic stress as a result of vicarious trauma. Chapter 2 consists of a literature review of the available research on PTG in various helping professions and characteristics and factors that contribute to PTG as well as related issues such as secondary trauma and burnout.



## Chapter 2: Literature Review

There exists a large body of literature examining the concepts of vicarious or secondary trauma, compassion fatigue, and burnout in several career fields, including the mental health professions. However, research on PTG in counseling generally and trauma counseling specifically is lacking. Christopher and Maris (2010) discussed effects of compassion fatigue in counselors and counseling students such as decreased professional functioning and effectiveness, illustrating the importance of alternative outcomes such as PTG. Researchers have suggested emphasizing growth in equal measure when discussing posttraumatic stress and its associated costs (Stamm, 2002).

I provide a comprehensive review of the literature in this chapter that details the importance of my study. In this chapter, I discuss the literature search strategies that I utilized during my review of the literature. I then discuss PTG as the lens through which I conducted my study. I review several concepts associated with PTG, such as secondary or vicarious trauma, posttraumatic stress, burnout, resilience and hardiness, illusory growth, fostering growth, personality characteristics, supportive environments, primary trauma PTG, secondary trauma PTG, and PTG in the helping professions.

### **Literature Search Strategy**

I reviewed studies of counselor and other helping professionals' burnout, resilience, and PTG published from 2013 to the present. I included some older sources to provide the reader with information on the historical development and maturation of the concept of PTG. I conducted a search of the literature by reviewing articles in the PsycINFO, EBSCOHOST, SAGE, and Walden University library databases. I conducted

challenge searches with Google Scholar. I selected the target concepts and publication date to provide the most current research available on the topics to best represent the concept of PTG. Additionally, the concept of PTG cannot be analyzed without considering secondary or vicarious trauma as a harmful by-product of working in the helping professions. Researching my topic of interest was a dynamic process, and I remained flexible and adjusted accordingly.

My inclusion criteria were initially set to procure research in the fields of mental health care (e.g., counseling, psychology, and psychiatry). However, excluding other helping professions significantly limited my results. As such, I began to expand into other helping professions such as medicine and nursing. I performed searches through the Walden library website and browser search engines. The inclusion criteria in my search protocol (a) included published, peer-reviewed journal articles; (b) focused on themes of resilience, burnout, and PTG; (c) included studies with research participants in the helping professions; and (d) included studies in which participants worked primarily with clients or patients who had a trauma history. Exclusion criteria applied to (a) publications that were not journal articles, (b) publications that did not report the collection of qualitative or quantitative data, and (c) publications lacking data on participants' settings. The keywords that I searched were *posttraumatic growth*, *vicarious trauma*, *protective factors*, *resilience*, *hardiness*, and *posttraumatic stress symptoms* as well as variations and different combinations of these.

I refined my focus on articles pertaining to PTG in the literature review. As I sought to explore the lived experiences of IPV counselors, I also reviewed and included

articles that spoke to counseling that specific population. My literature review included the concept of PTG and how it relates to the theoretical foundation of IPA. I included previous research studies to illustrate the available research, as well as to highlight the unexploited potential that exists for research into this topic.

### **Theoretical Foundation**

Husserl (1931) observed that researchers should identify the meaning of the experiences of individuals. Husserlian phenomenology is a reductive process that results in statements and themes in an effort to derive meaning. Husserl (1931) noted that reduction is a process in which researchers should utilize bracketing to endeavor to set aside preconceived notions and judgements, resulting in an unadulterated view of an individual's experience. Husserl's early phenomenology was concerned with intentionality. In one foundational work, *Logical Investigations*, Husserl (1982) described phenomenology as the study of the essence of lived experience.

I would be remiss to exclude Edith Stein from this phenomenological exploration of PTG in counselors whose population are IPV survivors. Stein was an accomplished phenomenologist in her own right. However, she was marginalized as a woman in the then-male-dominated field of phenomenology by having her work dismissed or attributed to others; later, she was killed in Auschwitz during the Holocaust (McDaniel, 2017). Edith Stein was a doctoral student, research assistant, and editor of Husserl who worked closely with him from 1913-1922 (MacIntyre, 2006). Stein provided a phenomenological view of empathy and later used that phenomenology to develop her theological epistemology (MacIntyre, 2006). Stein recognized a gap in Husserl's phenomenology and

sought to fill it with her dissertation *On the Problem of Empathy* (MacIntyre, 2006). Stein was enamored with Husserl's phenomenology as a method to provide clarity in psychological study (Stein, 2016).

Heidegger (1962) asserted that an individual's understanding of their experience is dependent on their existence in the world. Heidegger approached the state of being by examining *Dasein* (1962), which literally translates from German as being, existence, or presence, which he associated with *In-der-Welt-sein* or "being-in-the-world" (Heidegger, 1962). Heidegger (1962) described phenomenological research as a qualitative inquiry whereby researchers study research participants' described experiences of a phenomenon to identify and explore themes of meaningfulness.

IPA was derived from the work of the above-mentioned early phenomenologists. Smith et al. (2009) described IPA as epistemological; as such, it focuses on both the meaning-making and interpretations that individuals derive from their lived experiences of a phenomenon. IPA contributes to understanding of a phenomenon through a double hermeneutic. The iterative process consists of the researcher making sense of the participant making sense of their lived experience (Smith & Osborn, 2003).

PTG in IPV counselors aligns well with the qualitative method of IPA (Smith et al., 2009) due to the exploration of the phenomenon of PTG in IPV counselors. Semi structured interviewing, open-ended questions, and multiple interviews are often utilized in phenomenological research (Beven, 2014). Crotty (1998) noted that semi structured interviews may explore memories and reflections to encourage participants to reassess their experiences. Researchers conducting hermeneutic phenomenological interviewing

seek to (a) extract rich understanding of a phenomenon and (b) promote meaning-making of the experience (van Manen, 2016).

The lived experience is never fixed. Van Manen (1990) noted that the lived experience is ongoing and articulated afterwards through examination and recollection of the experience. Gadamer (1981) observed the lived experience as being “always on the way” (p. 105). It is through language that the lived experience can be understood and conveyed to others. Van Manen noted, "The aim of phenomenology is to transform lived experiences into a textual expression of its essence" (p. 36).

## **Review of the Literature**

### **Vicarious Trauma**

To conceptualize PTG, the construct of vicarious trauma must first be understood. It is commonly understood that therapeutic relationships affect both the client and counselor emotionally, consciously, and subconsciously. Mental health clinicians such as counselors, psychologists, and psychiatrists are high risk of experiencing vicarious trauma due to their exposure to client trauma. Devilly et al. (2009) observed anecdotal evidence of the occupational hazards of therapeutic settings dating back to the early 1970s. The concept of vicarious trauma indicates that there exists an impact on mental health workers resulting from working with trauma populations. Pearlman and Saakvitne (1995) described vicarious trauma as the “cumulative transformative effect upon the trauma therapist of working with survivors of traumatic life events” (p. 56). Pearlman and Saakvitne described the basis of vicarious trauma as a constructivist self-development theory that posits that a survivor’s experience of trauma is how meaning is assigned to it.

Pearlman and Saakvitne further explained the meaning-making process evolves as novel experiences occur and are incorporated into belief systems. This therapeutic process led Pearlman and Saakvitne to propose that in the same way that trauma affects the individual, the therapist cannot escape a similar process resulting from chronic exposure to a client's trauma and change process.

Hensel et al. (2015) conducted a meta-analytical study of articles that explored risk factors of vicarious traumatization in trauma clinicians. Hensel et al. noted that while risk factors of secondary or vicarious trauma had been studied, different definitions, measurements, and populations had confounded study results. Hensel et al. observed that current literature suggested that intervention strategies be utilized only for individuals who present as vulnerable due to high-risk factors. Due to this finding, Hensel et al. conducted their meta-analysis to utilize existing available data to compute an effect size for each risk factor identified. The researchers analyzed PTSD symptoms associated with clinicians' exposure to clients' trauma details during therapy. Hensel et al. examined 17 risk factors and assigned age and experience as continuous or ordinal variables, and ethnicity and gender as nominal variables gathered from demographic questionnaires. Trauma training was assigned as a dichotomous variable (Hensel et al., 2015). The 38 studies included in Hensel et al.'s meta-analysis involved professional clinicians including therapists, counselors, school faculty, child protective service or welfare personnel, physicians, nurses, and chaplains who were exposed to secondary trauma in their work with clients and patients. Hensel et al. observed very small effect sizes, but significant results ( $r < .10$ ) were found for age, experience, and trauma training using

Cohen's criteria for evaluation of effect size (Cohen, 1988). The researchers found small but significant effect sizes ( $10 < r < 30$ ) for all measures of caseload, personal trauma, work support, and social support. Small but nonsignificant effect sizes were found for personal trauma, emotional involvement, PTG, and supervision quality (Hensel et al., 2015). The researchers found all other risk factors to have negligible effect sizes. Hensel et al. noted the potential difficulties in identifying professionals possessing the highest risk factors due to personal disclosure concerns related to job security and confidentiality. The researchers noted the necessity for further research and consistent measurement of secondary trauma. Additionally, Hensel et al. discussed the critical issue of the difference between clinical impairment and symptoms of PTSD. Further, Hensel et al. noted that the findings of the meta-analysis suggested that engaging in nonclinical activities or working with populations without trauma may mediate the effects of vicarious traumatization.

### **Posttraumatic Growth**

The concept of growth through adversity is not novel, with some variation of the concept addressed in many religious and philosophical teachings. PTG refers to psychological benefits that occur after experiencing adversity or challenge and results in improved psychological functioning (Tedeschi & Calhoun, 2004). The term *posttraumatic growth* was coined by Tedeschi and Calhoun (2004), psychologists who asserted that up to 89% of survivors of such adversity claim to have experienced PTG. PTG requires individuals to reevaluate their schemas and worldview after experiencing adversity. This shift draws heavily on an individual's ability to adapt (Tedeschi & Calhoun, 1995). Tedeschi and Calhoun (2004) created five domains to assess for PTG.

The five domains are appreciation of life, relating to others, personal strength, new possibilities, and spiritual growth (Tedeschi & Calhoun, 2004). The Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) is a 6-point Likert-style standardized scale that is frequently used to study these domains in individuals.

Day et al. (2017) conducted a phenomenological study to examine the shared trauma attitudes of eight counselors who responded to shootings at Virginia Polytechnic Institute and State University. The perceptions of the clinicians' experience of counseling in the aftermath of the shooting were explored. Day et al.'s research design was a qualitative study to explore clinicians' experiences of shared trauma and the meaning that they assigned to them. The purpose of Day et al.'s qualitative inquiry was to understand the phenomena of shared trauma, vicarious trauma, compassion fatigue, vicarious resilience, and PTG from the perspective of the clinicians and the meanings that they assigned to events. Day et al.'s research questions were as follows: (a) What were the lived experiences of the clinicians who responded to the shootings on the Virginia Tech campus with regard to the phenomenon of shared trauma with the persons they served; and (b) What are the meanings, structures, and essences of these experiences of shared trauma? The study participants were eight volunteers, consisting of four men and four women, who were mental health clinicians who worked either on campus or in the community and were responders to the Virginia Tech shootings and provided follow-up care in the community. Day et al. reported their results as expressing the experience of trauma shared among clinicians, as well as clinicians' meaning-making process and the effect on their perceptions of the work that they did with survivors of trauma. The



researchers found that while practitioners experienced some loss of internal resources, they also experienced changed perception, improved self-awareness, and clinical confidence when dealing with trauma survivors.

### **Posttraumatic Growth and Perception of Experience**

Arslan (2016) explored the relationship between mindfulness and perceived stress of university students in therapist programs. Arslan's hypothesis was that students with higher levels of mindfulness have lower levels of perceived stress. Arslan's study was an effort to study the constructs of mindfulness and perceived stress and their relationship to each other, as well as other factors such as age, gender, program type, mindfulness and self-care practices, and theoretical orientations. Testa and Sangganjanavanich (2016) explored possible correlations between mindfulness, emotional intelligence, and burnout and observed that higher scores on emotional intelligence along with higher scores on mindfulness were correlated to lower burnout scores. In doing so, Testa and Sangganjanavanich identified specific aspects of mindfulness that might be relevant in mitigating burnout.

### **Protective Factors**

Bartoskova (2017) sought to develop an understanding of the experiences of the trauma therapist and identify the mechanisms that lead to PTG. Bartoskova identified resilience as a protective factor against vicarious trauma. Likewise, in their study of nurses in psychiatric hospitals in Japan, Gito et al. (2013) observed resilience as a protective factor against burnout in their finding that resilience correlated negatively to nurses' depression and burnout and correlated positively to their hardiness and self-

esteem. Hensel et al. (2015) explored risk factors of vicarious traumatization in trauma clinicians and found that engaging in nonclinical activities or working with populations without trauma may mediate the effects of vicarious traumatization. Ogińska-Bulik and Kobylarczyk (2016) identified a correlation between resilience and PTG in firefighters who experienced job-related trauma and explored the role of stress appraisal as it relates to growth. Kapoulitsas and Corcoran (2015) utilized a social constructionist approach for their ontological research design to examine resilience in situational contexts such as work in the helping professions. Kapoulitsas and Corcoran identified the four themes of (a) complexities of social work, (b) supportive and unsupportive contexts, (c) promoting personal well-being or self-protection, and (d) resilience as a changing systemic and complex process.

### **Fostering Posttraumatic Growth**

The literature highlighted personality characteristics and supportive environments as contributing factors in fostering PTG. Beck et al. (2017) explored PTG in certified nurse-midwives (CNMs) who experienced difficulty after participating in traumatic births. Beck et al. investigated the potential of psychoeducation in fostering growth in individuals who experienced trauma. Beck et al. found that self-disclosure of traumatic events was an important factor in fostering growth. Day et al. (2017) observed that shared trauma, vicarious trauma, compassion fatigue, vicarious resilience, and PTG from the perspective of clinicians was inextricably tied to the meanings that they assigned to traumatic events.

### **Resilience, Surviving, and Thriving**

While related; the concepts of resilience, survival, and thriving are distinct from each other. Resilience refers to the ability to not only withstand hardship, but also to progress past it. Survival is self-explanatory; it describes continuing to live or exist, physically or mentally, despite some adverse event or condition. Thriving describes the ability of experiencing the negative, moving past it, and improving. Ogińska-Bulik and Kobylarczyk (2016) sought to identify a correlation between resilience and post-traumatic growth in firefighters who experienced job-related trauma and to explore the role of stress appraisal as it relates to PTG. Data were collected from 100 male firefighters who ranged in age from 23 to 50 years of age from Poland who had experienced a work-related traumatic event. The independent variable in Ogińska-Bulik and Kobylarczyk's study was resiliency with the dependent variable of PTG through which a mediating variable of stress appraisal was considered. Ogińska-Bulik and Kobylarczyk's (2016) study employed self-reporting to evaluate the positive effects of an experienced traumatic event. Ogińska-Bulik and Kobylarczyk (2016) observed that firefighters experienced benefits from their exposure to traumatic events, but resiliency had only a slight association with perceived PTG. Ogińska-Bulik and Kobylarczyk (2016) noted the relationship between PTG and resiliency was mediated by stress appraisal. The researchers unsurprisingly found PTG had a negative correlation to stress appraisal as a threat, and positive correlation with stress appraisal viewed as a challenge. In a similar vein, Ogińska-Bulik and Kobylarczyk (2016) noted that fostering stress appraisal and resilience as a challenge and not a threat; increased PTG in firefighters.

Kapoulitsas and Corcoran's (2015) main research goal was to garner insight into the social worker's experience of working with clients in crisis and identify what contributes to resilience and how this might protect workers from experiencing compassion fatigue. The design of the study was a qualitative approach that explored emerging themes. Interviewing was utilized as the data collection method and Kapoulitsas and Corcoran (2015) conducted semi-structured interviews for social workers to describe their experiences to better understand compassion fatigue and identify strategies to develop resilience. Four themes were identified by Kapoulitsas and Corcoran (2015). These were the complexities of social work, supportive and unsupportive contexts, promoting personal well-being or self-protection, and resilience as a changing systemic and complex process. Kapoulitsas and Corcoran (2015) found resilience to be a process that results from supportive contexts and self-care and not a personality trait.

### **Controversy**

Presently, there is controversy with regard to what constitutes PTG. One aspect of the controversy is whether PTG occurs due to expectations it should. Infurna and Jayawickreme (2019) discussed the appeal of assigning PTG and resilience as an attractive alternative to the known negative effects of trauma. Infurna and Jayawickreme (2019) acknowledged that the perception of PTG is indicative of a coping strategy; however, they asserted that it does not necessarily indicate personality change. Infurna and Jayawickreme (2019) discussed the current instrument of choice in the assessment of PTG; the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996). The

researchers described the limitations of the PTGI as being one that requires an involved process of eliciting participants' accurate recall of their psychological functioning before an event; an ability the researchers claim is likely not possible.

### **Illusory Growth**

The concept of illusory growth cannot be ignored in a discussion of PTG. There is no doubt an attraction to find a silver lining in the negative. However, Infurna and Jayawickreme's (2019) position was that the existence of such a phenomenon lacks empirical proof. The researchers referred to the current methodologies utilized to study PTG and reviewed methods to challenge existing limitations. Infurna and Jayawickreme (2019) made the important observation that much of the existing research on resilience and PTG involves individuals who began with a relatively healthy level of psychological function. The researchers stated that two main issues they have observed in the literature are: (a) current methodological approaches have created findings that are residuals of the approach; and, (b) the focus of current studies is on a single outcome. Infurna and Jayawickreme (2019) stated much of the current research has been conducted utilizing growth-mixture modeling and describe it as a statistical method that focuses on homogeneity and variances of slope set to 0. The researchers went on to explain that such assumptions do not take into consideration the difference in experience between participants and also changes over time. Infurna and Jayawickreme's (2019) position was that due to these research methodologies, the seemingly positive findings of PTG and resilience are exaggerated. Infurna and Jayawickreme (2019) observed the closely related research topics of resilience and PTG utilize different research designs with their own

strengths and weaknesses. The researchers suggested the use of the prospective research designs commonly used in resilience research and coupling that with the oft-used multidimensional concept of growth after trauma used in PTG research to foster robust research findings.

### **Posttraumatic Growth in Helping Professions**

A distinction should be made in this discussion of PTG. Just as there exists primary and secondary trauma, there is PTG that occurs either as a direct result of an adverse experience and PTG that occurs when attending to the needs of individuals who experience trauma directly or secondary growth resulting from vicarious trauma. In this study of IPV counselors whose clinical work consists primarily of providing therapy to survivors of such violence; the experience examined is the latter.

### **Summary and Conclusion**

In this chapter, I discussed how I managed my literature search strategy, including the databases I utilized, and search terms used. I summarized literature I located on PTG, divided the concept into associated topics, and thoroughly reviewed articles relevant to my study. I located limited research into the PTG of counselors in general and none about the experiences of PTG in IPV counselors. IPV counselors should be cognizant of the potential of vicarious or secondary trauma that cause posttraumatic stress symptoms leading to burnout and other detrimental effects of a personal and professional nature. Understanding the potential of PTG as an alternative or mediating effect of such stress increases the likelihood of a counselor's ability to channel energy and thought into fostering it.

Phenomenology examines the meanings individuals derive from a phenomenon. An interpretative phenomenological analytical study is compatible with my research examining the experience of PTG in IPV counselors. Chapter 3 will be a comprehensive discussion of my research method including the sample, data collection, and analysis of emergent themes of PTG in IPV counselors.

### Chapter 3: Research Method

My dissertation topic of PTG in IPV clinicians was well-suited to the qualitative approach of IPA. Heidegger (1962) described phenomenological research as qualitative inquiry wherein researchers study research participants' described experiences of a phenomenon to identify and explore themes of meaningfulness. A study of PTG in general, and specifically as it pertains to counselors, lends itself to IPA as it seeks to understand the lived PTG experience of counselors.

The phenomenon of PTG is becoming a more popular topic of research in the literature. Hernandez-Wolfe et al. (2014) discussed the clinical implications of such research and suggested that a focus on PTG in counselor training may prevent the negative aspects of trauma work such as burnout. A survey conducted by the Local Government Association in the United Kingdom found that 71% of local authorities experienced difficulties related to recruitment and retention of child protection social workers (Tyler, 2012). Tyler (2012) contended that staff burnout is problematic in organizations as it leads to high turnover, stating, "The high turnover not only increases the costs of providing services but also destabilizes the agencies and prevents them from creating a high-functioning and cohesive workforce" (p. 127).

In Chapters 1 and 2, I discussed the concept of PTG and PTG in the helping professions. In this chapter, I will discuss the research design and rationale, my role as the researcher, the methodology, issues of trustworthiness, ethical procedures, and data analysis. In conclusion to the chapter, I will provide a summary as well as introduce the next chapter.



## Research Design and Rationale

Although every researcher's calculus varies depending on the research topic, sample, and method, IPA demands a set of steps. In accordance with a phenomenological study, I purposively selected participants from a homogenous sample to explore the phenomenon of PTG in IPV counselors. I initially used screening questions via email invitations to assess counselors' experience with PTG to gather my sample. To meet inclusion criteria, participants needed to be licensed clinicians with 10+ years' experience working with IPV survivors who felt that they had experienced PTG as a result of working with this population.

I used semistructured interviewing via Zoom for 35- to 90-minute face-to-face interviews for my IPA study. Using semistructured interviews, researchers can explore memories and reflections to encourage participants to reassess their experiences (Crotty, 1998; Lauterbach, 2018). I composed questions in advance, then constructed subsequent follow-up questions to focus on the experience of PTG in IPV counselors. Researchers conducting hermeneutic phenomenological interviewing seek to (a) extract rich understanding of a phenomenon, and (b) promote meaning-making of the experience (van Manen, 2016). Interviews consisted of neutral, open-ended questions. Open-ended questions and multiple interviews are often used in phenomenological research (Beven, 2014). From superordinate themes resulting from the initial questions, I developed more questions and elicited participant reflections.

A possible limitation of qualitative data such as data collected with IPA is the interpretation of the researcher. Weak interpretation can limit the utility of the data.

Reflexivity, while often viewed as an advantage, can also present challenges (Brocki & Weardon, 2006). Willig (2013) observed the importance of language in defining individuals' experiences, and the "representational validity of language" (p. 94) upon which phenomenological analysis relies. IPA also relies on participants to effectively articulate their experiences (Smith et al., 2009). While IPA offers descriptions of lived experiences, its focus is on participants' perceptions without necessarily trying to explain them (Willig, 2013).

### **Role of the Researcher**

A component of my role as the instrument in this qualitative study was a duty to disclose that I was a practicing clinician as a licensed and certified professional counselor. I also fit some of the criteria of the intended participants as a counselor with a client population of IPV survivors who had experienced PTG. Although I had experienced the phenomenon that was central to this study, a clear distinction could be made in that I did not possess the number of years of experience held by the individuals in my study sample. Additionally, I was able to maintain the perspective of an observer rather than a participant by clearly defining my role as the researcher. As such, I interacted with study participants as the interviewer and the interpreter of the data gathered during the interview process.

### **Reflexivity**

Throughout the research process, I developed and reviewed my field notes, analytic memos, transcripts, and coding process as well as reflected upon my role as a researcher. Every piece of qualitative research has the potential to be rich in themes and

research possibilities. In researching PTG in IPV clinicians, I discovered how counselors working with this clinical population found meaning in both their personal and professional lives. Additionally, and ideally, the qualitative interviews I conducted would uncover effective interventions to foster PTG in counselors. Such social benefit might not be readily apparent. However, I hoped to make these discoveries with my research. In developing interventions and engaging counselors in the process, I attempted to ensure buy-in with a long-range future focus. Rapport between researcher and participant was key to this process. In my role as an interviewer, I conducted individual interviews; coded, organized, and analyzed qualitative data; attended to my research question; and addressed a gap in existing research.

## **Methodology**

### **Instrumentation**

Although data collection methods should not be rigid, they should have some semblance of structure (Ravitch & Carl, 2016). Different sources of data are crucial to researchers in understanding their topic of interest. In qualitative research, the researcher is considered the instrument; therefore, I collected the data, conducted the interviews, performed coding, and provided memos. I compiled interview questions, coding sheets, and field notes. As I was trying to identify and understand the experience of individuals, I engaged in a qualitative data collection method to promote flexibility and iterations of questions as the interviews progressed.

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

I recruited participants from agencies and private practices in major cities of the United States. With the goal of geographic representation in mind, I sought participants in several cities across the United States. I identified potential participants by searching IPV/domestic violence (DV) agency listings on the [www.domesticshelters.org](http://www.domesticshelters.org) website. Agencies are listed by state, then by city and specialty (shelter, counseling, legal, etc.). I went through each state/city listing and selected agencies that listed IPV/DV as their focus. I then went to each individual agency website, located the agency's clinical staff contact information, and compiled a list of email addresses of potential participants. I also identified private practice counselors with IPV specializations by conducting internet searches for DV/IPV counselors and counselors who specialized in trauma-focused approaches such as trauma-focused cognitive behavioral therapy (CBT). I sent email invitations (see Appendix A) to counselors with publicly available contact information through their agency or practice website. I requested and received permission to expand my recruitment procedures to include private practice counselors due to a high number of undeliverable and email addresses no longer found messages in response to my initial email to recipients found as a result of contacting IPV agency counselors from the [domesticshelters.org](http://domesticshelters.org) search. I collected demographic data in the beginning of each synchronous Zoom interview.

I used semi structured interviewing for my IPA. The interviewer's role in semi structured interviews is that of a facilitator who guides the direction of the interview (Smith & Osborn, 2003). Smith and Osborn (2003) offered the following tips for

interviewing: (a) not rushing in to allow respondents to finish answering one question before moving on to another, (b) using minimal encouragers, (c) asking one question at a time, and (d) continuously assessing the effect of the interview on the participant by observing nonverbal behaviors and manner of responses. The questions that I asked pertained to the experience of PTG in IPV counselors. The aims of hermeneutic phenomenological interviewing are to (a) extract rich understanding of a phenomenon and (b) promote meaning-making of the experience (van Manen, 2016). Interviews consisted of neutral, open-ended questions. Open-ended questions and multiple interviews are often used in phenomenological research (Beven, 2014). Interviews were scheduled for 90 minutes.

### **Issues of Trustworthiness**

Validity in IPA depends on data credibility and veracity of the findings. As a result, unlike in quantitative studies, validity is not an issue from a statistical standpoint. Rather, in qualitative studies, authenticity of a phenomenon is considered important. Qualitative researchers develop frameworks to foster rigor and validity in their studies to increase trustworthiness. One example is Guba's (1981) framework of the four dimensions of credibility, transferability, dependability, and confirmability (Shenton, 2004). Rigor in research can also be promoted by various strategies and techniques. I recorded data, kept detailed field notes, journaled, and employed multiple levels of coding (Ravitch & Carl, 2016; Saldaña, 2016). The qualitative research study that I conducted is trustworthy because all of the data were from IPV counselors and, as a result, reflected the ideas and attitudes of professionals counseling that particular client

population. I attended to the important aspects of credibility, dependability, and confirmability; however, transferability was a possible issue.

### **Credibility**

The purpose of credibility is to denote confidence that the results of research are true (Lincoln & Guba, 1985). Strategies to ensure credibility include extended and varied engagement with participants, establishing solid interviewing techniques, confirming the credibility of research investigators, and collecting research materials (Lincoln & Guba, 1985). I achieved credibility in my study by engaging with research participants for an appropriate length of time, testing my interview protocol, and collecting and storing my field notes (Forero et al., 2018). As a counselor, I had the necessary skills to remain objective and free of bias and judgement as I collected and analyzed data.

### **Dependability**

Dependability ensures that research results can be replicated under the same conditions (Lincoln & Guba, 1985). Allowing researchers the means by which to replicate studies by outlining specific procedures promotes dependability (Lincoln & Guba, 1985). Providing a rich description of methods and an audit trail likewise contribute to dependability (Lincoln & Guba, 1985). I took detailed notes about my research design and application, interviewing information, and reflections to establish dependability.

### **Confirmability**

Confirmability refers to the confidence that research results will be corroborated by other researchers (Guba & Lincoln, 1985). Reflexivity and triangulation are strategies

to foster confirmability (Guba & Lincoln, 1985). Implementing reflexive journaling and researcher meetings as well as varying triangulation techniques, including methodological, theoretical, data source, and investigatory, can be used to accomplish confirmability (Forero et al., 2018). In order to ensure confirmability, I used reflexive journaling during my study. I also objectively collected rich and thick data that accurately represented participants' voices. I clarified these data with participants as appropriate.

### **Transferability**

Transferability demonstrates the extent to which research results can be transferred or generalized in other settings (Lincoln & Guba, 1985). Purposeful sampling is one method of promoting transferability (Forero et al., 2018; Lincoln & Guba, 1985). Achieving data saturation is another method (Lincoln & Guba, 1985). Data saturation occurs when “no new information or themes are observed in the data” (Guest et al., 2006, p. 59). I used purposeful sampling in my study of PTG in IPV counselors as a method to foster transferability. I also achieved data saturation by reading and rereading interview transcripts until I extracted all novel information and themes.

### **Ethical Procedures**

To ensure that ethical standards are upheld in research, educational institutions require review by an Institutional Review Board (IRB). However, the characteristics of qualitative research can present challenges. Sanjari et al. (2014) discussed the ethical challenges inherent in qualitative research due to the unique nature of the researcher–participant relationship. Ethics in data collection pertain to ethical challenges in protecting privacy, minimizing harm, and respecting the shared experience of others

(Ravitch & Carl, 2016). Ravitch and Carl (2016) outlined various issues related to anonymity and confidentiality in qualitative research, such as the need for measures to protect participants' identity.

As most qualitative research studies use fewer participants than quantitative research studies, another consideration is omitting demographic information if a risk of identification of the participant is present. Sanjari et al. (2014) suggested various techniques for protecting sensitive personal data, such as secure data storage, removal of identifiers and biographical details, and using pseudonyms. Additional considerations are necessary when interacting with vulnerable populations.

Sanjari et al. (2014) observed that qualitative research encompasses "different aspects of the human life experience" and allows researchers to make meaning of them (p. 3). Sanjari et al. noted the importance of informed consent in research, especially for qualitative researchers with regard to data collection and use. Hem et al. (2007) observed that informed consent in psychiatry, while procedurally correct, may not consider the patient's fluid perception of the situation or take into account the power dynamics present between researcher and participant in acute psychiatry. In this study, the threat from power dynamics was absent to minimal, in that participants were fellow counselors. Ellis (2007) discussed relational ethics in qualitative research as a concept where researchers acknowledge the relationship that develops as a result of the intimate disclosure that occurs during the data-gathering process and the increased need for ethical conduct as a result. The primary instrument in qualitative studies is the researcher; as such, ethical behavior in data gathering and analysis is a key consideration.



There are many ethical issues to consider in qualitative research. While the IRB provides oversight in reviewing research proposals, the responsibility for ethical research ultimately falls on the researcher. Utilizing strategies and employing techniques to manage ethical issues addresses these challenges. Ethical integrity can be achieved by ensuring participants' confidentiality and safety (Patton, 2015). It is essential for participants to understand the purpose of a research study, how their information will remain confidential, and their ability to discontinue their participation at any time (Patton, 2015). This is accomplished by careful review of the informed consent document. Additionally, providing participants with the methods used to safeguard their personal information gives them assurance that the experiences that they share will remain private (Patton, 2015). Sharing this information with participants prior to commencing research provided them the ability to make an educated determination related to their participation in the study (Patton, 2015).

### **Data Analysis, Sampling Plan, and Coding**

#### **Data Analysis**

Smith et al. (2009) developed an approach for IPA that consists of the following six steps: (a) listening to and watching interview recordings and reading transcripts several times; (b) taking detailed notes; (c) identifying emerging themes by examining notes; (d) compiling coded themes from constituent themes and further clustering them into superordinate themes; (e) proceeding to the next case; and (f) identifying patterns across cases. After completing these steps, I examined discrepant cases to ensure quality

and trustworthiness of data. This process is key to mitigating confirmation bias by the researcher (Morrow, 2005).

### **Sampling Plan**

In accordance with a phenomenological study, I purposively selected 6-10 participants from a homogenous sample to explore the phenomenon of PTG in IPV counselors (Smith et al., 2009). Purposive sampling does not necessarily contribute to generalizability; however, it is conducive to studying a specific subset of a population (i.e., IPV counselors working primarily with IPV trauma survivors). Consequently, the findings of my study may not accurately reflect the experiences of counselors with other specialties and those working with different populations.

My research participants were licensed professional counselors. I contacted IPV agencies in large metropolitan cities in the United States. I sent emails to agency directors and clinical directors with a call for research participants. The licensed counselors possessed 10+ years of trauma counseling experience with client populations of IPV survivors who feel they have experienced PTG as a result of working with their clients. I would like to interview such clinicians as they have demonstrated a key trait of PTG by virtue of their longevity. As a result, the experiences of these IPV counselors are relevant to the study and assessment of other factors that might contribute to PTG.

### **Transcribing Interviews**

Two methods of translating interviews into data are transcribing them and using summative techniques. In transcription, the researcher is examining the exact words of the participant. Using a summative method requires the researcher to identify keywords,

discern themes, and quantify data (Halcomb & Davidson, 2006). Performing a summative examination of qualitative data is an interpretive process by the researcher. As a result, it is used in methods such as IPA. Smith and Osborn (2003) described the process of IPA transcription as transcribing the interview in its entirety and including the questions by the interviewer and leaving a wide margin for comments. IPA transcription should be semantic and include all spoken words and unspoken, such as pauses and laughing (Smith & Osborn, 2003). Smith and Osborn (2003) recommended allotting five to eight hours per interview hour for transcription purposes.

### **Coding Interviews**

Coding is a reflexive process consisting of reading, rereading, and free coding (Smith et al., 2009). During the free coding stage, I conducted a careful analysis of each line of the transcript to identify themes and meaning-making that appeared important to research participants. In this way, interpretations of the meaning-making of participants' experiences can emerge; as well as themes specific to their lived experiences (Smith et al., 2009). It is important to be open to emerging themes as they might differ from my expectations based on experience and the literature review. The semi-structured interview protocol I used to elicit data for coding is listed in Appendix B.

### **Coding Methods**

Pietkiewicz and Smith (2014) discussed reading interview transcripts and listening to audio recordings multiple times as the initial stage of coding. The authors noted this process allows researchers to engage with the interview and emerging data.

The researcher should make detailed notes of thoughts, comments, observations, and reflections of any importance.

The next stage of coding is developing emergent themes from the researcher's notes (Pietkiewicz & Smith, 2014). The authors suggested that researchers work from their notes instead of the interview transcript at this stage, noting that adequate note taking reflects interview data. The goal of the researcher at this stage is to distill a phrase from the participant's description of their experience according to the authors.

In the final stage of coding, the researcher looks for relationships between emergent themes, then groups and labels clusters of themes with concepts in common (Pietkiewicz & Smith, 2014). This requires identifying themes from the transcript in its entirety prior to generating themes and grouping them. The authors noted that, as a result, some themes may be discarded to better align with the developing framework. Superordinate themes and subthemes form the final list.

Pietkiewicz and Smith (2014) noted researchers who use hand-coding make notes in the margin of transcripts consisting of comments and identifying themes. As a result, researchers are left with a list of themes, subthemes, transcript extracts, and line numbers to facilitate referencing when necessary according to the authors. Lastly, the researcher develops a narrative account identifying and exploring each theme, including interview excerpts and author comments. According to the authors, these themes provide the participants' experiential account in their own words, providing the reader with both this and the researcher's interpretation of the data.

I used Microsoft Word and Excel for hand-coding. It is crucial to identify codes that are specific to the research problem and differentiating them from the concepts that might be present (Rubin & Rubin, 2012). In reviewing interviews and examining the responses of my participants, I identified codes with associated supporting statements to develop categories and discern themes.

### **Summary**

In this chapter, I provided the research methods for conducting this study including the research design and rationale. Additionally, I discussed the role of the researcher, methodology, issues of trustworthiness, ethical procedures, and data analysis. In Chapter 4, I discuss results of the study, data analysis, and interpretation of the data.

## Chapter 4: Results

The purpose of this study was to explore the lived PTG experiences of IPV counselors and to develop an understanding of factors that might contribute to PTG. The research question of the study was the following: What are the lived posttraumatic growth experiences of intimate partner violence counselors? In this chapter, I discuss the interview settings where I collected study data, present demographic information of the study participants, and discuss the data collection process. Additionally, I describe the data analysis and the resulting emergent themes and categories, results, and methods that I used to promote study trustworthiness.

### **Setting**

The study participants selected the day, time, and location convenient for their Zoom interview. Interviewees participated from either their work offices or their homes for the interview. Prior to the interview, I emailed participants invitations with a link to a private Zoom room and a passcode to enter the room. The interviews occurred with few to no interruptions. Exceptions were ambient noise because of occurrences such as intrusive pets and some outside noise such as emergency vehicles. However, this did not impact the interviews negatively or skew the data that I collected.

### **Demographics**

I collected demographic information for informational purposes. I asked the participants their state of licensure, gender, race, age, and how many years of experience they had working with survivors of IPV. I did not identify participants to maintain

anonymity during the interview and assigned numbers to participants for referencing in the study.

My inclusion criteria for the study were for participants to (a) be licensed professional counselors, (b) have worked with survivors of IPV for 10 or more years, and (c) have experienced PTG as a result of their work with IPV survivors. I excluded potential participants who did not meet the criteria. These included respondents who held licensure other than that of a professional counselor, and those who did not meet the length requirement for years working with survivors.

All participants identified as Caucasian, with one participant identifying as Caucasian and Asian. Participants ranged in age from 31-62 years. Professional counselors held licensure in Alaska (2), Illinois, Ohio, Maryland, North Carolina, New York, Pennsylvania, and Texas. One counselor held licensure in two states. Participants' work with survivors ranged from 10-39 years. Seven participants identified as female, and one identified as male.

**Table 1**

*Participants' Demographic Data*

Participant	Age	Gender	Race	Years working w/IPV survivors	Licensure state
Rocio	39	Female	Caucasian	14	Texas
Sylvie	36	Female	Caucasian	10	Maryland/New York
Devona	62	Female	Caucasian	22	North Carolina
Kali	62	Female	Caucasian	35	Ohio
Buddy	62	Male	Caucasian	39	Pennsylvania
Harley	32	Female	Caucasian	11	Alaska
Lotte	47	Female	Caucasian	20	Alaska
Noelle	31	Female	Caucasian	10	Illinois

### **Data Collection**

There were eight participants in the study. I conducted all eight of the interviews from my home via Zoom. Participants attended the study interviews from the locations of their choice, which varied from work offices to homes. I conducted interviews synchronously via the online Zoom platform in a virtual face-to-face format. The planned interview length was 90 minutes; however, the actual interviews ranged from 35 to 55 minutes. I collected data over a 5-week period. I recorded interviews with my password-protected laptop computer. I audio and video recorded the interviews via the Zoom platform; however, I retained only the audio recordings. I used an online transcription service, Rev ([www.rev.com](http://www.rev.com)), for human transcription services. I deidentified all interview recordings submitted to Rev for transcription to ensure confidentiality and anonymity.

### **Data Analysis**

I followed Smith et al.'s (2009) six steps for interpretive phenomenological data analysis as phenomenology was the conceptual framework for the study. Step 1 consisted of making research notes while reflecting on the interviews. Additionally, I read the transcripts three times while listening to the recordings. During this process, I made notes in the margin about relevant points (Smith et al., 2009). Step 2 consisted of making more detailed notes about the process by which the interviewees made meaning from their experiences. I also made notes about my analysis of each reading of the transcript (Smith et al., 2009). This iterative process enabled me to analyze cases on progressively deeper levels. Step 3 consisted of creating a new Word document in which I began noting



preliminary and emerging themes in preparation for coding the data to derive final themes. In working with the emergent themes, I began the hermeneutic process. The hermeneutic circle consists of exploring the study components to connect data in individual transcripts to the studied phenomenon (Smith et al., 2009). In Step 4, I extracted patterns from the developing themes (Smith et al., 2009). In Step 5, I moved on to the next case and conducted the first four steps for each subsequent case (Smith et al., 2009).

The final step in this process, Step 6, involved identifying themes and patterns across all cases. Congruent with Smith et al. (2009), I extracted themes present in at least half of the interviews and placed them in an Excel spreadsheet for comparison purposes. This step led to six themes and 10 subthemes. The six themes were (a) improved relationships with self and others through increased self-awareness and insight; (b) creating awareness of IPV in others through psychoeducation; (c) vigilance in counselors' personal relationships; (d) processing trauma work; (e) finding a calling; and (f) positive feelings about clients.

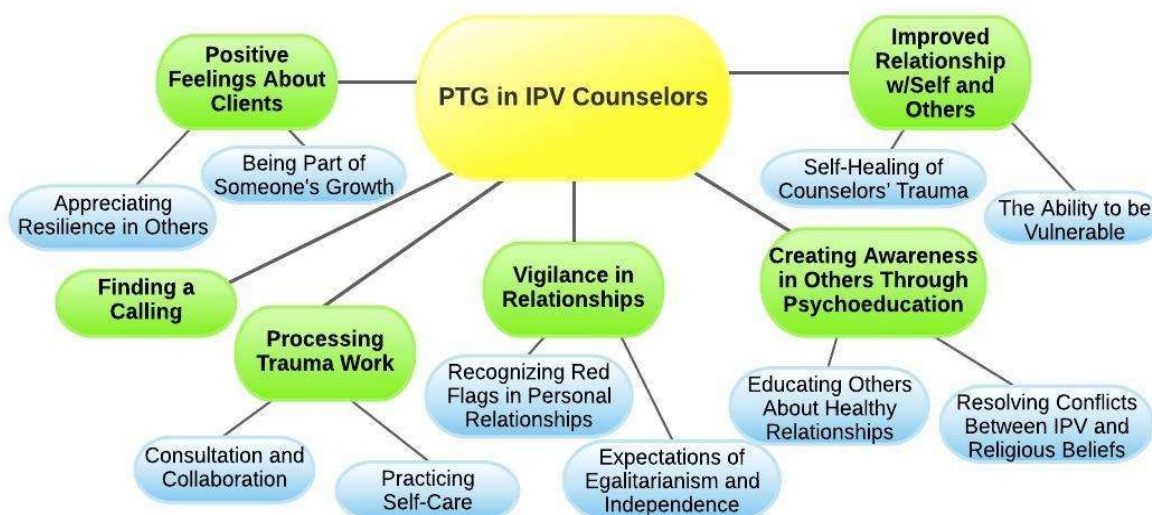
**Table 2***Occurrences of Themes Among Participants*

Participant	Improved relationship w/self and others	Creating awareness in others through psychoeducation	Vigilance in relationships	Processing trauma work	Finding a calling	Positive feelings about clients
Rocio	X	X	X	X	X	X
Sylvie	X	X	X	X		X
Devona	X			X	X	X
Kali	X	X	X	X	X	
Buddy	X	X		X	X	X
Harley	X	X	X	X	X	X
Lotte		X		X	X	X
Noelle	X		X		X	X

The 10 subthemes were (a) the ability to be vulnerable to others in personal relationships; (b) self-healing of counselors' own trauma through working with IPV survivors; (c) educating others about healthy relationships; (d) resolving conflicts between IPV and religious beliefs; (e) recognizing red flags in personal relationships; (f) expectations of egalitarianism and independence in personal relationships; (g) consultation and collaboration to process trauma work; (h) practicing self-care as a protective mechanism in working with trauma; (i) appreciating resilience in others; and (j) being part of someone's growth.

**Figure 1**

*Thematic Map of Themes and Subthemes*



### Discrepancies

Participants' lived PTG experiences as a result of working with IPV survivors were consistent across all cases. The only discrepancy occurred with the lone male participant. Given that most reported cases of IPV involve females suffering violence at the hands of male perpetrators (Breiding, 2014), the female study participants conveyed the ability to relate to female clients as females who had experienced IPV themselves or empathized with the female experience of IPV. However, the male participant described relating to females as a result of close relationships with the females in his life and their positive impact on him as well as his desire to help his female clients develop an awareness of safe male relationships.

## **Evidence of Trustworthiness**

Evidence of trustworthiness in qualitative studies ensures robust and repeatable results. Credibility, dependability, confirmability, and transferability contribute to trustworthiness. Qualitative researchers detail their ethical procedures to demonstrate the trustworthiness of their studies. In this study, I attended to credibility, dependability, confirmability, and transferability to foster rigor and validity.

### **Credibility**

Credibility promotes confidence that research results are accurate (Lincoln & Guba, 1985). I ensured credibility in my study by extended engagement with research participants for an appropriate length of time, utilizing solid interviewing techniques, using a predetermined interview protocol, and collecting and storing my field notes (Amankwaa, 2016; Forero et al., 2018; Lincoln & Guba, 1985). As a counselor, I was able to use my professional skills to remain objective and free of bias and judgement as I collected and analyzed data.

### **Dependability**

Dependability allows researchers to replicate study results (Lincoln & Guba, 1985). Outlining specific procedures and conditions such as a description of methods and an audit trail allow researchers the ability to replicate research, thereby promoting dependability (Amankwaa, 2016; Lincoln & Guba, 1985). I took detailed notes during the research process and after conducting interviews to promote dependability.

**Confirmability**

Confirmability is the confidence that other researchers will corroborate research results (Guba & Lincoln, 1985). Reflexivity and triangulation are methods to ensure confirmability (Guba & Lincoln, 1985). I implemented reflexive journaling and triangulation to foster confirmability (Forero et al., 2018). I also collected rich and thick data that accurately represented participants' voices.

**Transferability**

The extent to which research results can be transferred or generalized in other settings is referred to as transferability (Lincoln & Guba, 1985). Purposeful sampling techniques promote transferability (Forero et al., 2018; Lincoln & Guba, 1985). Data saturation is another method to ensure transferability (Lincoln & Guba, 1985). Data saturation occurs when “no new information or themes are observed in the data” (Guest et al., 2006, p. 59). I used purposeful sampling in my study of PTG in IPV counselors as a method to foster transferability. I also achieved data saturation by reading and rereading interview transcripts until I extracted all novel information and themes.

**Results**

The main research question answered in this study was the following: What are the lived posttraumatic growth experiences of intimate partner violence counselors? I answered the research question by examining the interview recordings and transcripts to determine what counselors disclosed about their lived experiences with PTG and the factors that may contribute to these experiences. Six themes and 10 subthemes emerged from the study.

### **Theme 1: Improved Relationship With Self and Others**

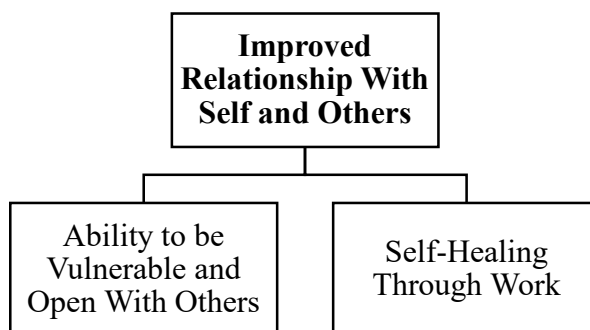
Seven participants described experiencing improved relationships with themselves and others as a result of their work with IPV survivors. One participant conveyed an appreciation for her own healthy relationships. Rocio stated,

So, I think in one area, so if I look at personally, post traumatic growth and in working with these individuals is just having a true appreciation for how I grew up. I didn't grow up in a household that was violent. I grew up with happy, healthy parents ... And so I often still tell my parents, even after all these years, tell my parents how thankful I am that it was a functional household and that it was really healthy. And so, having that appreciation for just how I grew up, I guess, that maybe I took for granted before I saw how others experience in abusive homes.

Others described developing an awareness or understanding of their personal strengths, resilience, and accomplishments. Others spoke about how their work with IPV trauma helped them heal from their own abusive relationships or trauma.

#### **Figure 2**

*Theme of Improved Relationship With Self and Others*



***Subtheme 1: Ability to Be Vulnerable and Open With Others***

Three participants described the ability to be vulnerable as a positive experience resulting from their work counseling IPV survivors. Participants spoke about the liberation of being open and vulnerable to people in their lives. Devona stated,

That kind of like laying your soul bare, taking off the armor and being vulnerable, that can be a very painful and scary process. So, I think understanding that as a part of the growth, that it's necessary, it has to happen.

Kali spoke about finding balance between boundaries and vulnerability:

But I had these ideas in my mind about what could happen in a relationship and how it could go wrong. And so, I mean, so I had to work hard on boundaries, making sure keeping all that intact. But I think one of the things that I did also toy with is like, okay, so if I become so hardened and I saw a lot of my colleagues kind of become more robotic about how they were dealing with what was going on. And I can't do that because I thought of myself as being the instrument of my work and when I knew, yes, it was a choice I made. And I knew that by not having a hardened boundary, that I was risking some personal, I guess, vulnerability. It made me vulnerable as a person. Yeah, so that was a choice I made to try to make sure that I was really present with people and really hearing them out and hearing what was going on and reacting in a way that I felt was human and not robotic.

Buddy described vulnerability as contributing to strength:

The Brené Brown stuff, and what does it mean for me to make, by making myself vulnerable, I get to experience life at a much grander scale and depth instead of warding that all off and living a shallow existence. So, I think your question could even be posed to just about anyone within the helping professions, "Besides your paycheck, what are the benefits that you get from working in such a hurtful field?" Well, being hurt can result in strength. It truly can.

***Subtheme 2: Self-Healing Through Work***

Three participants, Sylvie, Harley, and Noelle described the personal healing that occurred as a result of their work with IPV survivors. Some had abuse trauma in their backgrounds that they had not processed until becoming counselors. Others had been in abusive relationships that they had not recognized or accepted as abusive until they started working with IPV survivors. Sylvie stated:

Yeah. Yeah, I think I became a therapist to do my own healing. Many therapists do. And if you have some insight and some desire to grow and heal on your own, and of your need to do it, and it's really important to you, maybe then you make that your profession where you're helping others, but in the process you're doing it yourself. So, I can observe in myself what clients may experience from time to time, hopelessness or negative thinking about the world, or about trauma that they've experienced. And then I can also hold, and through the work hold space for and shift myself into the healing place of seeing that as one part of the experience, finding ways to not have it dominate or be the entire experience. And one more thing about that is where, if you're talking about where does it become



healing for me, I think a big insight in my adulthood is that other traumas from my childhood were related to not being emotionally validated. And so, as an adult, I have an insight that I seek emotional validation more than you might expect an adult to, like external validation as a result of my trauma. But the process of providing that to others is healing for me in how I have lacked it at times in my life when I needed it. And so, to be the change agent there and facilitate the journey of empowering themselves and moving from a place of being in that experience to being outside of it and healing from it is very healing, as a therapist.

Harley reported about her experience as a healer:

Maybe it's normalizing that traumatic stress is a thing and it's going to happen. Then taking that as an invite to grow. Yeah. Because I had a number of supervisors tell me like, "The typical, very typical wounded healer archetype of life, right? You came here to heal, this is coming up because something inside you, whether you want it or not wanted you to heal. This isn't about them." Maybe just having super rad supervision, that also believed in that. I know that that was why I am where I am for sure.

Noelle discussed the end of her own abusive relationship:

So, I was actually in a four and a half year relationship that I ended in... It feels like a long breakup, but basically, let's say March of this year ... And I was in this four and a half year relationship and it took me starting to work with a new therapist in the beginning of the year, first time working with a male therapist.

And I went into a session one time and I said, "I got to work on my anger that I'm having with my partner." We're getting to know each other and he's like, "Well, tell me why you're angry." And I started telling him, and he says to me, he's like, "You're in an abusive relationship." ... And this was like maybe beginning of February. And over the next several weeks, I continued to tell him what was happening. And it was like all of a sudden, the wool had been pulled from my eyes and it wasn't subtle the abuse, I was covering bruises on my face and going into my office, at one point I had a bruised rib cage, like it was so obvious and in my face. And over those four years I'm working with people, I'm talking about the cycle of abuse, and in feminist empowerment theories, yeah. So I think it has been, I don't even really know how to describe how these last six months have been in terms of post-traumatic growth. It feels like gigantic. And so much of my growth has been integrating these experiences I've had with my clients and being like, "Why was it so hard for me to connect the dots?" Or like, "Why was it so hard to take this perspective with my clients and then yet not apply it to myself." Yeah. I think also a big part of what happened in the earlier part of this year is I had a client who had been wrestling with this for a long time, eventually leaving an abusive partner. And that was very much a parallel to what was happening in my life. And I hope this doesn't sound messed up, but he really ... I just felt very inspired by him through our sessions, in those moments where in those conversations around like, "I just don't think I can take this anymore." And afterwards I'd be like, "Why am I taking this?" I would never say this to the client.

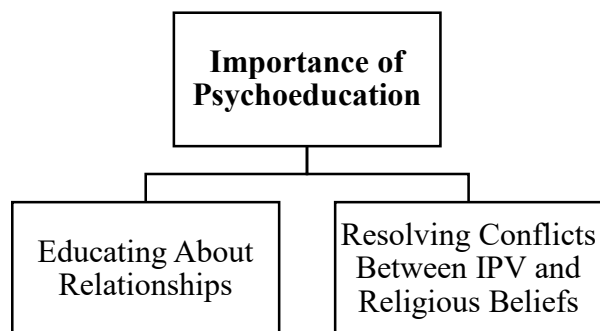
And I swear I'm a very present therapist with him, but I think in so many ways I have gotten as much, or if not more from those sessions talking with him and him talking about how things have changed for him and watching his confidence grow and watching him build this life that he wanted and couldn't have when he was in his relationship.

## **Theme 2: Importance of Psychoeducation**

Six participants discussed the importance of psychoeducation in working with a client population of IPV survivors. IPV counselors described providing psychoeducation to their clients in positive terms. Additionally, participants conveyed a sense of fulfillment that resulted from being able to provide their clients with novel information regarding abuse such as the characteristics of abusers, the dynamics of abusive relationships, and what constitutes abuse.

### **Figure 3**

*Theme of the Importance of Psychoeducation*



#### ***Subtheme 1: Educating About Relationships***

Four participants discussed the importance of psychoeducation about relationships as IPV is relationship violence. Understanding what constitutes unhealthy relationships

and what healthy relationships look like are central aspects of IPV psychoeducation.

Sylvie described it in this way:

And it's such a unique ... I mean, to be trained and educated around dynamics of abuse and control and inequality in a relationship, whether it's related to gender dynamics or culture, that kind of education and training is unfortunately not common enough. These are not principles that are easily accessed in the world around us, in family systems, so misinformation is just so easily entrenched in unhealthy family systems. And so that process of taking the specialty of what you know and empowering others with it and saying, "Actually it's not people's fault when they get abused," or challenging a myth, right? That as a child, you weren't expected to do this, or even as an adult, part of the abuse experience is being made to feel that you're not worthy of anything different, right? Like that, for example, as a piece of information about that trauma experience can be so empowering.

Rocio also spoke in terms of the fulfillment of providing education and fostering empowerment:

I just really liked empowering women and teaching them all kinds of things that they were never taught before about like having your own bank account, having your own job, being able to make your own decision, how much power that gives you in a relationship and how much choices that gives you. And so I really enjoyed working with them just because I don't know, their stories and stuff really struck me ... And so just really wanting to empower women to know that you

don't need a partner and helping them to make a plan for themselves and to really be able to work with them to understand the cycles of these things and how to get out of it, and how to be successful.

Harley also discussed empowering women as a strong motivator in working with IPV survivors in stating, "... it's such an important piece of empowering women and the women around me and provide. Just yeah, women helping women, and providing them the support that they need is so powerful. Kali described reflecting on her own relationship and the effect of psychoeducation on it:

And I remember asking the question like, "So, we know what an abusive relationship looks like. We're pretty clear about this. We have very specific ideas about that. But how well do we know what a healthy relationship looks like? And how well do we know it in a way that we can define it and make it clear to people what that looks like?" And I asked that question for professionals in the room but myself too. I wanted to make sure that I was in a healthy relationship. And so, I worked hard at making sure about that. That was really important to me. And I think, again, we went through some really rough spots in the course of that. But now, I would say we worked out like 99.9% of that. There's still some things that I'd like to see change. But mainly it's really, I think, that has been really helpful for developing my relationship with my husband.

Buddy described and explained the importance of psychoeducation in counseling child survivors of abuse:

The goal is to eventually, with both the client and then, ideally a primary caregiver in most of the cases of my clients, it's their mothers, you have them create a trauma narrative, learn to process the feelings that accompany that...And then the story is then shared with, again, that primary caregiver who's provided a lot of psychoeducation on CBT, trauma, the effects of trauma on neuro- psychology, a number of the behavioral manifestations ... And this has been going on in all the time that I've been working with survivors. And again, it ties in with the female. And that is oftentimes the male is the perpetrator, and whether that's in domestic violence or in sexual abuse. And then mothers, for some particular reason, have, the kids have a lot of conflicted relationships with their mothers because that's normally the relationship that remains intact. And then more at a preconscious level, I think, the girls will blame their mothers for not adequately protecting them.

When asked what it was like to manage that dynamic, he went on to say:

Challenging. Because my primary focus is not related to family therapy, although that is a component of the TF-CBT. That's much more psychoeducation. In the beginning phases, you meet individually with the client and you meet individually in what we call collateral family therapy sessions with that primary caregiver. So as you're working on a timeline with the client, simultaneously, you're working on psychoeducation, teaching the caregiver what the process is that you're going through with the individual client. And eventually, that will get you at the point of, again, managing emotional dysregulation. And in that regard, it's going to be

for the kids, feelings of shame, anger, sadness, guilt. And when you're in the midst of doing that education process with the caregiver, that's when it's time to start preparing them for the normative blame that they're going to get. Oftentimes, they make that disclosure themselves. It's not even that hard to draw it out of them. And this is, again, with the complex trauma cases I've had and there've been several. And that's constant and consistent in all those cases where I have that mother involved. They blame themselves for being involved in that abusive relationship, either their paramour or a husband or an ex-husband.

***Subtheme 2: Resolving Conflicts Between IPV and Religious Beliefs***

Two participants described the correlation between religion and attitudes about relationships and IPV. Rocio and Lotte reported reconciling the conflict that can occur between religious beliefs and relationship expectations. Rocio described the conflict that can occur with some religious attitudes and IPV:

As far as spiritually, I have an interesting... Working with intimate partner violence in the Bible belt, I've seen where the Bible is used to keep women in abusive relationships. And it would be very hard to get these women to even think outside of the box because they'd almost been indoctrinated by the abuser. The Bible was used to hold them captive. And so, I identify with a Christian background and I have a solid faith, but there are, but I also don't believe that our intentions are to be, as women our intentions are to be held captive or kind of barefoot in the kitchen.

Lotte discussed her personal experience with the conflict between religion and responding to IPV:

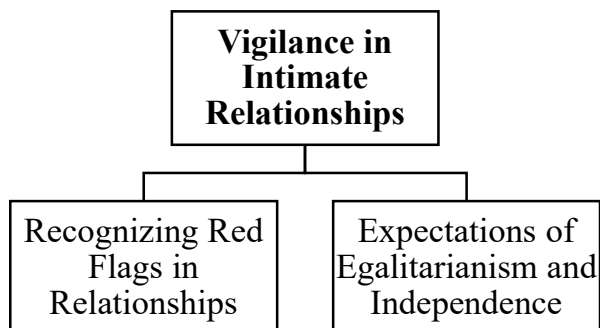
I got divorced after being married for 20 years to a person who was quite abusive. I didn't identify it as being abusive because it was on a cycle of every six to seven months. I, as a young wife, didn't identify that as being abuse. If somebody is abusive doesn't that mean they do that all the time? Doesn't that mean they do that basically every day or every other day, or at least once a week, isn't that what it means? I didn't know. I had no idea, but it was because of my upbringing. I came out of being very Mormon. The culture that I came out of is just different.

### **Theme 3: Vigilance in Intimate Relationships**

Five participants described vigilance and at times, hypervigilance in their intimate relationships. Participants related this was due to their work with IPV survivors. In some cases, hypervigilance was reported as a slightly negative reaction to their work. However, in most cases participants discussed this vigilance as a positive, protective mechanism in their relationships. When asked about aspects of her life that have touched by her work with this population, Noelle stated:

I think when I meet new men, I'm a lot more skeptical than I used to be, though some of that might be a maturity type of thing. Yeah. I think in general, I'm a bit more weary or a bit less naive because now it's incredibly rare for inter-partner violence to not be a secret.



**Figure 4***Theme of Vigilance in Intimate Relationships****Subtheme 1: Recognizing Red Flags in Relationships***

Three participants reported the ability to recognize red flags in their personal relationships. Rocio, Sylvie, and Harley described their work in IPV as making them adept at identifying warning signs in problematic relationships. Rocio noted:

In my dating relationships, I was big on recognizing, I think red flags and things that just didn't feel right to me. And so always being with in healthy dating relationships. I've never experienced anything that was, I mean, of course obviously negative things, but nothing that was abusive. And I think just having the experiences with working with so many women who had been involved in abusive dating relationships, I didn't do that because I didn't put up with anything from the very beginning that looked more like a red flag to me.

Sylvie shared very personal experiences of abuse and how her work in an IPV shelter had an effect on a relationship:

Well, yeah. I think being a woman in this world, you're going to be touched by unhealthy relationship or abusive relationship dynamics in some way. As a child,

I had a sexual abuse experience by a relative. And then, as a young adult, right after college, I started volunteering at a domestic violence shelter. And I was going through this very intensive training around IPV and domestic violence, at the same time that I was in an emotionally controlling relationship. And it was a brand new one, and it really hadn't progressed, but I could see all the red flags and the signs, and it was this moment of reckoning, of learning about something but experiencing it myself. And thankfully I ended that relationship after three months, and yet three months too long, for those dynamics. But I think it gave me this experience of, "I really now can understand how people can go through this," as opposed to, "Here's me, and these are the other women that experienced this."

Harley when asked if this work has affected her relationships responded:

Yeah, absolutely. Well, for one thing, I have a keen eye for this. Yeah. It's definitely allowed me to hone my own intuition when I'm dating people. For sure. I think that I've gotten out and been able to learn that relation. Yeah. I've learned a lot...Yeah. I think maybe it made me more vigilant is the wrong, but more noticing of dynamics. How fast is this moving? What is this based in? Is there open communication happening? Yeah. Movement towards, then also how am I feeling right now? Dating someone and he does a thing that makes me feel some type of way. Rather than moving into appeasement of him, or trying to fix. Like it's healthy to be in a relationship and want to change what you're doing to help the other person feel more comfortable or whatever. But then actually noticing. How am I feeling? Do I feel gross about this? Staying true to me. Which is also

now that I say that, just saying that simplifies the entire dynamic of how these relationships develop.

***Subtheme 2: Expectations of Egalitarianism and Independence***

One participant discussed having an expectation of egalitarianism in her relationship as a result of their work with IPV survivors. Egalitarianism is often absent in unhealthy relationships. Kali stated:

So, we had some trouble in our marriage and part of it was because I had an expectation and part of it was because I had an expectation of how I wanted to be treated. When we first were dating, even at that point, I wanted to be clear with him that our relationship was a partnership and he did not have dominion over me in any way and that's not how our relationship was going to. So that was very clear from the onset and I guess I may not have considered even reviewing that with him, I guess, if I hadn't been exposed on some level to intimate partner violence. And part of that may have been from my childhood all though it wasn't intense, there was still some of that going on where there was dominion.

One participant reported the need to be independent. Rocio discussed the importance of being able to walk away from a relationship should it become unhealthy or unhappy.

Rocio reported her feelings regarding this in the following way:

And it's been really important for me to establish my own independence, being reliant on myself, not ever relying on anybody that could potentially abuse me. And it's what I've been able to do that for years. And so, I always have had my own things, my own place, my own career. Even when I got married, I wouldn't

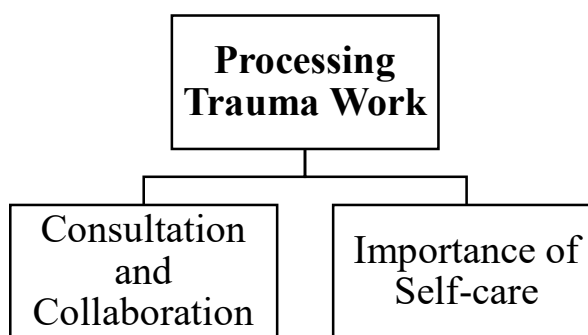
take a last name, so which kind of irritated some of his side. But for me, it was very important that I keep my name and keep my identity in the marriage. So, I think for me, that's been a positive thing. I didn't get lost in any kind of relationships. I've kept my own identity throughout those.

#### **Theme 4: Processing Trauma Work**

Eight of the participants discussed the importance of processing their work with IPV survivors. Participants described the various methods they used to achieve this end. Some participants discussed burnout or near burnout at some point in their careers, and how they learned to effectively process the trauma work they do as a result of learning from those experiences.

#### **Figure 5**

*Theme of Processing Trauma Work*



#### ***Subtheme 1: Consultation and Collaboration***

Three participants discussed how helpful consulting with supervisors and collaborating with colleagues was in maintaining perspective in this challenging work. Some participants enjoy casual consultation on an as-needed basis with colleagues. Other

participants rely on regular meetings when in work environments where this availability exists. Rocio described the role of consultation in her practice:

I've always been, so, this was one thing that kind of drove me nuts at the crisis center was we add no debriefing, it didn't exist. You just went from one case, doing that and there was no debriefing at all about it. And that kind of drove me nuts because sometimes you just didn't want to be the only person that knew about something or that witnessed something. And there just wasn't any kind of debriefing. Now with colleagues that I have, we debrief cases. When I was in community mental health, we were all field workers so we didn't have designated offices. We all worked in community office sharing space. And so we would do a lot of debriefs in there just kind of naturally, like somebody would walk in after they had just dealt with a client and they just had a session with a client and we would all talk about it and just kind of talk about how someone else would handle it, or what do we need to be looking more into. And then just sticking with colleagues that are healthy and we enjoy the same activities. I work six days a week right now seeing clients. And so, Sundays I just don't have anything to do with mental health except for my own. But I do have a really close group of colleagues that are more than happy to talk about cases and are all very supportive of each other. And just how difficult, because we've all experienced client death, I think, at this point.

Sylvie explained the importance of consultation and supervision as follows, “And I'm someone who needs to talk about it with other people, consultation and supervision. Not

because I always have questions, but it's like I'm witnessing it for them, and then I need somebody to witness it for me.” Rocio went on to explain how prior supervision guided her in this respect:

So, I had a really good, when I was doing my internship, my practicum and right before I got my graduate degree, I had a really good supervisor that told me if you enter into a session and you think that your problems are, if you want to talk about your problems more than you want to hear about the client's problems, then you need to take a break from what needs to be done. And so, I've always really assessed myself for that.

Rocio reported her transparency to clients regarding her own mental self-care:

And I will tell clients too, I'll be very honest with my clients, say, I can't do this today. It's very rare, but I will tell them like, I'm not going to be my best. I can't provide the best services to you today because I'm tired or I saw eight clients yesterday. Can we move it into one more day over? And my clients really appreciate that because they are glad that I'm taking a mental health day. So that's the other way I process it, is just letting clients know I'm not going to be able to. I can keep it together if we need to have this session, but if we can move it over to a day.

Buddy shared strong feelings about working with child survivors in recounting a text exchange with a colleague:

And so, I'll have a one friend in particular who we have stayed very close and supportive. And so I almost always completed trauma narrative on a Thursday

evening because that's typically when a parent will be available, sometimes in person, sometimes via the phone. And we will do the completion process. And I will get home from work around 7:45 PM and I'll text my friend and I'll be like, "Hey, any chance you're available for a call?" And she'll write back, "Did you do another narrative?" And I'll say, "Yeah. But I'm okay."... What I write back to her is, "I just want men to stop fucking little girls. I just want this to end."

### ***Subtheme 2: Importance of Self-Care***

Seven participants discussed self-care as an essential activity in working with IPV trauma. Self-care in most cases was described as mental, physical, and spiritual in nature. Devona discussed one method she used for processing trauma work as an IPV counselor:

When I really need it anymore, I don't practice it as much now, but I use a method called Zentangle, which is kind of a, the creators of this process would cringe if I use the word doodling, but that's kind of what it is. But it's a very mindful activity of drawing. I love it. I love it. I teach it. And actually, in my dissertation, that's what I taught to my cohort. To use that for a month. And then we got back and re-interviewed about how the process was for them. Did it provide that mindfulness care?

Devona went on to talk about other methods she utilizes for self-care:

I love to just watch mindless, sometimes it's just binge-watching things like, I don't know, Call the Midwives. Which gives you that cathartic kind of release sometimes in just allowing you to cry in a healthy way. Cooking, baking, all

those things that, whatever I can do with my hands, I think kinesthetic methods help me. If you're kneading dough, you can get out a lot of tension that way.

Devona also discussed the importance of the social support as, “Yeah, just being with some of my friends who you can sit with and not have to even really talk. You can just be with. Be beside. Taking occasional trips to the beach when we can.” Harley shared her experience about when she realized she needed to engage in self-care:

Of course, at the time, the people I was working with were just talking about self-care, self-care, self-care, but it was a lot of like concrete, behavioral self-care. In my work I've learned that in order to sustainably work with people in general, but I learned this through my work with survivors, I have to be doing my own internal trauma work. The posttraumatic growth for me was literally this breaking down of like, "What the fuck did I get into, what am I doing? Why is this activating all of my core stuff?" Then going through burnout before coming back and being able to, going through burnout so that I could process all of this stuff that came up.

Lotte discussed self-care as a method by which she combats the negative aspects of working with IPV survivors:

The negative parts of it are you have to do something to take care of yourself to stay healthy. It is not optional. It is not a thing that, "Well, I get pedicures every two weeks." That's really nice. That is not going to cut it. That is not going to do it. Some of the things that I found are people do abbreviated, and this is literally almost like a whole tangent I could go on, like with a set, like a PhD thing, is abbreviated self-care. What's abbreviated self-care? That's your booze. That's your



glasses of wine. That's your toking or whatever it is you do to chill because you don't have it in you to do any other damn thing that you're supposed to do, like going to work out or go walking or painting. If that's your thing, if that's your jam, you love to paint, then you have to do it. It's not optional. The negative parts are just how up, close and personal you can get with your very own mortality in this work. Because when you feel like you're not being effective, this really can get in your head and really dark things come into your mind if you don't take good care of yourself. It's really not a good thing. Positive part, I love what I get to do, and I understand how to do it well now, and that involves vigilant self-care.

Sylvie described the difficulties with processing work with clients during the pandemic:

I don't do what I need as much as I need to. I need more space to process. But being in a pandemic and having young children. I used to be driving home, or walking home, and I could take that time to think and compartmentalize, or doing things like yoga or long walks. I would create time to think about it and process it, and then, when I'm done, really shut it off. These days that is much harder.

Rocio reported her physical self-care:

I exercise, I run half marathons. I do rowing on the rowing machines. We have an in studio row house and I go three days a week and don't think about anything, but let the machine. Incorporating things that I like to do. I work six days a week right now seeing clients. And so, Sundays I just don't have anything to do with mental health except for my own.

Kali described finding a new spiritual outlet to process her work with IPV survivors:

Yeah. I mean, I really early on in my career I became involved in something like a spiritual group called the dances of universal peace. And that was in the early '90s and I'm really so grateful that I had, for whatever reason, that my life allowed me to kind of pointed me in the direction of having that spiritual practice available to me. And what the spiritual practice is involves dances that are more like folk dances like in a circle but you create movements. It's like embodied prayer so there's movements that the whole group learns and then there's this synchronicity that occurs in the context of this prayerful movement. So, saying mantras from all kinds of different traditions and religious traditions. It also helped me, that was really helpful. It helped me to be open really to about how people are different than me. I was raised Roman Catholic and I was told that anyway, it kind of like was more, the way I was raised, was a little bit more narrowed in the way I viewed religion and this really helped me to open up my thoughts of religion and really opened up to different kinds of religious practice. And that has been a tremendous growth producing event in my life. And maybe if I hadn't been exposed to so much violence early in my career then I would not have done that.

### **Theme 5: Finding a Calling**

Seven of the participants discussed their work with IPV survivors as something that occurred serendipitously. Participants often began work as volunteers or in entry positions in IPV shelters, residential, or hospital settings. Participants described feeling they had found their calling or that they realized they were where they were meant to be

in working with IPV survivors. Rocio answered the question of what led her to work with this particular population:

I'd finished my bachelor's degree and was entering into the master's program. And so it was just kind of, I really didn't know I'm exactly who I wanted to work with or what I wanted to do. I know I didn't want to do, I didn't want to work with child protective services and I didn't really want to go into criminal justice either. And so, I wanted to, my mom suggested that I go in to volunteer at the crisis center that was in my college town where I was doing my master's program at. And so, I went in and I filled out volunteer application and all of my interests, which was process work, hotline, domestic violence, sexual assault, going out on calls. I'm trying to think, this was a while back, but I remember just all my check boxes ended up being a position that they, a paid position that they had. And so during the volunteer interview, I was actually offered a position to work in the shelter. And so I kind of just stumbled into it and then stayed with the shelter in various roles for three or three and a half years or so ... And so I really kind of fell in love with the population, but I fell into it kind of accidentally.

Devona answered the same question with the following:

You know, I ask myself that question all the time. I say, I enjoy it, and people look at me weird. "Why do you enjoy trauma?" Now, I mean, what I love the most is watching that growth, watching the aha moments, watching the, "I don't need you anymore," moments. Which is awesome. I mean, that's what we set out to do whenever we engage in any client relationship, we've set out to work

ourselves out of a job. But I think there's a lot of personal experience that I might not have even acknowledged before getting into this work. And then I needed to work through some of that as I got into the work. But really, I fell into it. I started volunteering as a crisis responder for a domestic violence and rape shelter and counseling office when I lived in California. I started volunteering, and I just found the work to be so phenomenally rewarding. It was sad. It was hard. It kicked me in the teeth many nights. I would do overnight responses to the hospital. And some of them I still remember, 20 plus years later. There's a few people I still retain in my heart from that long ago time, which seems like it was yesterday.

Kali described her upbringing and family of origin as factors that influenced her attraction to working with this population:

I would say, like I said, early in my childhood, I was one of seven children. And my dad was a mailman and it wasn't picture perfect. I have a sister who has cerebral palsy and she lived with us, we cared for her all the way through our family life. And I think that was a lot of stress on both of my parents. So my dad, he was sober but not in recovery. He stopped drinking even before I, I never saw him have a drink. But he stopped drinking but he didn't go into any kind of recovery program or whatever. So he really struggled a lot with his moods and the sort of like the dry drunk syndrome that you hear all the time. So he, it was mainly his mood that was scary at times when I was a child. You never knew if he was going to be in a good mood or bad mood and when he was in a bad mood it

was like he yelled at a lot and that was really scary. I thought like the roof was coming off the house, it felt like, because it would just throw everybody into panic when he was in a really lousy mood. So, I guess maybe as a child in that observation of that like, "Okay, how can one person in a family have so much influence on the family? I need to learn more about that maybe so that that doesn't happen in my family." Which, of course, I think it's hard to really to probably completely stop all of those kinds of emotional patterns because that's what I was used to at times. So, I think that's really where I was curious about it, curious about how to help prevent that from happening. Maybe it was, as a child, maybe that did spark that curiosity. Maybe that was a fear-based curiosity so I don't really want this to happen to me so I'm going to search and maybe it was out of a place of vigilance not to have that happen in my life so I have to learn about it, like learn, learn, learn, learn, learn. And I guess I was interested in trauma so of course that was a place where there was a lot of trauma as I learned in my early thesis, my thesis is that is there so much trauma in families like that, both observed and then also in the research that you see. Just having trauma is something I was interested in just intellectually and that would be a place where I would see, so I guess all of those things would be how I found myself in that setting.

As the lone male participant of the study, Buddy shared the following unique perspective in response to what led him to working with this population:

Oh, my goodness. Women, girls, females. The gender has such a distinct difference in terms of verbalization, cognitive processing, attuned to effect. And I believe it starts at a very young age. Again, I've always been fascinated for years now with gender differences. And I know when I've been presented with the opportunity. Again, before I became a clinician, I worked with both adolescent boys and girls. Oftentimes, I think there's always some level of credibility that accompanies stereotypes. Women are complex. And that's rewarding. The challenge is rewarding. And especially in a residential treatment environment where adolescent girls live together with one another, oh boy, the dynamics in the interpersonal relationships, the conflicts, temperament, verbal skills, attuned to emotion and feeling, just a much deeper level of complexity.

Harley reported about how she came to work with this population:

Yeah. Honestly, I don't know. In my 20's, I had this, well. As soon as I realized what I was working in, there was some magnetic field that was telling me that that was the direction I needed to go. I think it's because it's trauma, there's something about trauma work that I'm called to. Then I had this, it's such an important piece of empowering women and the women around me and provide. Just yeah, women helping women, and providing them the support that they need is so powerful. I'm drawn to that, and continuing to be for sure. Yeah. I don't know. It's just, like right now I'm a trauma therapist, but I'm in this niche and I love it.

Lotte shared her path to working with IPV survivors:

I think it's a couple of different ways I could say. I didn't think this is just something I wanted to do, but it's just where I ended up. I started at Victims for Justice as an intern and it was a very small amount of clients that came through there. Just like a handful of them a week, maybe, two or three. I just loved and wanted so much to talk to more clients. I started up at Standing Together Against Rape, is the specific name of the organization that I went ahead and transferred my internship to. I have been with them since 2011 ... The executive director there at the time, I met with her for a short visit and I think she knew. I didn't know that this was where I belonged, but she did.

Noelle reported:

Honestly, at least it didn't feel like an act of choice, in undergrad I went to a university that required all freshmen and sophomores to complete this writing course that involved like a field placement, sort of non-profit. I got put in a mental health, non-profit randomly and really liked it. And the director of that nonprofit connected me with a psychotherapy and research institute and the project they needed help with, or they needed to intern with was doing this observational research. I'd always, since I was a teenager was babysitting all the time, and things with kids. So, I think I was drawn to working with children. And then this research institute did a lot of work with marginalized communities and I found that really interesting and wanted to keep doing it. So, I feel like kind of one thing sort of led into another.

**Theme 6: Positive Feelings About Clients**

Unsurprisingly, all eight of the participants reported positive and protective feelings about their work with IPV survivors. In response to the interview prompt, “Tell me about your feelings about working with your population,” participants responded in positive terms. Rocio stated:

And so wanting to help individuals there's so much good work that can be done, and then there's so much red tape to get through to get anywhere. Some of it was just really, some of it, honestly, it was just sad work. They've had generations of abuse, parents were abusive, their grandparents were abusive, so they grew up in abusive homes. They'd gone through numerous abuse of partners, had children with them so they were still tied to them. I just think that if somewhere, if there was any early intervention into any of this, their lives could have been completely different.

Sylvie stated, “I feel alive when I'm working with someone who's on the other side and working with for their healing.” Devona reported:

I think it's some of the most neglected and some of the most misunderstood populations that we work with. There's still a lot of victim blaming. "You made this choice to be in this relationship," or I still hear a lot of it and that makes me angry. You know, "Why did you walk down that alley at midnight, Ms. Whatever?" Because you were leaving work and you had no other way to get home. "Why did you wear that outfit?" So, I think that there's a sense of justice, social justice, that's always kind of been a bit of an undercurrent of how I feel



about working with this population. Because I feel, and wholeheartedly believe, that there's so much misunderstanding and so much judgment. It makes me feel useful. It makes me feel... I'm trying to think of the word I want... Useful, I guess is the best word I can come up with right now. In so much as that, when I help hold some really horrible things for someone so that they can work through those things. And help them understand that they are not alone, and that they do have worth, and they are not the sum total of their experiences of being victimized and having violence perpetrated against them. That that is not their worth. Watching them find that strength. Watching them find their growth. It's like the most beautiful sunset you've ever seen, to me. That's how it feels.

Buddy described his feelings in protective terms of being a male working with adolescent females:

Feelings of shame is something I have to deal with, my own with, again, most perps being men. And then I am a representative of men. At the same time, I do like to try to flip that script to let them know that there are men who are safe, who are positive role models, who can be caring, nurturing, empathic, sensitive, helpful.

Harley described her feelings:

One of the hardest things in the whole world is, I mean, working with a woman who's in an abusive, very clearly abusive relationship is so incredibly difficult, because on the outside, it's so easy to say and know, "Just get out." That frustrating feeling. Right? But also knowing the complexity of the trauma bonds

that they have. Right? It's this fluctuating between frustration and feeling like you're banging your head on the wall and you're afraid that they're going to die, and also holding hope and knowing that this trauma bond isn't everything and that they yeah. Really trying to lean into those small areas of support that they have. The small bits and pieces of hope and empowerment that they're experiencing, separate from this trauma, this bond that they have, or this convoluted, folded over love that they experience. Yeah. I mean, it's not a glamorous population to work with. It's really not. Again, just holding that women empowering women in their own time, those are my feelings. Yeah. Because it's so wild. Even when you work with someone who decides to leave and they make these decisions and they create the safety plan and they do it in a safe way and they get out. Even that hurts. It breaks your heart either way. Because they're losing this incredible narrative of how their life could have been, or would have been, or should have been, with this person.

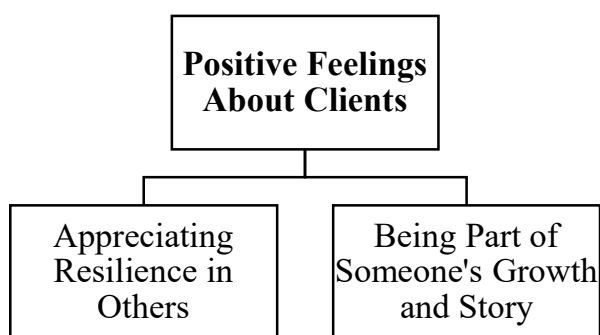
She went on to describe a very positive response in stating, "Well also there's this wild power of love and attachment that I get to learn about all of the time." Noelle described the satisfaction of witnessing a child survivor's reaction to being in a counseling setting:

It's very gratifying as a therapist to see a client get out of a really crappy situation and really kind of come into themselves and really be happy. That just is very reinforcing. I think when I was working with kids at that internship, once a level of safety was established and a bond was created, it was just like some of the cutest sweetest moments of my life. It's like, I think there was this little boy, I

don't remember his name, but I worked with him and his mom for like six months. And it was just clear that he could relax when he was there and watching moms see that, like that was just so, or witnessing mom. Yeah. So, I think all of those things.

**Figure 6**

*Theme of Positive Feelings About Clients*



***Subtheme 1: Appreciating Resilience in Others***

Four participants reported positive feelings related to witnessing the resilience of their clients who are IPV survivors. Participants described clients' resilience as having a buoying effect on them. Buddy reported about his younger clients:

My feelings about the population is, most definitely, the first thing that comes to mind for me is the amazing level of resilience that they have. They're such strong survivors. It's very difficult to envision enduring that level of trauma and tragedy. My own experiences with those girls is, like when I spoke to the notion of resilience, they've been around the block. I've got some kids that are like 14 going on 20. And while their academic level of schooling would rarely be up-to-date and up to grade-level, their EQ, their emotional quotient, their street-savvy. I've

often seen folks who have been the victims of misused power and control look to flip that script and even overcompensate, even with some thoughts or feelings of grandiosity. And then I've met kids that don't have any of that, but internally their survivorship can be turned on its ear and can become resilience. When they look back and go, "Oh my God, I lived through that." I'm still here to tell the story. And then when they've had that growth and then when they've had the opportunity to experiment and then develop healthy, positive interpersonal relationships, you can watch their self-advocacy increase.

Sylvie reported about witnessing clients' resilience and empowerment as a positive aspect of working with IPV survivors:

These dynamics exist and being on the healing end and helping people heal is a very rewarding piece of it. And so I'm not just seeing and working with and supporting survivors who've had experiences of victimization or abuse trauma, but I'm seeing them at their moment of resilience, where they're seeking treatment, help, education, empowerment.

Rocio described it as:

I really liked working with, they're very, they're a resilient population. They're incredibly resilient. They did what needed to be done nine times out of 10. And they did what needed to be done, they were having very little resources...Just because people didn't have transportation where I worked at, the abuser had the vehicle and they didn't have a high school diploma. And so I still see them in the private practice arena where they have more resources compared to the

community mental health where they didn't. But yeah, they're a resilient bunch of people.

Noelle described later reflecting and comparing herself to her client and the positive effect of witnessing the resilience of one who experienced serious adversity:

And I remember kind of having these moments when I'm, I think I was like 22 and just thinking like, "She's six ..." I think she was not 30 yet because I remember thinking like, "We're in the same decade." And just the level of stress and responsibility and bullshit that she was going through and holding it together. That, I think was just very, very, very profound and in a ton of different ways of just exposing me to the human being's capacity for resiliency. I sometimes think about that family when, every time I think about that family and particularly that mom, I think about like, it sounds like super cliché, but it really is profound of like, if she can get through that, then pretty sure any human, I think we're a lot stronger than sometimes we let ourselves think.

### ***Subtheme 2: Being Part of Someone's Growth and Story***

Seven participants discussed feeling honored or appreciative to have been able to be part of someone's growth and story through counseling and helping clients process their IPV trauma. Devona reflected about how her own growth that occurred as a result of the experience:

It's not about the big growth. I mean, that's great if it happens for your client, but it's really just helping them find those seeds that they can then nurture, and hopefully make better choices. Different choices, not necessarily better. That's not

fair. Different choices. And now I feel like I'm much more minimalist. I mean, I still have a few of those items around, and I'm still cluttered, but I think there's been a lot more of shedding of the need to cocoon, and being able to be kind of just a little bit more exposed. And I think that really is a growth thing. There's lots of ways we do that. Whether it's our body type, or whether it's things, or whatever. And I think shedding some of that's kind of a growth experience. I think I use butterflies as an image a lot because they've intertwined in my work and in my spiritual life a number of times. A cocoon is a safe space. And there is growth in that cocoon. While we're in that safe space, there is growth. So, I think understanding that as a part of the growth, that it's necessary, it has to happen. Now, I mean, what I love the most is watching that growth, watching the aha moments, watching the, "I don't need you anymore," moments. Which is awesome. I mean, that's what we set out to do whenever we engage in any client relationship, we've set out to work ourselves out of a job. Watching them find that strength. Watching them find their growth. It's like the most beautiful sunset you've ever seen, to me. That's how it feels. Well, I think the biggest positive aspect for me, is that it underlines how much growth I have gone through myself. And I am grateful for all of my experiences, good, bad indifferent. I'm grateful that I am allowed, and honored that I am allowed, to be witness to this kind of growth.

Buddy related about his clients' growth:

And then when they've had that growth and then when they've had the opportunity to experiment and then develop healthy, positive interpersonal relationships, you can watch their self-advocacy increase. I think I became attuned and aware to PTSD at that point in my life.

Rocio had this to share about being a part of her client's growth experience when asked about the positive aspects of her work:

Of course, being able to be a part of their story and knowing how all of this started and what you can do to help them, what are you going to educate them on and help them and provide support for them?...Just getting to be a positive influence on them too. You don't have to even be in a relationship. You can do these things on your own. And that was a positive. I think, just being able to be a positive influence and being a part of their story.

Devona stated this about being part of the client's story, but not necessarily knowing the outcome:

Sometimes it's great sadness, when the growth doesn't occur. Or when someone's story is just so big that you know that you're only touching a small piece of it, and they have years and years of work left to do with other people because you can't do it all.

In the same vein, Noelle shared:

I think the emotional piece is pretty tough because it kind of, like I was saying before, most of the time you don't really know what happens. Sometimes you have the privilege of working with someone for over several years or something

like that, where you really kind of get to witness how their lives transforms. But a lot of times it's kind of just accepting that you were a part of their story and you don't know where their story has gone. And then that I think can be a little heavy sometimes.

Lotte described a deep passion about her population of IPV survivors:

So much change can happen. I specifically love the population because of that. There's so much possibility at this spot. When things are so terrible, they can never be as they were before, then that's a powerful spot. I see it all the time with clients who I work with getting some of those things that gave them joy back. I love working with this population. I know so very well how much an individual who is in this population does not know who they are anymore. They don't believe in themselves. They've been told a whole truckload of terrible things about themselves. They don't even know what they can do anymore. They've forgotten and lost sight of their dreams, their hopes, their hobbies. I love, love, love this population so, so much because the joy in seeing somebody reconnect with painting or music, like they hadn't played music or sang in years. For them to be able to just have that joy again or even more so, to find a healthy relationship eventually, there's just no better...I love it so much. I just love them. I love all my clients. I don't know. I know that we're not supposed to say that, but Carl Rogers with unconditional positive regard, that's just a professional way of saying you love somebody. I don't care what you say.

Devona shared profound feelings about working with this population:



Watching them find that strength. Watching them find their growth. It's like the most beautiful sunset you've ever seen, to me. That's how it feels. I don't know how to describe it much better than that. Other than it's just sort of an overwhelming sense of accomplishment, but not something that I've done. It's pride in what they're doing. It's knowing that I'm witnessing something great, like witnessing a rebirth.

Participants shared a range of intense emotions and rich descriptions of working with survivors of IPV. Notably, while participant responses often included descriptions of exposure to vicarious trauma that is large part of counseling this population; their responses to their exposure were positive. Additionally, participants' perception of their work was typically regarded as fulfilling and purposeful.

### **Summary**

In this chapter, I discussed the steps conducted to perform the study as described in the research plan in Chapter 3. I presented the findings of the study from the data collection process which included six themes and 10 subthemes. The outcome of the study was that IPV counselors experience PTG because of their work with IPV survivors and those lived experiences affected them in profound ways. During the interview process, study participants shared their PTG experiences, how their work with IPV survivors affected them, and how they process their work with IPV survivors. In Chapter 5, I present my data analysis and interpretation of the data I collected about IPV counselors lived PTG experiences and summarize the research findings. I also discuss

limitations of the study, research implications, and social change impact of the study.

Finally, I provide suggestions for future research into PTG experiences of counselors.

## Chapter 5: Discussion, Conclusions, and Recommendations

Studies exist that explore PTG as a positive result of adversities such as trauma or illness being directly experienced by individuals (Devine et al., 2010; Zoellner & Maercker, 2006). However, there exists a dearth of research into PTG in helping professionals such as counselors who experience secondary or vicarious trauma. While many counselors encounter vicarious trauma (van der Merwe & Hunt, 2019), IPV counselors' exposure to secondary trauma occurs on a regular basis as IPV survivors recount their trauma in counseling (Tarshis & Baird, 2019). Posttraumatic stress symptoms and burnout are possible responses to this exposure (van der Merwe & Hunt, 2019). The purpose of this study was to develop insight into the lived PTG experiences of IPV counselors as a result of their work with survivors of IPV. I used an IPA and related hermeneutic process to analyze the research participants' lived experiences of PTG and incorporated my interpretation of their experiences.

In Chapter 5, I address the findings of this research study. I discuss the interpretation of the findings, limitations, recommendations, and finally, implications of the study. I close the chapter by providing a summary of the study.

### **Interpretation of the Findings**

Developing insight into IPV counselors' PTG experiences is essential in identifying factors that can prevent posttraumatic stress and burnout in counselors. I conducted eight semi structured in-depth interviews with licensed counselors who worked with IPV survivors. Six themes and 10 subthemes emerged. The first theme was improved relationships with self and others, with the subthemes of the ability to be

vulnerable to others and self-healing through work. The second theme was the importance of psychoeducation, with educating others about healthy relationships and resolving conflicts between IPV and religious beliefs as subthemes. The third theme was vigilance in intimate relationships, with the subthemes of recognizing red flags in personal relationships and expectations of egalitarianism and independence in relationships. The fourth theme was processing trauma work, with consultation and collaboration and importance of self-care as subthemes. The fifth theme was finding a calling. The sixth and final theme was positive feelings about clients, with appreciating resilience in others and being part of someone's growth and story as subthemes. I discuss the themes in the following sections.

### **Theme 1: Improved Relationship With Self and Others**

Seven out of eight participants described experiencing improved relationships with themselves and others as a result of their work with IPV survivors. Tedeschi and Calhoun (2004) observed improved quality of relationships as an indicator of PTG. Subthemes elucidated the theme of the ability to be open and vulnerable to people in their lives and self-healing that occurred for participants as a result of their work with survivors of IPV. Rocio conveyed an appreciation for her own healthy relationships by discussing her upbringing and realizing how idyllic it was after working with IPV survivors and hearing about their abuse experiences.

#### ***Subtheme 1: Ability to Be Vulnerable and Open With Others***

Three out of eight participants discussed the ability to be vulnerable as a liberating experience. The exposure that accompanies vulnerability fosters depth and

meaning in relationships (Brown, 2012). Devona described trepidation concerning the process but also noted that the accompanying pain and fear were a necessary part of the growth process. Kali discussed the balancing act between boundaries and vulnerability, opting for vulnerability in order not to become what she described as “robotic” in her interactions with others. Buddy discussed making himself vulnerable in order to “experience life at a much grander scale and depth instead of warding that all off and living a shallow existence.”

### ***Subtheme 2: Self-Healing Through Work***

Three out of eight participants described the personal healing that occurred as a result of their work with IPV survivors. Sylvie discussed entering the counseling profession to understand better and heal her own abuse trauma. Kern (2014) noted the importance of investigating the concept of the wounded healer in counseling, especially in counselor training in development, as many counseling graduates may be entering the field vulnerable to further trauma. Harley related a similar experience of recognizing her reactivity as a response to her own trauma recollection pointed out to her by a supervisor. Noelle discussed ending a long-term relationship when her own therapist pointed out that she was in an abusive relationship. She went on to talk about the cognitive dissonance of counseling IPV survivors while she was in an abusive relationship, which occurred despite her own training.

### **Theme 2: Importance of Psychoeducation**

Six out of eight participants reported efficacy as counselors in creating awareness of IPV issues through psychoeducation in working with IPV survivors. Participants

described fulfillment from being able to provide their clients with information about IPV. Brown (2004) observed psychoeducation as a vital facet of IPV counseling with the goal of challenging negative perceptions and promoting clients' strength and resilience to facilitate positive emotional and behavioral changes (Liu et al., 2013).

***Subtheme 1: Educating About Relationships***

Four out of eight participants discussed the importance of understanding the differences between healthy and unhealthy relationships. Wadsworth and Markman (2012) noted that recognizing healthy relationships can lead to the dissolution of abusive relationships. Sylvie discussed the positive aspects of being able to provide clients with information about IPV that challenged their previously held beliefs and the ability to help empower clients as a result. She also described empowering her clients by absolving them of the guilt and self-blame that often accompany IPV. Rocio also derived fulfillment from empowering her clients with ideas such as independence and challenging social constructs that sometimes make individuals more susceptible to IPV. Harley also discussed empowering women as a motivator in working with IPV survivors and providing them with support. Kali discussed the importance of psychoeducation in her personal life. She described using her knowledge of IPV to assess her own marriage and ensure that it was the type of healthy relationship about which she counseled clients. Buddy discussed the profound nature of psychoeducation with his population of child survivors of abuse and how it could help heal remaining family relationships.

### ***Subtheme 2: Resolving Conflicts Between IPV and Religious Beliefs***

Two out of eight participants discussed the intersection of religious beliefs and susceptibility to IPV. Perpetrators of violence sometimes use religion as a method of indoctrination or acceptance of physical violence, as many religions are patriarchal and promote the subjugation of women in religious teachings to some extent (Jung & Olsen, 2017). Rocio and Lotte discussed the role of psychoeducation in helping clients resolve the conflict that can occur between a client's religious mandates and expectations of relationships. Rocio discussed her experience of counseling clients whose religious beliefs were manipulated by their abuser to keep them in an abusive relationship. Lotte discussed her own religious upbringing in Mormonism and how it influenced her remaining in an abusive marriage for 20 years.

### **Theme 3: Vigilance in Intimate Relationships**

Five out of eight participants described vigilance and hypervigilance in their own intimate relationships as a result of their work with survivors of IPV. Participants described vigilance in mainly favorable terms and as a protective mechanism. Schäfer et al. (2016) observed that recent research demonstrated that individuals exposed to trauma sometimes exhibited a pattern of hypervigilance, attention intensity, disengagement, and intentional avoidance. Noelle discussed her experience of wariness and caution in new relationships as a positive result of her work in IPV, understanding that the possibility of abuse is a real one.

***Subtheme 1: Recognizing Red Flags in Relationships***

Three out of eight participants reported being better able to recognize red flags in personal relationships. Rocio, Sylvie, and Harley described their IPV work as increasing their awareness of possible warning signs in relationships. Rocio discussed her ability to avoid abusive relationships due to her knowledge of IPV and being able to recognize warning signs as well as what a healthy relationship looks like. Sylvie discussed being in an emotionally abusive relationship at the time when she began working at an IPV shelter. As a result of her new IPV training, she became aware of the red flags in her new relationship and quickly ended it. Harley discussed what she called the “[honing of her] own intuition” as a result of working with IPV survivors as advantageous in dating relationships, and her attention to her feelings rather than acquiescing to her partner’s.

***Subtheme 2: Expectations of Egalitarianism and Independence***

Two out of eight participants discussed the importance of egalitarianism and independence in intimate relationships. Carlson et al. (2017) observed a positive correlation between relationship inequality and IPV risk. Kali spoke about being proactive from the beginning of her marriage about making known her expectations of egalitarianism and refusal to be controlled. She described the importance of discussing these issues at the outset of her relationship due to her work in IPV. Rocio discussed the role of independence in her life and relationships as key to retaining her identity.

**Theme 4: Processing Trauma Work**

All eight participants reported various methods by which they processed the trauma work they did with IPV survivors. Neswald-Potter and Trippany Simmons (2016)



recommended “intentional, authentic and reflective processing” (p. 88) of secondary trauma. Consultation and collaboration emerged as a theme in the study. Participants reported the importance of being able to process their work with IPV survivors through consultation and collaboration with colleagues and supervisors. Another subtheme that emerged from the study was the importance of practicing self-care in processing work with IPV survivors.

### ***Subtheme 1: Consultation and Collaboration***

Three of the eight participants discussed the importance of consultation with supervisors and colleagues when met with challenges in their work with survivors of IPV. They also described these as a method of maintaining perspective in their work. Trippany et al. (2004) observed the importance of the social support of other trauma counselors in normalizing exposure to IPV trauma. Rocio described a lack of debriefing when she worked in community mental health and the difficulties that situation presented. She described a sense of isolation in knowing something profound and being unable to share it. Rocio went on to discuss her current work environment in private practice as one where colleagues collaborate regularly and noted the positive effects of those interactions, such as feeling supported and hearing different perspectives. Sylvie also discussed the importance of, as she described it, “witnessing” what another counselor has experienced in their work with IPV survivors. Buddy shared the importance of the relationships that he has with colleagues and recounted an interaction with one in which he bluntly stated how he wished that men would stop abusing young girls.

### ***Subtheme 2: Importance of Self-Care***

Seven out of eight participants discussed self-care as essential in their work with IPV survivors. Pearlman (1995) observed that counselors could mitigate the adverse effects of secondary exposure to trauma by engaging in self-care activities. Devona discussed her method for processing trauma work as Zentangle, a type of doodling and coloring activity. She also talked about what she described as “kinesthetic methods,” such as cooking and baking. Devona also emphasized the importance of social connections and activities such as going to the beach with friends. Harley shared working on her own internal trauma as an important self-care activity for her and one that she discovered was necessary after experiencing burnout. Lotte discussed going beyond what she called “abbreviated self-care,” a term she used to refer to methods such as self-medicating with wine or marijuana. She stressed the importance of more in-depth activities such as working out or painting, stating that more meaningful activities such as these are “not optional.” Sylvie discussed the challenges of engaging in self-care during the pandemic as the inability to find “space to process.” Rocio discussed participating in half marathons and rowing on rowing machines, as well as dedicating an entire day each week to nothing but her own self-care. Kali described her discovery of a spiritual outlet for processing her work with IPV trauma in a spiritual dance group and expressed her feeling that were it not for working with violence early in her career, she might not have sought out such support.

**Theme 5: Finding a Calling**

Seven of the eight participants discussed their work with IPV survivors as something that occurred by chance but then resonated with them as a calling. Steger et al. (2009) observed that recent studies elucidated increased fulfillment with work and life in individuals who viewed their work as a calling. Participants described beginning to work with IPV survivors as volunteers or in entry-level positions in IPV shelters, residential settings, or hospital settings. Rocio discussed how she approached an IPV crisis center for a volunteer position but was hired instead into a paid position, in which she “really kind of fell in love with the population, but [she] fell into it kind of accidentally.” Devona discussed how she happened into working with IPV survivors by volunteering as a crisis responder, then “found the work to be so phenomenally rewarding.” Kali described her difficult childhood of living in a household where her father was sober but struggling and how the resulting stress and fear affected her and her family. She went on to discuss how those early experiences spurred her interest in trauma in an effort to prevent similar occurrences in her own family. Buddy discussed working with female survivors of violence with almost a reverence. He described his fascination with different genders and an intense interest in how his clients challenged him. Harley described the draw of working in IPV as “some magnetic field that was telling me that was the direction I needed to go.” Lotte discussed beginning her work with this population as an intern and then being identified by the organization’s executive director. Lotte stated, “I didn’t know this was where I belonged, but she did.” Noelle described how one experience after another seemed to lead to her working with IPV survivors. She began working at a

nonprofit as an undergrad, then worked as a research intern with an institute that served marginalized communities.

### **Theme 6: Positive Feelings About Clients**

All eight of the participants reported positive and protective feelings toward their clients. Vandenberghe and Silva Silvestre (2014) noted that positive emotions toward clients by therapists can benefit session work through elevated levels of awareness and resourcefulness, prompting a desire for additional professional development and promoting increased empathy and closeness. Rocio discussed the challenges of working with IPV survivors, especially given the transgenerational nature of such abuse. She also pondered the profound effect that early intervention could have had on her clients' lives. Sylvie described the intense emotion of working with her population by stating, "I feel alive when I'm working with someone who's on the other side and working with for their healing." Devona discussed her frustration with the victim blaming that occurs in this field toward IPV survivors and the social justice implications of the issue of IPV. Buddy again offered a uniquely male perspective to the study by discussing his "feelings of shame" as "something I have to deal with ... most perps being men." He discussed being "a representative of men" and the importance for him to provide an alternative narrative of a man who is safe, supportive, and protective. Harley described what she called "this wild power of love and attachment that I get to learn about all the time" as a fascinating aspect of her work with IPV survivors. Noelle recounted her experience of witnessing a child survivor's realization that he was safe, as well as the child's mother's observation of seeing her child in a relaxed state where he obviously felt safe.

***Subtheme 1: Appreciating Resilience in Others***

Four of the eight participants discussed witnessing their clients' resilience in positive terms. Buddy discussed how his population possessed resilience and described them as "such strong survivors" and that it was "difficult to envision enduring that level of trauma and tragedy." Sylvie discussed the fulfillment she experienced in "seeing [clients] at their moment of resilience, where they're seeking treatment, help, education, empowerment." Rocio discussed her clients' resilience from the perspective of individuals who made progress despite their lack of resources. Noelle recalled counseling a young mother whose strength and resilience prompted her to reflect on an individual's capacity to endure extreme difficulty and hardship.

***Subtheme 2: Being Part of Someone's Growth and Story***

Seven of the eight participants discussed feeling privileged to be part of someone's growth and story. Devona described her work with survivors as planting seeds and helping them to recognize better choices for themselves. She went on to discuss how witnessing her clients' growth and empowerment was "like the most beautiful sunset you've ever seen" and how it also illuminates her own growth. Buddy described his clients' growth through witnessing their development of healthy relationships and self-advocating. Rocio discussed the positive aspects of providing support to her clients and empowering them. Devona spoke of being part of her clients' story but sometimes not knowing the outcome of their experience. Noelle described a similar sentiment of sadness of not always knowing the outcome of a client's situation. Lotte described the potential of her clients at the moment in time when they came to her for counseling stating, "When

things are so terrible, they can never be as they were before, then that's a powerful spot” and the profound nature of helping her clients rediscover themselves, their hopes, and their dreams. Devona also spoke of witnessing her clients “find that strength...find their growth” as being “an overwhelming sense of accomplishment, but not something that I’ve done. It’s pride in what they’re doing” and “knowing that I’m witnessing something great, like witnessing a rebirth.” While participants were exposed to their clients’ trauma, they perceived their exposure as a positive experience that allowed them to witness the strength and growth of their clients.

### **Limitations of the Study**

The study sampling procedure is a limitation of the study. I purposively selected participants to explore the phenomenon of PTG among IPV counselors in accordance with an interpretative phenomenological study (Smith et al., 2009). Generalizability suffers in purposive sampling. However, it is conducive to studying a specific subset of a population such as IPV counselors working with survivors of IPV trauma. As a result of the study’s lack of generalizability, the study findings may not accurately reflect the lived PTG experiences of counselors of other specialties and those working with client populations other than IPV survivors.

### **Recommendations**

This study provides direction for further research into the posttraumatic growth experience of counselors in training, counselors, and counselor educators. This study's exploration of the lived PTG experiences of IPV counselors across the United States is the basis for recommending future research into the phenomenon of PTG in counseling

professionals. The purpose of recommending further study into this phenomenon is to transcend the limitations of the current study and to further research into the posttraumatic growth of counselors.

This study's sample included a majority of female licensed mental health counselors who worked with survivors of IPV for more than 10 years. I recommend future studies into licensed mental health counselors who work with different populations and for varying lengths of time. Additionally, it would be interesting to compare possible gender differences in the posttraumatic growth experience.

### **Implications for Positive Social Change**

The positive social change implications for this study are evident. Investigating risk mitigation of secondary trauma protects the well-being of not only counselors, but also of their clients. Bartoskova (2017) observed an abundance of research into the negative consequences (e.g., vicarious trauma) of working with clients who had experienced trauma and identified a need for further examination of post-traumatic growth in their study investigating the experiences of trauma therapists. They also attempted to identify factors that led to post-traumatic growth. There is a common belief, even among clinicians, that trauma work exhausts and depletes mental, emotional, and physical resources (Bartoskova, 2017). Some clinicians avoid working with trauma populations fearing posttraumatic stress symptoms that may occur as a result of exposure to their clients' trauma (Barrington & Shakespeare-Finch, 2013). Identifying possible factors that promote PTG such as personality characteristics, environmental supports, or actions taken after trauma exposure can lead to strategies to foster PTG in counseling

students and trainees. Additionally, the alternative and positive consequence of PTG to vicarious or secondary trauma may make trauma work more appealing to future counselors.

### **Conclusion**

In this chapter, I summarize the research study findings which include PTG as the conceptual framework for the data analysis (Creswell, 2013). The prominent findings of the dissertation study were that IPV counselors experienced PTG as a result of their work with IPV survivors. Additionally, the participants' interviews provided implications for counselors working with IPV survivors such as the importance of counselors' individual experiences of IPV, attitudes towards their work and clients, and maintaining strong social and professional connections.



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## Appendix A: Data Collection Email Invitation

Dear (Research Participant),

Thank you for taking the time to read this email. I am a Counselor Education and Supervision PhD student at Walden University. I am conducting a research study for my dissertation about the posttraumatic growth (PTG) experiences of intimate partner violence counselors. The dissertation title is: The Lived Posttraumatic Growth Experiences of IPV Counselors.

In order to assess participants' appropriateness for this study, I ask you to please consider the following criteria. Inclusion criteria for study participants are (a) to be a licensed professional counselor, (b) to have 10 or more years of experience in working with survivors of IPV, and (c) to have experienced posttraumatic growth as a result of working with survivors of IPV. If you fit the criteria and choose to participate, I will ask you to attend a 90-minute meeting and complete an informed consent agreement to document your voluntary participation in the study. We will then schedule a date and time for the interview to occur via video conference.

If you are interested in participating in this research, please let me know. Additionally, if you know of other counselors who might be interested in participating, please feel free to share this information with them. My cell phone number is XXX-XXX-XXXX for voice and text communication. My email address is [susan.purnell@waldenu.edu](mailto:susan.purnell@waldenu.edu). Thank you in advance for your consideration.

Sincerely,

Susan Purnell

### Appendix B: Interview Questions

1. Tell me about your lived posttraumatic growth (PTG) experiences in working with survivors of intimate partner violence.
2. What led you to work with this population?
3. Tell me about any special training in working with your population.
4. Tell me about your feelings about working with your population.
5. Can you describe the positive aspects of working with your population?
6. Can you describe negative aspects of working with your population?
7. How do you feel your work with your population has impacted your life?
8. How do you process your work with your population?

Appendix C: Institutional Review Board Approval

The Walden University Institutional Review Board approval number for this research was 09-04-20-0981970.