2023

Perceived Factors of Intimate Partner Violence on Women Diagnosed with Post-Traumatic Stress Disorder

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Walden University
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Abstract

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MA, Walden University, 2020

MA, South University, 2015

BS, Molloy College, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

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May 2023

Abstract

Post-Traumatic Stress Disorder (PTSD) is a prevalent diagnosis, and many human and social services professionals strive to understand its components, to ensure that they serve the population properly. However, little is known about how PTSD may influence women's vulnerabilities to and future experiences of intimate partner violence (IPV). Emphasizing relationship coaching, which provides tools to foster healthy relationships, within the therapeutic curricula on rehabilitation for women with PTSD may result in reduced chances to experience IPV as women integrate back into their everyday life after being diagnosed and treated for PTSD. The purpose of this generic qualitative study was to examine the perceived role of IPV in PTSD. This research was completed utilizing the trauma theory lens and considered the participants' experiences with IPV after a diagnosis of PTSD. The study included eight female participants who had been diagnosed with PTSD and were IPV victims. Utilizing thematic data analysis, emergent themes about women's beliefs included (a) suffering from similar PTSD symptoms, (b) value in seeking treatment for PTSD, (c) understanding the definition of IPV, (d) recognizing the relationship between PSTD symptoms and IPV, and (e) finding relationship coaching may have been beneficial. Additionally, results from this study suggest that when relationship coaching is incorporated into the rehabilitation curricula, programs for women with PTSD diagnoses may be increasingly beneficial for clients. The results of this study can facilitate positive social change by influencing and encouraging women to foster healthy relationships after being diagnosed with PTSD. This research will have a positive social impact by encouraging healthy relationships while allowing for safer homes, environments, and communities.

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Dedication

This dissertation was dedicated to my sons- Aiden and Lucas. You two have been a wonderful and fulfilling part of the dissertation process. I cannot, in any number of words, express my love and gratitude to you both, always and forever. You both are amazing, strong, inquisitive, enthusiastic, thoughtful, and kind, and possess so many other exuberant attributes, which make you amazing works of art. You both are so intelligent and eager to become the best men you can be, and that is evident.

Thank you for being soulful, understanding, kind, versatile, and full of love and joy. Your energy gives me the determination, perseverance, motivation, and dedication to be the best person that I can be, and I thank you both very much for that. Continue to learn, observe, and stay humble, to absorb the most information you can to fulfill your own toolbox. Also, remember to spread your wealth, health, and knowledge to others around you, be kind and accepting, and have an open and judgment-free soul.

I love you both very much. I am honored to be your mother and I am excited to see where life takes you both. I have no doubt that the path that either of you embarks on will be nothing short of amazing, joyful, fruitful, astonishing even, and you both are very well deserving of all the aforementioned elements.

Thank you both for being you, for I am blessed to be your mother-the world is your oyster.

Acknowledgments

First, I would like to take a moment to thank Dr. Hickman. Dr. Hickman has been patient, while expressing an abundance of mentorship and guidance, throughout the dissertation process. Dr. Hickman has supplied fruitful information-whether good or bad-to push me to my completion. I appreciated his time, energy, motivation, and most importantly, for never giving up on me. It has been an absolute pleasure working with Dr. Hickman throughout the dissertation process and I am certain that he will continue to inspire and push those who set out to further their education and achieve a dissertation.

Dr. Jaeckle, thank you for being the second chair on my dissertation committee and the second set of eyes. I appreciated your time and guidance throughout the dissertation process.

Most importantly, my children. My sons-my babies, Aiden and Lucas, have played a significant role in my dissertation journey. Watching them grow and prosper into the wonderful young men they are becoming has encouraged me to push and motivate myself to achieve my dissertation; to show them they can be anything they want to be. Find patience my sons, and more importantly; trust and enjoy the process.

To those of you whom I have come across over the years, who have allowed me to develop knowledge, philosophy, and different perspectives on current and historical events, I thank you for the opportunity to have cross paths. My dear friend “Z,” you have in many ways taught me to be inquisitive, share my knowledge, stay humble, and develop motivation to push on with my dissertation. You my friend, ROCK!

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Chapter 1: Introduction to the Study

Human and social services assist many different populations (Lewis et al., 2020). One population that benefits from human and social services is women who suffer from post-traumatic stress disorder (PTSD) how it can lead to future experiences of intimate partner violence (IPV; Triantafyllou et al., 2019). According to Olff (2017), the chances of women being diagnosed with PTSD after a traumatic event are high. Mental health professionals report that the prevalence of PTSD in a woman's lifetime is 10-12% and about 5-6% for men (APA, 2020). Women have also been known to experience more severe PTSD symptoms than men (Dardis et al., 2018). Approximately nine million adults have been diagnosed with PTSD, making this a prevalent diagnosis today (U.S. Department of Veteran Affairs, PTSD: National Center for PTSD, 2020). Individuals who are diagnosed with PTSD may suffer a multitude of symptoms that may hinder the ability to rationalize, judge people and/or the surroundings, or identify dangerous situations (Sullivan et al., 2018).

Currently, researchers focus on treatment options, medication options, and the rehabilitation process for PTSD (Iverson et al., 2017). Different treatment options are used as treatment for PTSD, such as cognitive behavior therapy, meditation, exposure therapy, eye movement desensitization and reprocessing, and medications (Niles et al., 2018). These treatment options have had many success stories with rehabilitating those who suffer from PTSD symptoms, but there is limited information on analyzing how judgment and rationalizing may decrease while experiencing PTSD symptoms (Truesdale et al., 2019).

Many PTSD symptoms, such as depression, anxiety, low ability to sleep, lack thereof, excessive eating, and nightmares or constant flashbacks may decrease the ability to make sound decisions (Migbibe et al., 2017). PTSD symptoms may lead an individual to a vulnerable place where they may be out of touch with reality or too numb to understand the severity of what is occurring around them (Iverson et al., 2017). Women that face vulnerabilities from PTSD symptoms may become susceptible to IPV. To better assist the populations that are served by human and social services, it is important to understand the symptoms and vulnerabilities.

Background

Previous research associated with PTSD includes information on therapy options, rehabilitation, and medications (Jordan et al., 2017). Individuals may have been diagnosed with PTSD for many different reasons, but many may feel vulnerable thereafter and do not receive the proper information to move on with healthy relationships (Brown et al., 2019).

Studies by Brown et al. (2019), Dardis et al. (2018), and Niles et al. (2019) provide insight into how IPV may interact with PTSD, how war may exaggerate PTSD symptoms, and how these situations are currently treated. Furthermore, research shows that PTSD, IPV, and substance abuse can be concomitant disorders due to the trauma that was involved (Mckee & Hilton, 2019). Much of current research determines that PTSD may be a result of IPV and how this disorder is treated thereafter (Dekel et al., 2020). However, I found little research on how to combat vulnerabilities while experiencing symptoms of PTSD.

Many human and social services professionals collaborate with women who have suffered from both PTSD and IPV (Triantafyllou et al., 2019). It is important to understand the symptoms and treatment options for those who have been diagnosed with PTSD or engaged in IPV to better serve them (Dekel et al., 2020). Human and social services professionals link participants to different resources that encourage them to engage and rehabilitate from trauma (Lewis et al., 2020). Understanding PTSD, its symptoms, the vulnerabilities that women may face while experiencing symptoms, and the role of IPV may allow human and social services to better serve this population (Carvajal, 2018).

This research attempts to close the gap on PTSD symptoms that may increase the chances of a person becoming or remaining vulnerable to IPV situations. PTSD symptoms include anxiety, nightmares, self-destructive behaviors, social isolation, and irritability, among others (Campbell et al., 2016). These symptoms often cause a person to become depressed and lack judgment (Criswell et al., 2018). Discovering these vulnerabilities may assist human and social service professionals in assisting participants in receiving the correct treatment and knowledge to rehabilitate.

Problem Statement

PTSD has been a popular diagnosis since it emerged in 1980 (Carvajal, 2018). It was not until 1980 that PTSD was recognized by the American Psychiatric Association (APA) in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; U.S. Department of Veterans Affairs, 2020). In the early years of recognition, PTSD was used to diagnose military members who were returning from war (Carvajal,

2018). It was not until more recent years that psychiatrists realized that an individual could suffer from other traumas and suffer from PTSD symptoms (Criswell et al., 2018). Per APA (2020), as many as 80% of adults experience trauma in their lives, and about 20% of those adults develop PTSD. PTSD can disrupt daily activities by causing nightmares, flashbacks, an inability to recall details about the trauma, and difficulty concentrating, among other symptoms (U.S. Department of Veterans Affairs, 2020). The symptoms of PTSD often cause distress and functional impairment, causing the individual to experience anxiety and/or depression and which may lead to the building of unhealthy relationships (Godbout et al., 2017). Because those who suffer from PTSD may find it difficult to foster healthy relationships, some can fall victim to IPV (Dekel et al., 2020).

Individuals who have been diagnosed with PTSD often experience many symptoms (Bryant-Genevier et al., 2021). Many PTSD symptoms can cause an individual to become vulnerable to violence (Campbell & Renshaw, 2016). Symptoms such as depression and anxiety may impact an individual's ability to make rational decisions when they involve relationships (Dekel et al., 2020). Making spontaneous decisions about relationships, which are also associated with mental illness, can place individuals at risk when they lack the ability to foster healthy relationships (Dardis et al., 2018). Adopting unhealthy relationships can lead to IPV incidents that may be dangerous and cause detrimental and often lifelong damage to an individual's mental health (Carvajal, 2018). Both PTSD and IPV may have long-lasting effects on mental and physical health due to their debilitating effects (Campbell & Renshaw, 2016). Knowing and understanding these

vulnerabilities may assist human and social services and aid women who may suffer from these symptoms.

Although the aforementioned research regarding the factors of PTSD illuminates important findings, I found no research that has addressed the perceived factor that IPV has on women diagnosed with PTSD. Given this, more research into the perceived factors of experiencing IPV on females after being diagnosed with PTSD is required to address the well-documented issue that women diagnosed with PTSD are frequently unprepared to nurture healthy relationships and become victims of IPV (see McKee & Hilton, 2019). This study may assist in allowing human and social services professionals to understand that incorporating relationship training or guidance into the treatment plans for women with a PTSD diagnosis may be beneficial.

Purpose of the Study

The purpose of this generic qualitative study was to examine the perceived factors of IPV on women who have been diagnosed with PTSD to allow human and social services to better serve this population (Migbibe et al., 2017). Current researchers have noted that many women diagnosed with PTSD often experience different symptoms, some of which may enable them to become more vulnerable and, in turn, may make them more susceptible to becoming victims of IPV (Iverson et al., 2017). It is not known how these individuals became victims of IPV or how they felt while going through these incidents. To address this gap, a generic qualitative study was conducted to examine the experiences of women who were diagnosed with PTSD and subsequently experienced IPV. The purpose of this study was to examine whether women who have been diagnosed

with PTSD are more susceptible to experiencing IPV and fostering unhealthy relationships. The information provided from this study may assist women with PTSD in rehabilitation.

Research Questions and Hypotheses

What are the perceived factors of intimate partner violence on females diagnosed with post-traumatic stress disorder?

Theoretical/Conceptual Framework

Trauma theory has been investigated for many years across the world to try to find a relationship between trauma and mental illness (Jordan et al., 2017). This theory dates to the 19th century, when women were being diagnosed with hysteria (Libbrecht, 1995). Hysteria symptoms developed with no related history and caused women to become paralyzed, have a loss of sensory perception and memory, and experience convulsions (Kessler et al., 2018). Many of these symptoms were thought to be caused by trauma in their uterus. However, neurologist Jean Martin Charcot found that the symptoms associated with hysteria were caused by trauma and not the woman's uterus (Jordan et al., 2017). Trauma theory has been associated with research on PTSD and IPV for many years. Researchers attempt to explain how and why individuals react after being exposed to trauma (Iverson et al., 2017).

Selecting Trauma theory allows the phenomenon in the study to be viewed through a particular lens (U.S. Department of Veterans, 2020). The theory establishes a precedent for the effects of PTSD on women (Iverson et al., 2017). This theory creates an understanding of how women suffer from past traumas and navigate through symptoms

of PTSD (Dekel et al., 2020). Trauma theory also illuminates the importance of significant therapy and training while presenting symptoms of PTSD (Campbell et al., 2016).

Using trauma theory for this research allowed me to attempt to understand why women react to their traumas the way they do. The research questions were grounded in trauma theory to allow the data to be analyzed through a narrow lens (see Appendix A). Analyzing research data through a trauma theory lens helped me investigate the relationship between PTSD and IPV. Examining women who have been diagnosed with PTSD and have then fallen victim to IPV through a trauma theory lens can create a better understanding of how they reacted to traumatic situations and developed vulnerabilities.

Nature of the Study

I investigated the perceived factors of IPV on females diagnosed with PTSD in this generic qualitative study. Using a generic qualitative study design allowed for participants to give first-hand information on the topic (Vasileiou et al., 2018). Generic qualitative studies allow participants to express their thoughts on a given topic and provide the researcher with a better understanding of their experience (Bellamy et al., 2016) Thus allowing the researcher to gather fruitful information (Woods et al., 2016). Using a generic qualitative study for this research allowed me to gather firsthand experiences from participants. This information may not be captured in research involving surveys and/or group discussions.

The participants who were utilized in this study were women over the age of 18 in the United States. These women must have had a diagnosis of PTSD and became victims

of IPV thereafter. This targeted population helped illuminate the importance of PTSD treatment plans that emphasize the focus on developing healthy relationship skills. The participants were recruited while incorporating criterion sampling. Criterion sampling is defined as utilizing a pre-established standard to select the participants (Heldring et al., 2021). This sampling strategy allowed me to identify participants who had been diagnosed with PTSD and became victims of IPV thereafter.

Participants were recruited using social media platforms. Eight participants were asked semi structured questions regarding their vulnerability to PTSD and their inability to nourish healthy relationships. The interviews were conducted via Zoom due to COVID-19. I transcribed all the responses to each interview. Following transcription, all interviews were coded to establish different themes. The themes allowed me to analyze the data properly and develop results. All participants were given a debrief and resources for mental health services.

Ultimately, eight participants were chosen to participate in this research. Utilizing a small sample size of eight allowed me to gather in-depth knowledge from the participants. My goal was to conduct the interviews in a comfortable space that helped me develop a sincere rapport. This rapport created an open environment that allowed me to capture in-depth experiences from women who had been diagnosed with PTSD and became victims of IPV thereafter. I chose to interview eight participants based on a previous generic qualitative study that was completed utilizing eight participants that were counselors at a bereavement camp and the researcher was able to reach saturation (McClatchey et al., 2021). Based on their *N* of eight, the researcher was able to gather an

understanding of how students who go through bereavement can return and use their knowledge from bereavement as counselors (McClatchey et al., 2021).

For my study, each participant was asked a series of questions that allowed for elaboration on pertinent information. The interview questions were open-ended to allow the participants to provide quality and in-depth information. All interviews were recorded via voice recording. Each interview lasted for a half hour of the participant's time. Each interview was transcribed and coded by hand. Coding the interviews defined the categories and themes from the participants' responses (Connelly et al., 2016). Defining themes and categories allowed me to understand what vulnerabilities women face when they are diagnosed with PTSD that may have then led to IPV.

There are four aspects of research credibility in qualitative research: credibility, dependability, transferability, and confirmability (Stewart et al., 2017). Credibility requires the researcher to link the research findings to reality and demonstrate the truth behind them (Cypress, 2017). Credibility allows the researchers to establish trustworthiness within the community of the study (Walby & Luscombe, 2018). This is an important factor for current and future research. Credibility is measured within the triangulation process, which involves compiling different sources such as data, observations, and/or theories to gain a better understanding (Stewart et al., 2017). The triangulation creates a foundation that allows others to recognize the researcher's expertise on the topic and the relevance of the results from the data (Cypress, 2017).

It is always important to handle research with ethical procedures in mind (Wharton et al., 2019). Researchers must always ensure that participants are safe from

harm and not a danger to themselves or others, at any time (Walby & Luscombe, 2018). Qualitative research often explores topics that can be anxiety-provoking for participants (Doyle & Buckley, 2017). First, it is essential that researchers ensure that the questions are not invasive and do not lead to any distress or anxiety (Truesdale et al., 2019). The researcher must ensure that all questions are appropriate and sensitive to the participants' emotions (Bruce et al., 2016). Second, it is imperative to stay clear of exploitation. The participant must be able and willing to participate in all aspects of the study. They may not be enticed or forced to do anything they are not willing to do (Doyle & Buckley, 2017). Last, it is always important to gather the information, transcribe the information, and analyze the information without misrepresentation (Bruce et al., 2016). Data can be used to influence or provide services for the same named population in the future. Therefore, it is always important that researchers provide fruitful and honest information and results within a study (Walby & Luscombe, 2018).

Definitions

Healthy Relationship: A healthy relationship should promote honesty, trust, and open communication between partners (Lee et al., 2021). The relationship should not focus on manipulation and deceit but rather on compromising and the ability to agree to disagree (Smith et al., 2021). A healthy relationship should nourish and complement each other's lifestyles, rather than tearing one another apart (Cypress, 2017). Most importantly, a healthy relationship should be free from abuse of any kind (Walby & Luscombe, 2018).

Human and Social Services: Any program that aids and/or provides advocacy for women who suffer from PTSD and IPV.

Intimate Partner Violence (IPV): Intimate partner violence was coined in 2000 (Migbibe et al., 2017). The term was established as a subcategory of domestic violence. Intimate partner violence differs from domestic violence because it is specific to abuse within intimate partnerships, such as with a spouse or sexual partner (Dardis et al., 2018). Any form of physical, sexual, emotional, financial, or verbal abuse from a spouse or sexual partner can be categorized as "intimate partner violence" (Migbibe et al., 2017).

Post-Traumatic Stress Disorder (PTSD): Post-traumatic stress disorder was recognized in 1980 in the third edition of the Diagnostics and Statistical Manual of Mental Disorders (DSM-III; American Psychiatric Association, 2020). It was originally established to diagnose military members returning from war (Jordan et al., 2017). PTSD contains a variety of psychological symptoms that one may face due to a traumatic event (Carvajal, 2018). Potential symptoms include adverse thoughts, lack of sleep, poor concentration, hyperarousal, nightmares, and isolation (Crocq & Crocq, 2000).

Assumptions

There are a few assumptions within this study that may have influenced the data collection and results. One assumption was that all the females who participate in this study had been diagnosed with PTSD at some point in their lives. Another assumption was that all females who participated in this study were victims of IPV after their diagnosis of PTSD. Last, I assumed that all participants were honest and truthful when

describing their relationship with PTSD and IPV and that the questions were clear, concise, and understandable.

Scope and Delimitations

Women who have been diagnosed with PTSD and then experienced IPV have a personal experience evaluating their traumatic past (Dardis et al., 2018; Sullivan et al., 2018). The women in the aforementioned research were asked to describe their relationship skills after a PTSD diagnosis. However, I did not find any research pertaining to women who were diagnosed with PTSD and became victims of IPV thereafter. I found no research that examined how a PTSD diagnosis may develop a vulnerability for women which may in turn result in becoming a victim of IPV. This generic qualitative approach focused on women and their personal experiences of how PTSD may have led to their becoming victims of IPV.

The participants for this study were selected from social media postings. The social media platforms utilized were Instagram and Facebook. All participants were recruited by responding to the postings on their own and agreed to participate in all sections of the study. I had no personal relationship with any of the participants, and all participants were initially screened to ensure they fit the criteria. All data were collected through semi structured interviews conducted via Zoom.

Limitations

There are some limitations to qualitative research. Qualitative research can be time consuming between finding the right participants, conducting the interviews, and transcribing and coding the data (Quieros et al. 2017). The results of a qualitative

research study are unable to be verified, and researchers must rely on the information that is provided by the participants to be true (André, 2020). Qualitative data is unable to be measured mathematically. Therefore, the data is based on collecting, transcribing, and analyzing data retrieved from participants (Rheinberger et al., 2021).

Allowing other researchers to understand the limitations of this generic qualitative research study highlights its transparency and credibility (Stewart et al., 2017). One limitation of my research is that the world is currently experiencing a pandemic, and many people are suffering. Gathering eight individuals to volunteer for a research study during this unprecedented time was difficult. The current pandemic also may have altered the emotional status of the participants causing a skew in the responses. Another limitation is that, due to the pandemic, these interviews were done via Zoom; this communication type lacks the personal connection that an in-person interview could provide. Establishing a safe environment and a comfortable rapport with participants can allow them to elaborate more on their experiences (Cypress, 2017). Last, but not least, many IPV victims struggle to share their experiences due to the fear of their perpetrator retaliating (Dekel et al., 2020).

Significance

For many years, researchers have studied PTSD and IPV, but none have explained the vulnerability that PTSD symptoms may lead to IPV (Campbell & Renshaw, 2016; Lamotte & Taft, 2017). This qualitative study contributes to the current literature by investigating PTSD symptoms and their ability to increase vulnerability, while increasing the chances of becoming a victim of IPV. This study aims to clarify many of the

vulnerabilities that women face after being diagnosed with PTSD. The results of this research may improve therapeutic outcomes for women who suffer from PTSD. Treatment for PTSD is vital for women in the healing and rehabilitation process. Furthermore, treatment for women with PTSD that emphasizes building healthy relationship skills may reduce their vulnerabilities and chances of becoming IPV victims. The results of this study can facilitate positive social change by influencing and encouraging women to foster healthy relationships after being diagnosed with PTSD. Encouraging healthy relationships may allow for safer homes, environments, and communities.

This research was done to promote positive social change. The information that was gathered from this study can contribute to current research regarding PTSD and its relationship to IPV. The knowledge and practice gap in this study, understanding how PTSD can influence future experiences of IPV, was addressed to acknowledge and incorporate the importance of relationship training for women who suffer from PTSD symptoms and are involved with human and social services. Women who have been diagnosed with PTSD may experience great vulnerabilities that may put them in dangerous situations, such as IPV (Dekel et al., 2020). The stakeholders that may benefit from this research would be programs that aid and/or provide rehabilitation to women who suffer from PTSD. This study may assist in allowing human and social services professionals to understand that incorporating relationship training or guidance into treatment plans may be beneficial for women who suffer from PTSD symptoms.

Human and social services aim to assist individuals and families in the rehabilitation process (Cohen et al., 2019). The more information that human and social services professionals have regarding an individual's or family's situation, the greater the chances for a beneficial process (Hoefer, 2019). Researchers provide different human and social service program information to further understand what resources may be beneficial to the clientele that is being served (Waegemakers-Schiff et al., 2019). This study attempts to provide a gateway to understanding the importance of relationship training for women who have been diagnosed with PTSD and are currently experiencing symptoms, leaving them in a vulnerable state (Brown et al., 2019). Providing this information and training may assist females with PTSD from possibly falling victim to IPV due to lack of judgment and the inability to identify red flags while experiencing PTSD symptoms.

Summary

The purpose of this generic qualitative study was to gain further knowledge on the vulnerabilities that may develop from PTSD symptoms. While much research exists on PTSD, the symptoms, the treatment, and the medication options, researchers have failed to analyze the effects of the symptoms on future relationships. Trauma theory was utilized in this research to encompass the perceptions of women who have been diagnosed with PTSD. This study contributes to current research on PTSD and the trauma that the symptoms may create thereafter. Chapter 2 contains knowledge pertaining to the history of PTSD, its symptoms, and its relevance to IPV. Trauma theory is also discussed in Chapter 2 as the framework for the study.

Chapter 2: Literature Review

Since this study aims to provide information on the perceived factors of IPV in females diagnosed with PTSD, both topics are thoroughly explained in this chapter. PTSD remains a frequently diagnosed mental illness. Bryant (2019) would argue that PTSD is the most diagnosed psychiatric disorder for those who are exposed to trauma. According to research, more than 8 million adults are diagnosed with PTSD each year (Bryant, 2019). Such prevalence suggests that many adults face traumatic events and seek treatment to rehabilitate (Merwe et al., 2019). Many different events can cause an adult to establish PTSD symptoms and meet the criteria for a diagnosis (Carvajal, 2018). IPV effects as many as 1 in 4 women and can lead to several types of abuse, such as emotional, physical, sexual, and stalking (CDC, 2020). Many symptoms of PTSD may cause women to become more vulnerable, which may open the door to becoming a victim of IPV (Schackner et al., 2017).

Both PTSD and IPV have been the subject of significant research for many years (Schackner et al., 2017). My research called for information on both topics to establish a relationship between them. To ensure information on all topics was gathered, both search terms were entered into several databases. These databases, accessed through Walden University's library and Google Scholar, included EBSCO, PsychINFO, PsycArticles, and the American Psychiatric Association. The search terms that were used were *post-traumatic stress disorder* or *PTSD,* and *intimate partner violence* or *IPV.* All the resource references were from peer-reviewed journal articles.

The next section of this manuscript includes an investigation of PTSD, the symptoms, diagnosis criteria, length of symptoms persisting, prevalence, and its' relationship to increased vulnerability for IPV and how they are related. The relationship between PTSD's increased vulnerability and IPV is annotated. The next section, on IPV, includes symptoms, prevalence, and defined situations as to why women fall victim to it. The final section of this chapter established a relationship between both PTSD and IPV as they relate to women. Some topics that are covered are an understanding of PTSD and why it is diagnosed, how PTSD increases vulnerability because of the symptoms it exhibits; PTSD in relation to women being vulnerable to unhealthy relationships and IPV; and how women fall victim to violence. The following sections discuss trauma theory as it relates to PTSD.

Literature Search Strategy

An extensive search of PTSD was compiled utilizing the Walden University online library, Google Scholar, and the Internet. Google searches were also exhausted during the search for literature. These key search terms generated a plethora of articles pertaining to the appropriate information. The key words searched were *post-traumatic stress disorder, PTSD, PTSD treatment, PTSD symptoms, intimate partner violence, IPV, IPV treatment, IPV symptoms, vulnerability, healthy relationships, establishing healthy relationships, mental health,* and *relationships.*

A thorough review of current research on the perceived factors of intimate partner violence on women with PTSD was conducted. I found that recent studies investigate

various treatment options and symptoms, but not how PTSD symptoms may create a vulnerability in women who are exposed to IPV.

Theoretical Foundation

Researchers have linked PTSD with a variety of theories over the years. These theories aim to provide a more comprehensive framework for understanding human emotions and the response to PTSD (Jackson et al., 2019). Over the years, PTSD has been associated with emotional processing theory, dual representation theory, cognitive theory, and trauma theory, amongst others (Wright, 2020). Studies have been conducted for individuals diagnosed with PTSD, such as veterans (e.g., Lee et al., 2019), sexual assault survivors (e.g., DeCou et al., 2019), IPV survivors (e.g., Schachner et al., 2017), childhood trauma survivors (e.g., Bosche et al., 2020), and more. Researchers are often interested in the influences of trauma (e.g., Dillon et al., 2020), treatment options (e.g., Bosche et al., 2020), suicide rates and attempts (e.g., Stanley et al., 2020), and relationships after trauma and PTSD diagnosis are established (e.g., Decker et al., 2019).

Trauma Theory

Trauma theory has been investigated for many years globally to attempt to find a relationship between trauma and mental illness (Jordan et al., 2017). This theory dates to the 19th century when women were being diagnosed with hysteria (Libbrecht, 1995). Hysteria symptoms were developed with no related history and caused women to become paralyzed, have a loss of sensory and memory, and have convulsions (Komagamine et al., 2020). Many of these symptoms were thought to be caused by trauma in the uterus.

However, neurologist Jean-Martin Charcot investigated hysteria and realized that the symptoms were caused by trauma and not the woman's uterus (Jordan et al., 2017).

Freud and Breuer studied the effects of trauma in 1896 and termed their findings as "hypnoid hysteria" (Alford, 2018). They found that there was a relationship between those who had been a victim of sexual assault and trauma (Mambrol, 2018). Freud also went on to the term "seduction theory," defining the trauma that came from sexual conflict (Godbout et al., 2017). He believed that the trauma was not from memories but provoked explicit sexual wishes (Komagamine et al., 2020). Freud believed that his patients were influenced by external trauma which would affect their ability to make rational decisions (Mambrol, 2018). Some of Freud's followers disagreed with him, assuming that he was victim-blaming instead of focusing on how to help them with their negative thoughts (Kessler et al., 2018).

In the 1990s, trauma theory shifted its focus to accommodate those who suffered from many traumas, including natural disasters, abuse, confinement, vehicle collisions, or anything else that could cause an individual to have lasting effects (Bryant, 2019). The definition of PTSD no longer only applied to veterans returning from war, but to anyone who was faced with any traumatic event (Boshe et al., 2020). Trauma is known to have a great disruption on an individual, due to its confining and often debilitating, symptoms (DeCou, 2019). Researchers found that there could be two individuals who experienced the same traumatic event, but one faced PTSD symptoms and the other did not (Carvajal, 2018). For this reason, it is hard to define a normal reaction to any trauma (Criswell et al., 2018).

Patients who suffer from trauma often require diverse types of treatments (Brown et al., 2019). Before understanding what trauma can do, we must understand the definition of what trauma is. The psyche of trauma occurs when an individual is exposed to an unexpected, sudden, and overwhelming experience, that causes a person to become traumatized (Dillon et al., 2020). It is impossible to measure the trauma, but it is apparent that individuals react uniquely and would require individualized therapeutic approaches to establish recovery (Henry, 2014). It is impossible to fully understand a human's response to trauma, considering every individual may have a different reaction (Burton et al., 2020).

There are many different reactions that a person can experience from a traumatic event (Williston & Vogt, 2021). Some individuals react in ways where they feel numb and are not able to connect with others (Tripp et al., 2020). When people lose the ability to connect with others, they often start to feel lonely and isolated (Wright, 2020). Isolation can lead to elevated levels of depression and may result in debilitating one's life (Carvajal, 2018). Individuals tend to experience isolation, leading to another consensus, such as job loss and unsettling relationships (Sáez et al., 2020). Many of these symptoms can cause greater stress in a person's life (Schachner et al., 2017).

When an individual finds themselves under severe stress and loses their ability to install proper judgment, they may also experience short and/or long-term memory loss (Dempsey et al., 2000). When humans are overwhelmed with fear or stress, they often lose the capacity to remember certain details of an incident (Bowen et al., 2017). Researchers also found that individuals are often unable to express thoughts and emotions

but have strong visualizations of the event (Akiki et al., 2017). These coping strategies create a barrier in the recovery process for individuals because they may be unable to discuss emotions, without visualizing the trauma repeatedly (DeCou et al., 2019).

Trauma theory has been used for many years as a lens to examine those who experienced traumatic events (Iverson et al., 2017). Through the lens of trauma theory, researchers attempt to discuss past traumas, eliminate memory loss, and learn from past incidents (Dempsey et al., 2000). Researchers found that individuals find themselves in a fight or flight response when approached with danger (Bryant, 2019). The fight or flight response enables an individual to dissociate from reality (Rothbaum et al., 2014). Dissociating from reality can cause individuals to lose touch with themselves, lose hope, lose friendships, lose jobs, and more (Cloitre et al., 2013). Many individuals who deal with dissociation may also deal with emotional numbing (Kessler et al., 2018).

Emotional numbing can create an atmosphere for individuals where they feel separated from events that may be occurring around them (Dillon et al., 2020). Individuals tend to cut off the ability to be present and lack the fortitude to have an appropriate response (Lamotte & Taft, 2017). Lacking these responses can turn into an inability to enjoy the moment as well (McKee & Hilton, 2019). This lack of enjoyment can lead to depression, which can have effects on many areas of the individual's life (Carvajal, 2018). Researchers found that not being able to feel joy can increase the feeling of becoming detached and alienated from themselves, which can potentially lead to suicidal ideations (Hoffart et al., 2015). This circle of traumatic events can have lasting effects on an individual and how they process them (Minnen et al., 2020).

When individuals are exposed to trauma frequently, they become numb and their awareness is suddenly compromised (Park et al., 2012). When an individual is exposed to trauma the body releases different endorphins that can cause a calming effect (Mambrol et al., 2018). Prolonged exposure and repeated experiences can create a numbing and calming feeling, such as morphine and/or heroin (DeCou et al., 2019). Researchers found that many individuals become addicted to feeling the internal endorphins and find themselves withdrawing from trauma in this process (Schachner et al., 2017).

When individuals become "addicted" to trauma, they sometimes find themselves feeling violence exciting (Gracia & Merlo, 2016). Finding trauma and violence exciting can cause the individual to act out, become involved with gang violence, and enjoy fighting, bullying, and other forms of criminal activity (Hoffart et al., 2015). Individuals who face trauma also have increased chances of self-mutilation, risk-taking behavior, promiscuity, alcohol, and drug addiction, eating disorders, and suicidal ideation (Dillon et al., 2020). These actions can lead to losing family members, friends, and/or the inability to keep a normal regimen or healthy relationship bonding (Williston & Vogt, 2021).

Individuals who have been through prolonged trauma tend to seek dangerous relationships because this is what they know to be normal (Mambrol, 2018). Individuals who are terrorized or abused for an extended period often view the perpetrator as a source of serious pain and a source of love and affection (Bosch et al., 2020). Mixed emotions about the perpetrator can make it difficult to leave the situation (Sullivan et al., 2018). Without coaching or healthy relationship information, the victim may view these

unhealthy relationships as normal and the only type they deserve (Gracia & Merlo, 2016).

Trauma is often referred to as “history repeating itself” because those who have been traumatized often find themselves in dangerous relationships (Bloom, 1996). Freud spoke about child trauma victims not being able to recall the trauma but still finding a way to reenact the abuse as an adult (Piers, 1996). Many researchers find that victims find it easier to repeat these abusive reactions, rather than learn to develop healthy coping skills (Dutton, 1995). Healthy coping skills and therapy become crucial in breaking the cycle of violence, especially when faced with trauma (Hoffart et al., 2015).

Researchers found that many victims that faced trauma without recollection tend to use the nonverbal parts of the brain to speak through nonverbal behavior (Piers, 1996). Speaking through nonverbal behavior can be used as a sign of seeking help or becoming an abusive partner (Arizmendi, 2008). Aggression and frustration can come across in unusual ways from those who suffer from trauma (McKee & Hilton, 2019). Many of these behaviors can be observed such as bullying, self-mutilation, suicidal ideology, and/or abuse (Abate et al., 2017). Many individuals within society tend to exclude and alienate a person who acts in such an aggressive way, which can lead to increased traumatic experiences (McIlveen et al., 2019).

Increased trauma can cause a person to deteriorate, physically and mentally (Decker, 2020). Many of these aforementioned side effects differ in the short and long term (Hill & Everson et al., 2019). Researchers found that there are many links between trauma victims and heart disease, cancer, liver disease, and chronic lung disease, amongst

other illnesses (Dye, 2018). Emotional effects of prolonged and increased trauma may include sexual promiscuity, drug and alcohol addiction, mental illness, and/or suicide (Shannonhouse et al., 2020). Both physical and emotional effects from trauma can cause serious long-term damage and/or death (Libbrecht & Quackelbeen, 1995).

Trauma victims often isolate themselves to eliminate future trauma (Weinberg et al., 2021). Many victims lack trust in those around them because they have been harmed in the past (Haro et al., 2019). Isolating can cause a person to feel alone and unloved (Ascienzo et al., 2021). When someone feels alone and unloved, PTSD symptoms may be exaggerated and become debilitating (Harnett et al., 2020). Symptoms of PTSD may increase different emotions, which may lead to anxiety and/or depression (Wallen et al., 2019). When a person who suffers from trauma feels anxiety or depression, they often lack the judgment that is required when faced with decision-making situations (Remmers et al., 2020). Lacking the ability to install judgment can put a person in dangerous situations (Weinberg et al., 2021). Dangerous situations may not seem harmful if a person lacks the judgment to notice (Wright, 2020). The lack of ability to recognize dangerous situations can be detrimental when it comes to relationships, work, school, and normal life (Bosch et al., 2020). When a person who is experiencing PTSD symptoms is unable to recognize a dangerous situation, the symptoms may become elevated, while expressing more vulnerabilities (Komagamine et al., 2020).

Many trauma victims fall into the victim role and some fall into the perpetrator (Migbibe et al., 2017). There are many different influences on the trauma victim, which can determine the rehabilitation process (Salas, 2020). Today, men are viewed as

masculine, and they are frowned upon if they appear weak (Salter, 2018). Many cultures often think of men as strong and powerful (Olff, 2017). Therefore, women trauma victims have a greater chance of becoming the victim in the situation and men are often the perpetrator (Dempsey et al., 2000). Although this is not always the case, researchers found that 1 and 4 women become victims of IPV and 1 in 9 men become IPV victims (Debowska et al., 2019).

Many trauma victims tend to lose themselves and find it near impossible to establish a safe environment (Merwe et al., 2019). Most rehabilitation processes for trauma include creating safe environments, setting goals, sharing thoughts in a group setting, conflict resolution, meditation, religion, and breathing techniques (Wright, 2020). Many trauma rehabilitation centers fail to address relationship coaching while experiencing PTSD symptoms. Analysis through the trauma theory lens allows individuals to understand that victims require rehabilitation, to establish healthy relationships (Bosch et al., 2020). If trauma victims are exposed to unhealthy relationships and allow history to repeat itself, researchers must investigate a way to break that cycle (Abate, 2017). Trauma victims should be involved in training that can illuminate their worth and the ability to form healthy relationships, after a traumatic incident (Sullivan et al., 2018).

Literature Review

History of Human and Social Services

In 1930, the American Association of Public Welfare was established by the federal government (Stuart et al., 2016). This association was created to ensure that

vulnerable populations had the tools and skills to integrate into the community (APHSA: Our History, 2019). In 1980, the Department of Health and Social Services was developed in the United States (Stuart et al., 2016). Both the American Association of Public Welfare and the Department of Health and Social Services were established to assist individuals with basic needs (APHSA: Our History, 2019). When people are lacking essentials, the local health and social services department can aid and connect folks to many different resources (Hoefer, 2019). Many resources strive to provide support and rehabilitation to those in a crisis (Cohen et al., 2019). Many populations are served by human and social services, and many include women who suffer from PTSD and IPV (Waegemakers Schiff et al., 2019).

History of PTSD

For as far back as mankind has been traced, there have been wars between and within many nations (Jordan et al., 2017). Military members are often called to serve during war as an obligation and duty to protect and serve the constitution (Mawanda et al., 2017). Often, military members may feel different symptoms when returning from a warzone (Gutierrez et al., 2021). During World War I (WWI), these reactions from military members were known as shell shock (Campbell & Renshaw, 2016). Shell shock was termed by a British psychologist named Charles Samuel Myers to describe the emotions that military members may face when returning from war (U. S. Department of Veteran Affairs, PTSD: National Center for PTSD, 2020). Myers described shell shock as an intense and heightened state of fight or flight that resulted in panic, fear, the inability to sleep, talk, or walk (Brown, et al, 2019). Shell Shock was adopted by the Veterans

Administration to help those who have survived war (U. S. Department of Veterans Affairs, 2020).

After World War I, psychologists started to notice an increase in military personnel suffering from the trauma of war (Jordan et al., 2017). Many of the symptoms that the military personnel were facing were lack of sleep, memory loss, loss of appetite or overeating, temporary paralysis, and more (Libbrecht, 1995). The traumatic experience was referred to as "combat fatigue" (Crocq, 2000). To find better treatment solutions for war veterans, Abram Kardiner began treating them to help ensure there was a possibility for a safe and manageable life after a PTSD diagnosis (Kessler et al., 2018). Kardiner noted that the military personnel were experiencing situations as if they were still actively in a war zone (Wright, 2020). Kardiner reported that he believed that these responses were normal, compared to what military personnel had experienced from the war (U. S. Department of Veteran Affairs, PTSD: National Center for PTSD, 2020). Researchers felt it necessary to try to have the military personnel stick together after war-time experiences, as this could be beneficial to the traumatic recovery process (Jordan et al., 2017). By the end of World War I, many veterans were faced with the inability to move past the trauma from the war and more than 80,000 veterans were expressing the lack of ability to sleep, walk, talk, and felt numb (Schillaci et al., 2009). By 1916, many psychologists were studying the phenomenon of the experiences military members felt when returning from war.

During the 1960's, after WWII, Henry Krystal began to research the effects of stress in prolonged situations (Henry, 2014). Krystal's original trauma research stemmed

from individuals who were in concentration camps (Bohleber & Leuzinger-Bohleber, 2016). In similar news, researchers found that the trauma caused a lack of ability to speak about the experiences and discuss the emotions that were exposed (Wright, 2020). Many psychologists during this time found that traumatized patients often could not clarify their thoughts and experienced somatic pain, which was not rationally justified (Mambrol, 2018). Patients had thoughts that did not have any explanation or any medical diagnosis behind them (Kessler et al., 2018).

It was not until about twenty years later, in 1980, PTSD was an official diagnosis and that was placed in the DSM-III (Wilbur, 1990). This diagnosis is still used to diagnose war veterans due to the emotions they faced after the traumas of war (Jordan et al., 2017). With trauma theory in mind, psychologists wanted to explore why the veterans were reacting the way they were after serving in Vietnam (Libbrecht, 1995). After the DSM-III released the PTSD diagnosis, many advocates were fighting for the diagnosis to be available to others, rather than just military veterans (Campbell & Renshaw, 2016). It was evident that many individuals suffer from trauma and had the same symptoms that veterans were experiencing (Kuch & Cox, 1992). This also stemmed back to the beginning of trauma theory, emphasizing that many individuals face trauma and react in diverse ways as a result (Jordan et al., 2017).

The Diagnostic and Statistical Manual of Mental Disorders 5th Edition: DSM-5 specifies the criteria of this disorder because most symptoms are closely related to those of other disorders (American Psychiatric Association, 2020). Researchers discovered that victims of PTSD often experience symptoms of other disorders (Carvajal, 2018). In

recent years, the statistics show that 70% of adults suffer from a traumatic event and 20% of those develop PTSD (Dekel et al., 2020). An estimated 5% of Americans (approximately thirty million people) have been diagnosed with PTSD and about 50% of outpatient mental health patients are diagnosed with PTSD (Kessler et al., 2018). In 2013, the number of Veterans diagnosed with PTSD went up 50% with women making up about 10-12% and men about 5-6% of PTSD diagnoses (PTSD United, Inc., 2013).

During this time, while advocates were fighting to recognize that many traumas develop PTSD symptoms, there was also speculation that those who suffer from personality disorders suffer from similar symptoms (Cloitre et al., 2013). There was speculation that early childhood traumas develop PTSD like symptoms, often untreated, may lead to a shift in personality, causing a disorder (Laporte et al., 2011). In more recent years, researchers have been studying different types of PTSD, and hope to establish a diagnosis of Complex PTSD (Wilson, 2004). Complex PTSD refers to prolonged exposures to trauma, with PTSD referring to one episode of trauma (Roth et al., 1997). Researchers found that there are many individuals who have been exposed to prolonged trauma such as childhood neglect, abuse, domestic violence, human trafficking, amongst others and have developed PTSD (Bohleber & Leuzinger-Bohleber, 2016). PTSD can occur after a traumatic event has occurred such as a wartime exposure, a car collision, an attack, amongst other one-time incidents (Carvajal, 2018). Professionals found that the symptoms for PTSD may be the same, but the reason for the diagnosis may differ (Carvajal, 2018).

Military members often face traumatic events (Jordan et al., 2017). Veterans are frequently sent off to war to fulfill their obligated duties and this can be devastating (Crocq & Crocq, 2000). War can have a lasting impact on veterans when they return home from combat (Salas et al., 2020). Rebuilding relationships with the loved ones they left behind can be a perplexing task (Godbout et al., 2017). Experiencing these symptoms may trigger a diagnosis of PTSD (U.S. Department of Veterans Affairs, PTSD: National Center for PTSD, 2020). PTSD symptoms may not only affect the military member but may also affect those who suffer from other traumatic experiences (Sullivan et al., 2018)

In recent years, PTSD diagnoses have been on the rise (Kessler et al., 2018). There have been many global traumatic events that have occurred since the 2000's (Wilson, 2004). America was faced with a mass trauma with the 9/11 terrorist attacks, wars in Iraq and Afghanistan, and countless natural disasters that have left many individuals traumatized (Jordan et al., 2017). With an influx of diagnosis there have been changes in the treatment process for those who suffer from PTSD symptoms (Dekel et al., 2020). Recently, researchers found that expressing emotions and feelings right after an incident creates a clearer path for recovery (Wright, 2020). Unfortunately, expressing emotions immediately following a traumatic event can be difficult for individuals to do (Dekel et al., 2020). Researchers found that it typically takes, on average, about 15 months for individuals to discover the emotions and feelings surrounding the initial event (Rothbaum et al., 2014). Because of the lack of time given and strength of the individual, it is often impossible to conduct early intervention (Dardis et al., 2018).

With the lack of ability to conduct early-intervention for PTSD, professionals often use a phase-approach with treatments (Weaver et al., 2020). The phase-approach breaks the treatment into different areas to alleviate the retraumatization of the individual with PTSD (Cloitre et al., 2013). The phases are usually broken up into different areas, such as education, social skills training, stabilization, and coping skills (Weaver et al., 2020). These approaches are used to develop the skills for the individual to establish a role within the family and workplace again. The average amount of time spent in therapy is approximately two years for those who suffer from PTSD (Laporte et al., 2011).

Researchers found that during a time of war, PTSD is diagnosed more often (PTSD United, Inc., 2013). Although military members are more susceptible to the disorder, victims of sexual assault, child abuse, natural disasters, and more, are often also diagnosed (Ong, 2021). Research has been conducted to specify the symptoms of PTSD more completely (PTSD United, Inc., 2013). Many individuals can recover from PTSD symptoms with proper treatment (Alford, 2018). Others may develop a learned helplessness, which inhibits the individual from avoiding danger, by running away (Dempsey et al., 2000). Running away from danger may seem like a solution but tends to create a vulnerability to stressful situations (Brown et al., 2019). Humans are born with an on-or-off switch when there is an increased sense measuring the level of fear associated with encounters (Hoffart et al., 2015). When someone is traumatized, they often lose this ability and the judgment to measure danger (Cloitre et al., 2013). This can often be seen in children who have a difficult time soothing themselves and adults may

lack self-control, which may put them in dangerous situations (Bohleber & Leuzinger-Bohleber, 2016).

Having a lack of self-control can create unhealthy coping skills and risky behaviors (Dempsey et al., 2000). Individuals lacking self-control frequently turn to drugs, alcohol, or risky behaviors such as violence, sex, and/or overeating (Bowen et al., 2017). When humans are faced with stressful or traumatic situations, the thought process becomes impaired and an individual may lack judgment or control (Park et al., 2012). Although these coping skills are unhealthy and could cause more trauma, those who suffer from trauma may find a temporary numbness to feelings and emotions (Schackner et al., 2017). When individuals choose substances as a coping mechanism, they may become unable to calculate long-range consequences and lack the ability to make rational decisions (Stanley et al., 2019).

When an individual finds themselves under severe stress and develops avoidance, they may also experience short and/or long-term memory loss (Dempsey et al., 2000). When people are overwhelmed with fear or stress, they often lose the capacity to remember certain details of the incident (Bowen et al., 2017). Researchers also found that individuals are often unable to express thoughts and emotions but have strong visualizations of the event (Akiki et al., 2017). These coping strategies create a barrier in the recovery process for individuals because they are unable to discuss feelings, but often visualize the trauma over and over in the mind (DeCou et al., 2019).

When PTSD symptoms are left untreated, many other hardships may occur (Hardin et al., 2021). Symptoms of PTSD can be debilitating if not treated properly

(Brown et al., 2019). No two people react to PTSD symptoms the same, and treatment plans should be individualized (Jordan et al., 2017). Some patients may experience more depression than anxiety, some may experience more anxiety over depression, some may have both, and others may have none (Bryant, 2019). The totality of the situation should be considered before the treatment options are assessed (Kessler et al., 2018). All symptoms can affect a person's ability to focus on what is happening around them (Campbell and Renshaw, 2016). The inability to be aware of your surroundings can result in many different situations, including an IPV relationship (Gros et al., 2017).

There are many different treatment options for PTSD, but every individual should be treated as such (Alford, 2018). PTSD victims often face different hardships, problems, situations and more (Dillon et al., 2020). The treatment options should take all individual factors into consideration when exploring which option is best (Gros et al., 2017). Many individuals with PTSD find themselves addicted to drugs and/or alcohol because they feel the pain can be numbed (Williston & Vogt, 2021). Drug and alcohol addiction should be taken into consideration if the patient is prescribed medication and therapeutic options (Matsumoto et al., 2021). For example, a person with PTSD may suffer from anxiety and the next person may suffer from depression, anxiety, drug, and alcohol addiction (Hien et al., 2018). Each treatment plan should include a support network, willingness to change, drug and alcohol consumption, self-care, and medication (Hien et al., 2021).

PTSD

Throughout my search for updated information on PTSD and IPV, I have found no related topics to my study. When searching for PTSD, I found many articles that

discussed treatment options, military veterans, and child abuse as it relates to PTSD (Thompson-Hollands et al, 2019; Stanley et al., 2019; Bosche et al., 2019). Furthermore, when I searched IPV for relevant information on my topic, I found articles on intimate partner violence therapy, PTSD symptoms related to IPV exposure, and childhood exposure to IPV (Miles-McLean et al., 2019; Martinez-Torteya et al., 2020; Jung et al., 2019). Throughout my search I found articles pertaining to PTSD, its symptoms, how to combat it, but was unable to find any information on how the symptoms may increase women's vulnerability. Many researchers aim to specify the best treatment options for PTSD (Bosche et al., 2020).

Unfortunately, no information was found about the vulnerabilities that PTSD symptoms may cause a person to experience. PTSD literature emerged in 1980 when the term PTSD was coined and placed in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III). For many years, PTSD was only diagnosed to military veterans returning home from war (Jordan et al., 2017). It was not until recently that PTSD was used as a diagnosis for those who suffered from traumatic events, other than wartime experiences (Cloitre et al., 2013).

As previously stated, there is no current literature focusing on the vulnerabilities that PTSD symptoms may cause women to experience. PTSD symptoms such as depression, anxiety, lack of sleep, loss of appetite, amongst others, may cause women to be unable to decipher a dangerous situation (Bryant, 2019). Women with overwhelming PTSD symptoms, may find themselves in situations that may not be a dangerous situation right away (Schackner et al., 2017). Incorporating relationship training into a therapy

regiment for women who suffer from PTSD, may allow them to have a better understanding of the vulnerabilities that may lie ahead of them (Williston & Vogt, 2021).

PSTD Criterion

The DSM-5 describes the different criteria that need to be present to diagnose a patient with PTSD (APA, 2020). The criteria for PTSD can be specific due to some of the symptoms being closely related to those of other disorders (Brown et al., 2019). The DSM-5 states that the patient must meet a certain number of criteria to be considered for a diagnosis (Iverson et al., 2017).

The first criterion is listed as criterion A, defines the stressor and states that the patient must have one of the following: direct exposure, witnessed trauma, learned that a close friend or relative was exposed to trauma, or sustained with indirect exposure through adverse details of trauma (Carvajal, 2018). Criterion B defines the intrusion symptoms and requires the patient to have at least one of the following: unwanted upsetting memories, nightmares, flashbacks, emotional distress after exposure to traumatic reminders, and physical reactivity after exposure to traumatic reminders (Dekel et al., 2020). Criterion C defines the avoidance relevance for the patient and states that they must possess one of the following: trauma-related thoughts or feelings or trauma-related external reminders (Kessler et al., 2018). Criterion D defines negative alterations in cognitions and moods and states that the patient must possess one of the following symptoms: inability to recall key features of the trauma, overwhelming negative thoughts and assumptions about oneself or the world, exaggerated blame of self or others for causing the trauma, negative effects, decreased interest in activities, feeling isolated, or

difficulty experiencing positive affect (Dardis et al., 2018). Criterion E alterations in arousal and reactivity and defines it as a trauma-related arousal and reactivity that begins or worsens after the trauma in the following ways: irritability or aggression, risky or destructive behavior, hypervigilance, heightened startle reaction, difficulty concentrating, and difficulty sleeping. Criterion F defines the duration of the symptoms and states that the patient must have been presenting these symptoms for more than a month (APA, 2020). Criterion G defines the functional significance and states that the symptoms must develop stress or impairment within professional and social life (Campbell and Renshaw, 2016). Criterion H states that the symptoms may not be due to medication, substance, or other illness (APA, 2020). Lastly, there are two different specifications that an individual may experience.

Effects of PTSD Symptoms

Individuals may experience PTSD symptoms different from others, depending on the treatment plans, support systems, medication, and other factors (Gros et al., 2017). Some individuals undergo treatment, and the symptoms subside, but others may find themselves experiencing further difficulties (Hart et al., 2018). Researchers found that individuals who suffer from PTSD often find themselves using drugs and/or alcohol (Badour et al., 2017), depressed (Moring et al., 2019), experiencing anxiety (Kaltman et al., 2019), and contemplating suicide at some point (Hendin, 2017).

Those who have been diagnosed with PTSD and find themselves addicted to drugs and/or alcohol, may experience great hardships (Wiedeman et al., 2020). Being addicted to drugs and/or alcohol tends to create an unstable environment for individuals

(Pantell et al., 2019). Individuals may lose friends, family, and/or an established livelihood, when they fall victim to drug and alcohol addiction (Najavits et al., 2018). Experiencing losses such as friends, friends, and/or livelihood, may also cause an individual to become depressed or feel overwhelming anxiety (Moring et al., 2019). This type of atmosphere can lead to a snowball effect of harmful situations a person can find themselves in.

PTSD can affect many areas of a person's life, if untreated (Gros et al., 2017). When a person experiences trauma because they were actively having PTSD symptoms, it creates a spiral that may be difficult to get out of (Gros et al., 2017). Treatment for PTSD is important to establish a way for patients to combat the symptoms, control their emotions, and live a successful life (Aimagambetova et al., 2020). In many cases, a healthy relationship is part of a person's perception of a successful life (Jordan et al., 2017). Being able to communicate, love, be loved, and to nourish a healthy relationship while living with PTSD, should be a part of the healing process (Williston & Vogt, 2021).

Depression

Individuals may suffer from depression after a traumatic experience and a PTSD diagnosis (Cénat et al., 2020). Depression is a separate diagnosis in the DSM-5 and has its own criteria (Howe et al., 2021). Many PTSD symptoms such as feeling isolated, having a negative effect, or a decreased interest in activities, may create similar symptoms of depression diagnosis criteria (Gros et al., 2017). Depression may lead to individuals having suicidal thoughts over a long period of time (Powers et al., 2020).

Living in a depressed state of mind may cause an individual to become out of touch with reality, while subsequently allowing them to lose focus on responsibilities (Moring et al., 2019). Depression may also cause someone to have a blurred sense of reality when they are unable to observe a dangerous situation (Aimagambetova et al., 2020).

Depression can lead to many hardships, and to include job loss, isolation, broken relationships, amongst many more (Holder et al., 2020b). Many symptoms of PTSD can result in depression (Gros et al., 2017). Many patients present actions such as excessive eating, little to no eating, agoraphobia, lack of sleep, or excessive sleeping (Lamotte and Taft, 2017). All these attributes may lead to depression and may cause the person to have a blurred sense of reality (Alpert et al., 2020). A blurred sense of reality may cause a person to lack confidence and not be able to recognize an IPV situation (Tripp et al., 2020).

When a person loses a sense of reality, they may find themselves miscalculating the information that is before them (Aoki et al., 2019). Depression may suppress the ability to recognize situations where boundaries should be set (Gilbar et. al., 2020). The relationships may seem appealing because they are satisfying, loving, affectionate, caring, whilst it may be just a person to fill the void that the individual has been experiencing (Daniels et al., 2019). Being close to another person may sound exciting for someone who has been experiencing PTSD symptoms (Jordan et al., 2017).

Anxiety

Many people suffer from anxiety and find the diagnosis muffling the ability to live a fruitful life (Kim et al., 2021). Anxiety can be debilitating and cause a person to

retreat and lose themselves (Obeid et al., 2020). Anxiety is a feeling of fear and being uneasy (Green at al., 2021). Many symptoms of anxiety can be defined as a rapid heartbeat, feeling of restlessness, and avoidance (Bean & Ciesla, 2021). Many people who suffer from debilitating anxiety symptoms report having a challenging time living successful lives (Flückiger et al., 2021). The symptoms of anxiety may cause a person to retreat from things that they may have once enjoyed, such as work and being with friends and/or family (Sabet et al., 2021). Being out of the comfort zone often triggers people who suffer from anxiety and may cause them to stop attending and associating over time (So et al., 2020).

Anxiety may cause a person to be vulnerable in many situations (Martínez-Moreno et al., 2020). The fear and uneasiness may result in isolating themselves because they are fearful of what may happen (Gecaite-Stonciene et al., 2020). Like depression, anxiety may cause a person to lack confidence in themselves and this may blur the sense of reality (Pantell et al., 2019). When someone suffers from anxiety and/or depression, they may lack the ability to recognize an IPV situation (Bielak et al., 2018). The person may view an IPV situation as someone who cares for them, rather than mistreating them, because the anxiety and/or depression symptoms may blur reality (Dawson et al., 2021).

Those who suffer from anxiety find that the symptoms make it difficult for them to concentrate and leave them in a constant state of panic or worry (Leigh et al., 2021). Many people also report that anxiety breeds certain thoughts such as impending doom and restlessness (Langhammer et al., 2019). In recent studies, researchers have found that anxiety decreases a person’s ability to recognize and read acceptance and rejection in the

present moment (Vollmann et al., 2019). When a person lacks self-confidence and self-esteem, there may also be a disconnect between reading relationships and sincerity (Peñate et al., 2020). Being unable to read and recognize situations and relationships as they are occurring can lead to dangerous circumstances (Wen et al., 2020).

Suicide

Researchers have found that the suicide rates are much higher amongst those who suffer from PTSD (Ames et al., 2019). Many PTSD symptoms may cause poor impulse control, which may lead to them attempting suicide (Kratovic et al., 2021). When someone is suicidal, they often feel fear, helplessness, impending doom, and thoughts of being better off dead (Reifels et al., 2021). When a person is experiencing suicidal thoughts, they tend to isolate themselves and start formulizing a plan, to commit suicide (Rheinberger et al., 2021). A person who is suicidal may start selling valuables, start forgiving those who have wronged them, or spend more time with family and friends as a farewell (Levi-Belz & Feigelman, 2021). Suicidal thoughts tend to blur a person's perception like reality, just like anxiety and depression (Dawson et al., 2021).

When someone is experiencing PTSD symptoms too often, they may become suicidal (Naifeh et al., 2019). Suicidal ideation is when a person has a thought or plan to commit suicide (Liu et al., 2021). A person with a suicidal ideation often feels like committing suicide is the only way to end traumatic thoughts and feelings (Gijzen et al., 2021). When PTSD symptoms are strong, individuals tend to feel like there is no way out and suicide may stop all these thoughts from occurring (Gutierrez et al., 2021). This state of mind, of wanting to be dead, can have a significant effect on a person's thinking

process (Nichter et al., 2021). The effect on one's thinking process may allow them to be vulnerable and susceptible to dangerous situations such as IPV (Wado et al., 2021). A woman who is constantly depressed, anxious, and/or suicidal, may find partners that are abusive-the only partner that is *deserved* (St. Vil et al., 2021).

Suicide statistics that are associated with PTSD have been on the rise in recent years (Rheinberger et al., 2021). Researchers found that approximately fifty-five percent of suicides are related to those who suffer from PTSD symptoms (Levi-Belz & Feigelman, 2021). Suicidal thoughts include hopelessness, nothing to live for, unbearable pain, uselessness, feeling numb, eager to end it all, and many more thoughts and feelings (Ames et al., 2019). These thoughts and emotions are not conducive to building and/or nourishing a healthy relationship (Holder et al., 2020b). On the contrary, negative thoughts and emotions may sabotage existing relationships, causing more stress (Aimagambetova et al., 2020).

Treatment Options

There are many different treatment options that are used for PTSD today (U. S. Department of Veteran Affairs, PTSD: National Center for PTSD, 2020). All treatments processes should be monitored by a licensed professional to ensure that the patient is getting the best care for that individual's situation (Jordan et al., 2017). Every individual is different when it comes to treatment. What may work for one person may not work for another (Williston & Vogt, 2021). A few common treatment options for PTSD are Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PET), Eye

Movement Desensitization and Reprocessing (EMDR), and Stress Inoculation Training (SIT; Williston & Vogt, 2021).

It is most important that the therapist takes into consideration the totality of the situation (Post et al, 2021). A person suffering from PTSD symptoms often experiences feelings of loneliness, depression, anxiety, nightmares, suicide, amongst others (Hoffman et al., 2021). After the initial assessment is made, then the treatment options should be clearer and easier to decide upon (Wong et al., 2021). The treatment option should meet the criteria of the patients' symptoms and lifestyle, to benefit the recovery process (Silverstein et al., 2018). If the totality of the situation is not considered, there could be adverse effects (Masika et al., 2020).

Many individuals may have a negative outcome from a certain treatment option (Gullickson et al., 2019). Some may be able to recover using a certain school of thought and others may find it to be less effective (Phillips et al., 2021). Understanding a person and the symptoms they are portraying can indicate what therapy options may be most suitable for them (Sanchez-Nunez et al., 2020). Some patients may require therapy treatments paired with medications and others may not need prescriptions (Zoellner et al., 2019). Other options include holistic education, virtual reality, yoga, meditation, mindfulness, amongst many others (Barr et al., 2019; Bragesjö et al., 2020; Dahlgren et al., 2020; Crawford et al., 2019; Razza et al., 2020).

Cognitive Processing Therapy

Cognitive Processing Therapy (CPT) has been used for PTSD since the 1980's (Dillon et al., 2020). CPT treatment is a type of Cognitive Behavioral Therapy (CBT) that

strives to challenge and modify a person's negative beliefs (Alpert et al., 2020). The clinician and the patient discuss the automatic thoughts and memories that come to mind while thinking about the traumatic event (Jordan et al., 2017). After a few sessions, the pair discuss the impact that these thoughts have on family, friends, and livelihood (Holder et al., 2020). Once the patient realizes the negative impact that these thoughts have on life, the attempt to modify the thoughts begins (Hale et al., 2020). The focus is to adjust the patient's thoughts to encourage them to have trust, power, and control over thoughts, emotions, and self-esteem (Williston & Vogt, 2021).

CPT is adopted as a treatment for many disorders, to regulate thoughts to encourage positive thinking (Phillips et al., 2021). Encouraging positive thinking allows a person to have a unique perspective on whatever the situation may be (Geschwind et al., 2020). Reconstructing a person's thinking may allow them to not feel defeated, but more confident to tackle situations (Taylor et al., 2017). When a person is strong and confident in themselves, it is easy to navigate through life's trials and tribulations (Jennings et al., 2021). Being strong and confident can also allow a person to live a happier and more successful lifestyle, with stronger self-esteem (Pretty & Barton, 2020).

Prolonged Exposure Therapy

Currently, Prolonged Exposure (PE) is a form of psychotherapy being used for PTSD treatment (Sharpless & Barber, 2011). Prolonged Exposure consists of 90-minute sessions conducted each week for eight to 15 weeks (Bragesjö et al., 2020). These sessions are intended to relive the traumatic event through imaginary exposure (Evans et al., 2021). Using this method, the psychotherapists would provoke the client to discuss

the traumatic event and immediately explain the emotions being leveraged (Holder et al., 2020a). PE also educates the client on different calming effects, such as breathing (Holder et al., 2020b). These breathing techniques are used to keep the patient calm and help to manage the distress (Danielle et al., 2021). Victims of PTSD often find PE therapy soothing and providing tools for the future, when they feel they need them (Brown et al., 2020). There are three types of PE, one is the In Vivo exposure, another is the imaginal exposure, and flooding exposure (Harned et al., 2021).

In Vivo Exposure. PE is a form of cognitive behavioral therapy and is broken up into three different treatment types (Bragesjö et al., 2020). One PE type is In Vivo, where the patient exposes themselves to anxiety provoking event, to overcome the situation (Hernandez-Tejada et al., 2020). In the beginning of In Vivo treatment, the patient may use a video game to simulate that they are on the phone or at an event (Rauch & McLean, 2021). Over time, In Vivo training allows the patient to expose themselves to real life and anxiety, provoking situations (Norr et al., 2019). These social anxiety situations allow patients to develop skills to encourage them to tackle the emotions experienced (Yeomans et al., 2018).

Imaginal Exposure. Imaginal Exposure is when a patient participates in a session where guided imagery is completed (Cox et al., 2020). The guided imagery session for imaginal exposure is focused on exposing the patient to images that may trigger anxiety (Katz et al., 2020). Once anxiety is triggered, the therapist and the patient define ways to combat the anxiety-provoking feelings and emotions (Hoffman, Shrira & Bodner, 2021). This exposure is meant to be in the moment during an anxiety trigger, while assisting the

patient with navigating through the emotions (Gallagher et al., 2020). The goal is for the patient to be able to navigate through anxiety when they are triggered outside of session, with the tools they gathered (Bragesjö et al., 2021).

Flooding. Flooding is a different kind of exposure, whereas the patient is completely submerged in the anxiety-triggering situation (Foa et al., 2020). An example of flooding would be attending a family function because a large gathering or party usually contains many people and is full of action, resulting in anxiety for some. For patients, a function may be a frightening concept and sometimes only considered after In Vivo and Imaginal exposures have been completed (Kline et al., 2020). Patients are taught that in flooding they realize that the anxiety is just temporary and that once they get settled in at the party, the feeling may subside (Peterson et al., 2020).

Eye Movement Desensitization and Reprocessing

Eye movement desensitization and reprocessing (EMDR) is also used to treat PTSD (Brown et al., 2020). There are eight phases to EMDR treatment. EMDR is a combination of mindfulness and person-centered approaches (Fonseca et al., 2021). This method consists of using bilateral stimulation of either the right or left eye, which activates different sides of the brain, while releasing different emotions (Lenferink et al., 2020). The client re-experiences the memories of the traumatic event and then follows the therapist's finger with their eyes (Snoek et al., 2020). This experience of repeated patterns of eye movement is shown by researchers to cause distraction and relaxation (Conijn et al., 2021). The EDMR method is known as the basis of the mind/body connection (Holder et al., 2020). Patients have also reported being able to replace

negative thoughts with positive thoughts easily after receiving this treatment (Fonseca et al., 2021). In 2010, the EDMR method was recommended by the VA for treatment (Sharpless & Barber, 2011).

EMDR is used to distract the mind while it is experiencing trauma (Adams et al., 2020). By focusing on the consistent eye movements while discussing the trauma, the arousal level may lessen making it easier to reform negative beliefs (Proudlock & Peris, 2020). EMDR therapy emphasizes eliminating emotional distress and developing cognitive insights into what a person is processing (Every-Palmer et al., 2019). Having a strong cognitive insight on what is being processed may allow a person to navigate to a more appropriate response (Houben et al., 2019). A person should eventually be able to change the response to trauma, which could make it easier to navigate and overcome (Fonseca et al., 2021).

Stress Inoculation Training

Another treatment that is known to be promising is Stress Inoculation Training (SIT) (Prachyabrued et al., 2018). Stress Inoculation Sessions provide a combination of relaxation training, thought stopping, and exposure therapy (Kelly et al., 2018). Some therapists use hypnosis as the relaxation method with SIT therapy (Jackson et al., 2019). Thought stopping consists of evoking the patient to feel certain emotions, while encouraging a halt to the negative thoughts and being able to replace them with positive (Sri Laela et al., 2018). This treatment was developed to reduce anxiety symptoms and is usually done over an eight-week timeframe (Hourani et al., 2018). Patients often discuss a reduction of anxiety when they have participated in SIT (Sargazi et al., 2018).

Initial Conceptualization. The idea of SIT is that therapists train and prepare the patients to deal with stressful events (Navaee & Kaykha, 2019). SIT has three phases: phase one is the initial conceptualization (Hourani et al., 2018). This phase is the infancy stage of SIT, where therapists attempt to educate the patient on stress and its nature (Navidian et al., 2019). The idea of educating the patient about stress is to understand what stress feels like, what triggers the stress, and how the stress can be reduced in the moment (Penedo et al., 2021). The concept of SIT is to have the patient understand that stressors are maybe just opportunities to problem solve (Millegan et al., 2021). The basic principles of stress are taught to differentiate between the stressor and the reaction that comes from it (Parmer, 2019).

Skills Acquisition and Rehearsal. The skills acquisition and rehearsal phase 2 of SIT is the most important, and unique to each patient (Sri Laela et al., 2018). This phase allows the patient to understand the individual strengths and weaknesses when aroused by a stressor (Ayash et al., 2020). Phase 2 invites the patient to utilize different coping skills in the moment, while faced with a stressor (Lee et al., 2021). Some examples of this phase may be breathing, relaxation, problem-solving, and cognitive recognition (Markova et al., 2019). Cognitive recognition allows the patient to understand that they have a stressor, realize that they need to react to the stressor in some capacity, and try to discover healthy coping skills to do so appropriately (Prachyabrued et al., 2018).

Application and Follow Up. The final phase of SIT is the application and follow up. This phase is where the patient starts utilizing the coping skills that have been acquired during the previous training phases (Ji & Shim, 2020). The third face requires

multiple simulation methods to allow the patient to be faced with stressful situations (Binsch et al., 2021). These situations require the patient to utilize coping practice and establish a way to navigate through them (Tramèr et al., 2020). Stress inoculation training usually takes about 10-15 sessions, depending on the individual (Kelly et al., 2018). The follow-up phases are the most important to ensure that the patient can be in the moment and utilize healthy strategies when faced with stressors (Houben et al., 2019).

Prescription Medications

Over the years there has been much development in medication being used as part of the treatment process for PTSD (Mawanda et al., 2017). Different medications are used depending on the individual (Tripp et al., 2020). Medications may have different results on certain individuals (Taggart Wasson et al., 2018). It is important to understand the individual and the medications that they are currently taking, before prescribing another in conjunction (Kelleher et al., 2020). Mixing medications may cause an adverse reaction that may create greater symptoms or illness (Bian, 2017). On the contrary, medications have been known to subdue many PTSD symptoms and allow folks to live a normal and healthy lifestyle (Rauch et al., 2020).

When an individual is diagnosed with PTSD, a treatment option needs to be discussed (Jordan et al., 2017). Professionals often suggest both pharmacological and psychological treatments for PTSD symptoms (Brown et al., 2019). Psychotropic medications are often used for treatment of PTSD symptoms (Wharton et al., 2019). The most common medication treatments are Paxil and Zoloft, which are both Selective Serotonin Reuptake Inhibitors (SSRI) (Hieronymus et al., 2018). These medications

block the reabsorption of serotonin to the brain and assist in balancing the levels of serotonin and regulating mood (Tripp et al., 2020). Everyone may experience different symptoms and it is crucial that a medical professional thoroughly examines each patient to ensure their health and safety (Burton et al., 2020).

Sertraline (Zoloft). Sertraline or its generic option, Zoloft, was introduced to the U.S. in 1990 (Chaudhry & Alex, 2019). The drug was approved by the U.S. Food and Drug Administration for use in treating depression, obsessive-compulsive disorder (OCD), PTSD, premenstrual dysphoric disorder (PMDD), social anxiety disorder, and panic disorder (Zoellner et al., 2019). These drugs are used to decrease unwanted thoughts, fears, anxiety, and panic attacks associated with many disorders (Tripp et al., 2020). Since 1999, Zoloft has been prescribed by medical professionals to many patients who have been diagnosed with PTSD and suffer from symptoms (Burton et al., 2020). Zoloft is often prescribed along with psychotherapy treatments to ensure that the patient is being monitored and the symptoms subside (Sonis & Cook, 2019). Zoloft has side effects that may cause further illness or injury to those who are prescribed it (Chaudhry & Alex, 2019). The drug may cause individuals to feel nausea, diarrhea, loss/ increased appetite, and indigestion issues (Crane et al., 2021). Individuals may also lack sexual desire or increased erectile dysfunction (Wharton et al., 2019). Individuals may also experience lack of sleep, sweating, shaking, and/or agitation (Chaudhry & Alex, 2019). Although the side effects may be difficult, patients often report a better quality of life when prescribed Zoloft (Zoellner et al., 2019).

Paroxetine (Paxil). Paroxetine or Paxil was introduced to the U.S. in 1992 (Tripp et al., 2020). The drug was approved to treat patients who suffer from social anxiety disorder, PTSD, obsessive-compulsive disorder, depression, and premenstrual dysphoric disorder (Coleman et al., 2020). Paxil presents many side effects that must be monitored by a medical professional (Otsubo et al., 2018). The side effects range from loss of appetite, dry mouth, sexual dysfunction, sweating, trouble sleeping, amongst others (Hieronymus et al., 2018). Paxil remains to be one of the most prescribed medications for depression in the U.S. (Sonis & Cook, 2019). Paxil is also known for its high rates for withdrawal (Kotlyar et al., 2018). When a patient chooses to discontinue the drug, the process must be monitored by a medical professional over several weeks (Zoellner et al., 2019). Many patients have been prescribed Paxil and have reported a significant difference in depression or anxiety symptoms (Tripp et al., 2020).

Holistic Treatment for PTSD

Many individuals who suffer from PTSD opt to take an integrated approach to treatment (Davis et al., 2020). Although there is much research on pharmaceutical approaches to treatments and their benefits for recovery, patients often opt to create a healthier and organic approach (Dahlgren et al., 2020). Many patients find comfort in exercise, yoga, meditation, mindfulness, breathing techniques, acupuncture and more (Gordon et al., 2016). Many patients find that learning to control negative thoughts through mindfulness techniques can allow them to redirect the thoughts when active PTSD symptoms arise (Bonura & Fountain, 2020). Patients may opt to have a

comprehensive approach to treatment but should always be monitored by a medical professional.

Many individuals with strong religious beliefs try to find holistic treatments to cure mental illness through scriptures (Hill & Everson, 2019). Some individuals attribute physical therapy for PTSD symptoms such as massage therapy, meditation, yoga, reiki, amongst others (Ong, 2021). Other individuals may put themselves on a strict diet to prevent them from PTSD symptoms, such as meal prepping and/or eliminating sugar, and/or dairy products (Mellon et al., 2019). Many individuals choose to embark on a holistic mission to cure PTSD symptoms (Di Nota et al., 2021). Researchers found that many patients who use holistic approaches have documented that the PTSD symptoms have diminished (Gordon et al., 2016). Many of the holistic approaches promote relaxation and mindfulness techniques (Davis et al., 2020).

Yoga

In 2004, a study was completed to investigate how yoga affects patients with PTSD symptoms (Lang et al., 2021). The research results suggested that yoga may result in clinically decreasing symptoms of PTSD (Razza et al., 2020). Yoga is a Hindu spiritual discipline that emphasizes breathing and meditation (Kartha & Sharad, 2021). Many people practice yoga to promote relaxation and flexibility (Zhu et al., 2021). Yoga encourages a calmness that many practitioners use as a coping skill for trauma (Flehr et al., 2019). Many victims of trauma find that yoga assists with irritability, stress, mindfulness, blood pressure, and healthier life choices (Davis et al., 2020).

Sensorimotor Psychotherapy

Sensorimotor psychotherapy involves activities that strengthen sensory motor skills (Classen et al., 2021). The therapists attempt to have the patient focus on different sensory motor skills such as sense of touch (tactile), sense of balance (vestibular), and the body's specific location in space (proprioception) (Fisher, 2019). Allowing the patient to focus on the sensory motors while talking about traumatic experiences helps control thoughts while processing emotions (Buckley et al., 2018). The idea behind sensorimotor psychotherapy is that the neurological process of integrating sensory information is established and focused on the environment that a person is in (Szadkowski & Faigl, 2020).

Meditation

Meditation has been defined as a still practice where a person may use different techniques such as mindfulness and heightened focus on a particular body part (Bandy et al., 2020). Meditation practice allows the patient to become more aware and attentive, to eventually reach a clear mental and emotional state (Lang et al., 2019). Meditation is known to reduce stress, anxiety, depression, trauma, and more so when the patient can hyper focus on the emotion and physical state of their own being (Crawford et al., 2019). The hyper focus moment allows the patient to remain calm and at peace, allowing the stress to be released (Mistry et al., 2020). Researchers have found that meditation can have positive neurological and cardiovascular effects (Kang, 2020).

Mindfulness

Mindfulness is a practice that incorporates an absolute state of consciousness and awareness (Li et al., 2021). This practice is achieved by hyper focusing on the awareness

of the present moment (Barr et al., 2019). Patients find that mindfulness allows them to feel and accept the emotions, sensations, and thoughts that are happening in current time (Reffi et al., 2019). Researchers find that it allows the patient to be curious about the thought process and open to accepting the emotions associated (Davis et al., 2020). Mindfulness may allow patients to focus and create new ideas, while simultaneously decreasing or eliminating symptoms (Herron & Rees, 2018).

Relationship Satisfaction

Many researchers find that relationship satisfaction can be disrupted by depression, lack of sleep, anxiety, and more (Girme et al., 2020., Jacobsen et al., 2020; Madsen et al., 2021). Many of these symptoms are also associated with PTSD (Conijn et al., 2021). Many women who have been diagnosed with PTSD may experience symptoms at any time and fall into a state of vulnerability with intimate relationships (Brown et al., 2019). Relationship training may include different information, such as recognizing red flags and warning signs, while experiencing PTSD symptoms (Baird et al., 2020).

A healthy relationship should be based on trust, encouraging one another, compassion, and compromising (Lee et al., 2021). Partners in a relationship should encourage one another to succeed (Cypress, 2017). When one of the partners suffers from PTSD symptoms, the dynamic may not reach its healthiest potential (Smith et al., 2021). When one partner is suffering from PTSD symptoms, taking a step back to evaluate the situation and recognize that it is unhealthy, may be a huge task or simply overlooked (Lopez-Cantero & Archer, 2020). While experiencing PTSD symptoms, one may have a

skewed understanding of reality and the current relationship situation (Walby & Luscombe, 2018). A person may blame themselves for the relationship's turmoil because they understand that the PTSD symptoms have become a factor (Murshid, 2019).

Researchers define a healthy relationship as having respect for one another (Madsen et al., 2021). A healthy relationship may flourish with partners who are willing to compromise and have open communication about it (Cortes et al., 2018). Open communication is developed by problem solving and understanding other beings' emotions (Young et al., 2019). Many emotions participate in establishing an effective relationship, it calls for self-confidence and the ability to encourage another person to be the same (Fuller & Rutter, 2018). It is difficult for a person to generate intimate connections while suffering from PTSD symptoms (Dardis et al., 2018).

When a person suffers from PTSD symptoms, the ability to express emotions and understand what a quality relationship feels like may decrease (Baird et al., 2020). Many patients experiencing PTSD symptoms define them as debilitating, causing them to be unable to maneuver through a productive day (Bandy et al., 2020). When something is debilitating a person, it often decreases the capability to regulate emotions (Peluso et al., 2019). If a person fails to understand the process of emotions, they may not be able to engage in a successful relationship (Borsky, 2018).

Red Flags

Some red flags may be a partner who is adamant about moving too quickly in the relationship (Zijlstra et al., 2021). When women experience PTSD symptoms, they may not realize how fast the relationship is moving (Lopez-Cantero & Archer, 2020). Another

warning sign may be when an intimate partner is always putting the woman up on a pedestal (Kuty-Pachecka, 2021). When a partner is always putting someone on a pedestal, the relationship may become toxic or obsessive (Fernandez et al., 2021). Often, women who are experiencing symptoms of PTSD, tend to have blurred vision due to the debilitating symptoms (Dardis et al., 2018). This may cause women to not realize how the partner is acting towards them (Gilbar et al., 2021). If a partner is yelling and screaming at others, chances are the same situation may happen at home, sooner rather than later (Verschuere et al., 2021). Women who are vulnerable from PTSD symptoms may brush off a partner for being disrespectful, by attempting to justify these actions (Cheeseborough et al., 2020).

Some justifications for disrespectful behavior may include “he/she is having a bad day,” “he/she is hungry”, “he/she is aggravated”, amongst others (Sunmola et al., 2020). These justifications may be true, but do not give a partner the right to be disrespectful (Murshid, 2019). Another powerful behavior that a partner can have over someone else is manipulation (Armenti & Babcock, 2021). Manipulation usually involves a partner who knows what to say or do to get what they want, and leaves the other person feeling used, powerless, and/or disoriented (St. Ivany et al., 2018). Some partners may manipulate others to give them financial support, gifts, sexual favors, and more (Mitchell & Bennett, 2020). Manipulators may also make the partners feel bad for not satisfying the requests, causing PTSD symptoms to become more prevalent (Bastian, 2019).

Many women who suffer from PTSD symptoms, may experience a feeling of loneliness, and not being loved (Borsky et al., 2018). Although some women may suffer

from PTSD symptoms, they still may yearn for love and affection from another person (Su et al., 2021). A person may avoid or look past some red flags because they long for a relationship that may never be (Rancher et al., 2019). A trauma victim may feel like the partner can change and the relationship may eventually become healthy (Van Gelder et al., 2021). The victim may also look at the relationship and blame the PTSD symptoms for the turmoil that is present (Sáez et al., 2020). Avoiding red flags gives the abuser the power to continue with the abuse and cultivate ownership over the victim (Galano et al., 2020). The abuser usually finds a way to blame the victim for the turmoil in the relationship (Cheeseborough et al., 2020).

Relationship Education

Relationship education has been implemented in psychology since the 1970's (Rueda et al., 2021). Researchers found that there was a great need for relationship education, due to elevated rates of divorce, depression, drug addiction, intimate partner violence, suicide, and more (Peluso et al., 2019). Researchers found that in all the previously mentioned reasons for relationship education, there was a common denominator. An unhealthy relationship (Richter et al., 2020). Many therapists accompany relationship education in couple's therapy, strive to improve relationship satisfaction (Spiker et al., 2020).

Relationship education was developed to focus on healthy intimate partnerships and families (Spiker et al., 2020). Dr. Gottman created the Gottman Method in the 1980's, after he researched divorce and the repercussions of it (Rueda et al., 2021). The Gottman institute educated couples on changing perspectives in relationships, to

encompass positive views (Rajaei et al., 2019). The institute also educates couples on how to manage conflicts, how to build trust, how to commit to one another, and more (Nilsson et al., 2020). Many couples have lived successful loving marriages after receiving relationship education (Girme et al., 2020).

Relationship education in IPV differs a bit from the training received in couple's therapy (Minnen et al., 2020). IPV education highlights warning signs, power, and control, abuse of cultural context, manipulation, and amongst other relevant topics (Zijlstra et al., 2021). Relationship education for IPV intends to assist victims in how to recognize different situations (Alford, 2018). Educators hope that the training allows the victims to recognize different red flags in the future, and eliminate IPV situations, leading to a healthy home and family unity (Fernandez et al., 2021).

Summary and Conclusions

Although there are many different approaches to treating PTSD, none of them provide guidance and structure on how to maintain and thrive in healthy relationships, while experiencing symptoms. Treatment options consist of therapy and medication that strive to assist the patient in the recovery process, with PTSD (Buckley et al., 2018; Bryan, 2017); however, there is no incorporating material that assist in forming healthy relationships while experiencing PTSD symptoms. The bulk of research associated with PTSD is often specific to treatment options and medication benefits (Wharton et al., 2019). Although treatment options and medication benefits are crucial to the aftercare for PTSD patients, it also creates a gap in the research for professionals in how they address the rehabilitation protocols (Carvajal, 2018). This study attempts to examine the

perceptions of women who were diagnosed with PTSD and the vulnerabilities that they faced which may have resulted in an IPV relationship.

None of the treatment options discuss incorporating a focus on vulnerabilities and relationship education. None of the information pertains to understanding how to navigate through the symptoms while observing and recognizing red flags in different situations. Many scenarios presume that the relationship may be great and successful when it is tumultuous and defined as an IPV situation. When women experience PTSD symptoms, it may not be evident that an IPV relationship is forming (Dekel et al., 2020). This generic qualitative study explores the perceptions of women who have been diagnosed with PTSD and have been a victim of IPV thereafter. This research attempted to understand how women with PTSD develop vulnerabilities when they experience symptoms which may alter the ability to make judgments, causing a lack of reasoning. The lack of reasoning and the ability to make judgments, may leave women in a vulnerable relationship, resulting in IPV (Lamotte & Taft, 2017). The goal for this research is to encourage professionals to incorporate relationship training and educate them on essential warnings for red flags in relationships. To assist women who suffer from PTSD and keep them from falling victim to IPV. Women who are diagnosed with PTSD may experience many symptoms that may be isolated or concurrent, both situations may cause women to not realize the current situation, until faced with danger (Truesdale et al., 2019).

Sacrificing relationship education when caring for women suffering from PTSD symptoms, can be detrimental to the person’s life and mental health. It is important to

give women the proper tools they need to navigate while experiencing symptoms of PTSD and ultimately conquering them. Relationship education can assist women in analyzing relationships that are being formed, whilst experiencing PTSD symptoms. Women who receive relationship training may potentially have the tools to analyze the situation and have a clear judgment of safety levels. IPV is an under reported offense, due to victims being in fear of retaliation (Scoleseet al., 2020). Although IPV is under-reported, the statistics are still astonishing (Tennakoon et al., 2020). One in four women in the United States experience a severe IPV incident (National Coalition Against Domestic Violence, 2020). These IPV incidents can leave women feeling fearful to continue normal daily activities (Obeid et al., 2020). One in seven women report being injured while in an IPV relationship (National Coalition Against Domestic Violence, 2020). Many women also report being sexually assaulted by an IPV partner (Kennedy et al., 2018). Women also report being fearful that the IPV partner may follow, stalk, or attempt to dissolve any other relationships the victim may have (Peterson et al., 2021). Women in IPV relationships may become isolated and lose the support network that it was heavily dependent on them (Ridings et al., 2018). Abusers eventually gain control over the victim's life and monitor who is in communication with them. Abusers may screen a victim's internet usage, cellphone calls/texts, and whom they spend time with (Verschuere et al., 2021). Relationship education may illuminate these dangers and allow the victim to understand the vulnerabilities they may face while experiencing PTSD symptoms. If a victim understands the vulnerabilities that they may experience, the ability to make effective decisions and judgment calls may be heightened. This elevated

alertness from relationship education and information, may keep women safe and potentially alleviate a dangerous IPV situation. Many women who suffer from PTSD symptoms tend to feel lonely, unloved, have low self-esteem, become isolated, and more (Bryant-Genevier et al., 2021). These emotions can create a false sense of reality when approached by an abuser who is loving and nurturing in the beginning, while the women are simultaneously experiencing vulnerabilities from PTSD (Pilkington & Wieland, 2020). The goal of this research is to assure that women who experience PTSD symptoms, receive the proper treatment that is needed to establish healthy and loving relationships. Healthy and loving relationships not only provide a comforting support system but allow women to feel strong in the recovery process, while experiencing PTSD symptoms (Lee et al., 2021). More research is needed to review the perceived factors of PTSD in women.

Chapter 3: Research Method

The purpose of this research was to determine the factors that women diagnosed with PTSD may face after their initial trauma. The purpose of this generic qualitative study was to examine how women perceived their PTSD impacted subsequent experiences of IPV to allow human and social services to better serve women diagnosed with IPV (see Migbibe et al., 2017). Current researchers have noted that many women diagnosed with PTSD often experience different symptoms, some of which may enable them to be more vulnerable and make them more susceptible to becoming a victim of IPV (Iverson et al., 2017). The participants in the study were females that had been diagnosed with PTSD and then found themselves in an IPV situation. This study gathered information by interviewing participants to gain knowledge about their experience with PTSD and its relationship with their IPV experience.

In recent years, there have been many breakthroughs in PTSD treatments (Salas, 2020). Many of these treatments attempt to rehabilitate sleep deprivation, nightmares, eating habits, weight loss or gain, depression and/anxiety, and more (Olff, 2017). There are many options for PTSD treatment, one includes prolonged exposure, which encourages the patient to experience negative emotions by facing the traumas instead of avoiding them (Brown et al., 2019). Prolonged exposure attempts to submerge the patient in vulnerable moments and attempts to build a tolerance for emotions (Brown et al., 2019). Another treatment option is CPT, which teaches the patient how to disregard any negative thoughts that are associated with the trauma (Wharton et al., 2019). CPT encourages patients to write down all the thoughts and emotions that occur throughout

the day to reframe the negative thoughts in that moment (Wharton et al., 2019). Another treatment option for PTSD is EMDR, which helps the patient make sense of the traumas (Minnen et al., 2020). EMDR incorporates back-and-forth eye movement to feel the trauma, while focusing elsewhere (Minnen et al., 2020). There are many other treatment options for PTSD, none of which include relationship training to highlight the impact vulnerabilities may have on those women who have been diagnosed with PTSD.

Many qualitative PTSD studies have gathered valuable information about treatment types and rehabilitation processes (Niles et al., 2018). No qualitative study has attempted to gather insight on how a PTSD diagnosis may create vulnerabilities in women and could cause them to become susceptible to future traumas. This study aimed to explore women's vulnerabilities they may face following a PTSD diagnosis.

Research Design and Rationale

This research was done utilizing a generic qualitative design. The intention was to examine the perceived factors of experiencing IPV in females after being diagnosed with PTSD. Using a generic qualitative study design allows for participants to give first-hand information on the topic (Vasileiou et al., 2018). Generic qualitative studies allow the participant to give a personal perception of the topic and allow the researcher to have a better understanding of the experience (Bellamy et al., 2016). This route allows the researcher to gather fruitful information from participants (Woods et al., 2016). Using a generic qualitative study for this research allowed me to gather individual experiences from participants. This information may not be captured as comprehensively in surveys and/or group discussions.

Research Question

The research question was: What are the perceived factors of intimate partner violence on females diagnosed with post-traumatic stress disorder?

Role of the Researcher

The role of the researcher is to understand the process of the study (Damschroder, et al., 2021). The researcher should establish a way to organize and remain consistent throughout the study (Lopes, 2022). As such, I ensured that all information gathered was protected by some sort of locking mechanism. Staying organized and on track allowed me to access information easily and stay on track with timelines. Not implementing organization, filing, and the safe storing of data would have resulted in a disorganized environment.

Creating a rapport with the participants is critical to establishing a dialog and to gather meaningful information (Lopes, 2022). The researcher should be prepared, organized, flexible, and neutral to all participants and the information that is provided. Creating an organized and confident atmosphere may have encouraged the participants to be more stimulated. For the research, I took notes while referring to a script to ensure I stayed organized and on track. This research was conducted following certain protocols for the selection process, the interview process, the consent forms, the participants' information and the storing of it, and the transcribing of all the data. As the interviewer, I closed the interviews with a debriefing and was available to answer any questions or concerns. As the researcher, I understood that I was ethically responsible to ensure that

all the participants' information was safeguarded. It was important to address credibility, confirmability, and to be aware of any biases that may be present during the research.

Methodology

Sample

Participants were selected from social media. A recruitment flyer was posted on social media to gather participants. The study used the criterion sampling method, allowing me to ensure the participants met the criteria. This sampling strategy ensured that the women in the study met the criteria and provided the most fruitful information. Eight participants were recruited on social media and interviewed via Zoom. The women must have been over the age of 18 years of age, have been diagnosed with PTSD, and have fallen victim to IPV thereafter.

This research was done by incorporating semi structured interviews with the participants. Semi structured interviews allowed me to provide a safe and comfortable area to build rapport and answer the questions openly. As interviewer, I created a space to document important information and establish themes within the participants' answers.

Sample Strategy

This research gathered the information by using specific interview questions. The interview questions were developed after thorough research on the topic. The questions that were used in the interviews were ten open-ended questions (see Appendix B). The questions were developed to effortlessly gather information from the participants, with open-ended questions. As the researcher, I knew that being patient and understanding

during the interviews was a priority to keep the participants comfortable. The participants were allowed to ask questions and take time, if they needed, during the interview process.

Sample Size

After much research in similar qualitative generic studies, the sample size for this research was determined to be eight participants. According to Frewin and Church (2019), a generic qualitative study was completed by collecting data from midwives to evaluate their role in the maternity process. Using a small sample to collect data allows the researcher to build rapport and create a comfortable setting for the participant to be a part of the study (Hennink et al., 2019). The definition of saturation is when the researchers reach exhaustion and were able to gather the proper amount of information to conclude the study (Vasileiou et al., 2018). Researchers found that using small samples in a qualitative generic study enables the author to reach saturation (Sim et al., 2018).

Recruitment, Participation, and Data Collection

Participants were selected from social media. A recruitment flyer was posted on social media to gather participants. The study used criterion sampling, allowing the researcher to ensure the participants meet the criteria. This sampling strategy ensures that the women in the study met the criteria and may provide the most fruitful information. Eight participants were interviewed on social media. The women must be over the age of 18 years of age, have been diagnosed with PTSD, and have fallen victim to IPV thereafter.

Once the participants were identified, they were asked if they met the criteria. The first eight participants were identified and were able to move on with the research. Other

participants were put on standby; in the event some participants wanted to be removed from the study or did not have the time to participate. The eight participants were then given different time slots to conduct the interview via Zoom.

During the Zoom sessions, I reiterated the consent form to gain verbal consent, before proceeding with the interview process. The interview was done using a semi structured interview. A semi structured interview allows the researchers to probe and ask the question again, to gain the proper information that is sought after (Merriam & Grenier, 2019). This interview structure calls for a comfortable space for the participants to share answers to the questions and elaborate on the information. The interview consisted of ten questions and probing to gather the information from the participants for the study. Each interview lasted around 30 minutes and only required one interview per participant.

All participants were interviewed via Zoom. The Zoom interviews allowed me to provide a comfortable and safer feeling environment. All data was recorded using the Zoom application. The recordings were then transcribed by me manually. Each recording was played multiple times to ensure accuracy of the transcriptions.

Data Analysis Plan

When conducting research using a generic qualitative study, there are various analysis methods that can be used (Kennedy et al., 2020). This research was done utilizing the thematic method to analyze the qualitative data collected. Thematic analysis is a method used in qualitative research that involves reading data collected and transcribed by conducting in depth interviews with participants (Fernández-Basanta et al.,

2021). The analysis from the thematic approach attempts to identify and interpret patterns of meaning (Hardin et al., 2021). Using the thematic approach allowed me to code and understand the responses of the participants (Roystonn et al., 2021). This study utilized the 6-phase method to interpret the data using the thematic analysis lens.

As the researcher, it is important to document, transcribe, interpret, and understand the process for the data collection (Muller et al., 2021). The researcher should become familiar with the data for the first phase of qualitative thematic analysis (Lochmiller, 2021). It is important to build rapport with the participants to engage in fruitful conversation, pertaining to the information generated for the study (Mellado et al., 2020). The participant should be comfortable and willing to participate (Jones & Donmoyer, 2021). The second phase consisted of collecting the data from the interviews (Kennedy et al., 2020). After data was collected, the information was then analyzed and coded for interpretation (Dierckx de Casterlé et al., 2021). In the third phase, I attempted to identify themes in the data collection (Roystonn et al., 2021). Themes in qualitative data are identified by the main idea that becomes redundant, throughout the participants' responses (Fernández-Basanta et al., 2021). The fourth phase allowed Ireviewed the themes and be sure that the data had reached saturation (Hardin et al., 2021). The saturation of qualitative data assures the researcher that he/she has gathered all the information needed to conclude the study (Fofana et al., 2020). The fifth phase invites the researcher to define the themes in the data (Kennedy et al., 2020). I defined themes between the different interviews, to establish the similarities in responses (Migbibe et al., 2017). The final stage in a qualitative thematic analysis is the write-up (Frewin &

Church, 2019). Phase six required me to develop a write-up that facilitates future researchers in reading, interpreting, and understanding the results of the data (Wiltshire & Ronkainen, 2021).

Issues of Trustworthiness

Credibility

There are four aspects of research credibility in qualitative research: credibility, dependability, transferability, and confirmability (Stewart et al., 2017). Credibility requires the research to link the research findings to reality and demonstrate the truth behind them (Cypress, 2017). Credibility allows the researchers to promote trustworthiness within the community of the study (Peña et al., 2018). Establishing trustworthiness is a crucial factor for current and future research (Casey et al., 2021).

Transferability

Transferability refers to the research findings providing understanding through lived experiences of the participants (Lyle, 2018). Qualitative studies are unique and cannot be replicated within other populations (Christopher et al., 2021). As the data was collected for this study, the ability to provide further education in the field was a priority (Strydom & Schiller, 2019). Interpreting the data is a crucial part of allowing the reader to understand the possibility to effectively ensure transferability in the study (Walta, 2018). Data interpretation encourages the reader to relate to the participant and be able to communicate about lived experiences (Levitt, 2021)

Dependability

Dependability is the reliability that the study holds, convincing the reader that if it were repeated, the same results would occur (Bakhshi & Rodriguez-Navas, 2020). Dependability ensures that future studies may rely on replicating these studies' research protocols (McDonald et al., 2019). When considering dependability, note taking and audio recordings were incorporated, to empathize the studies' reliability (Rosli et al., 2021). All notes and study materials were documented to indicate strong dependability (Lai, 2021). Dependability relates to the replicability of the protocols in research (McDonald et al., 2019).

Confirmability

The confirmability in a study refers to the degree to which the researcher was impartial towards the research used (Morse, 2021). This research indicates throughout, the unique perspective the researcher brings to the study (Muller et al., 2021). The researcher's role is to convince the readers that the information was official findings from the participants, rather than that of biased opinion (Kennedy et al., 2020). The data should truthfully and accurately represent the information that was provided by the participants (Roystonn et al., 2021). It is the responsibility of the researcher to cross-check all information gathered in the study (Fernández-Basanta et al., 2021). Throughout this research, I have been aware of my own personal preconceptions.

Ethical Considerations

It is always important to manage research with ethical procedures in mind throughout the process (Robinson, 2020). Researchers must always ensure that

participants are always safe from harm and not a danger to themselves or others, at any time (Walby & Luscombe, 2018). Qualitative research often explores topics that can be anxiety provoking for participants and researchers must be mindful of this (Doyle & Buckley, 2017). It is essential that researchers ensure that the questions are never invasive and do not lead to any distress or further trauma (Ngozwana, 2018).

Most importantly, it is imperative for the researcher to stay clear from exploitation of the participant (McPherson et al., 2020). The participant must be able and willing to participate in all aspects of the study (Lai, 2021). The participants may not be enticed or forced to participate in the study against one's will (Doyle & Buckley, 2017). The researcher must ensure that all questions are always appropriate and sensitive to the participants' emotions throughout the research (Stewart et al., 2017).

Summary

Chapter 3 describes the extensive overview of the totality of the research project. The researcher assures that all data has been collected, recorded, transcribed, and analyzed while incorporating credibility, transferability, dependability, conformability, and ethical procedures. This generic qualitative study attempts to have in-depth interviews with participants related to the topic, to abstract meaningful information. A generic qualitative study allowed me to gather an appropriate understanding of the participants' firsthand experiences related to the research. The research gathered information, while using thematic analysis to decipher codes and themes to reach saturation and satisfy the study. The totality of the research initiated fruitful, honest, and

trustworthy results. Chapters 4 and 5 discuss the analysis of data, results and findings and future research options.

Chapter 4: Results

The purpose of this qualitative generic study was to address the documented problem that women diagnosed with PTSD are often poorly prepared to nurture healthy relationships and thus may become victims of IPV. This study assists in allowing human and social services professionals to understand that incorporating relationship training or guidance into the treatment plans may be beneficial for women who suffer from PTSD symptoms. In Chapter 4, the data from eight interviews were analyzed and presented. The interviews were guided by ten questions pertaining to the relevant topic; women's perceived factors of IPV after having been diagnosed with PTSD. Chapter 4 describes the process and analysis of how the data were collected, analyzed, and how themes were established.

Study Setting and Demographics

Walden University's IRB approved this study to be conducted with the specific population requested. The IRB confirmed my study on June 13, 2022 (06-13-22-1006607). This study was based online and recruited participants from across the United States. All participants were women over 18 years of age. All participants gave verbal consent to participate in the study on a recorded Zoom.

All interviews were conducted via Zoom.. All Zoom sessions were recorded and saved on a secure and password-protected laptop. I then transcribed the recordings. The interviews were transcribed and coded to establish themes. Qualitative research does not have a structure on how it must be analyzed but is determined by the researcher on how the process is defined and approached (Heldring et al., 2021). Each statement from the

participants was carefully analyzed for transcription and defining themes. Each participant was over the age of 18 and seven of the eight participants identified as a multiracial female (see Table 1).

Table 1

Demographics

Participant	Gender	Race/Ethnicity
Participant 1	Female	Mexican/Cambodian
Participant 2	Female	White/Hispanic
Participant 3	Female	White/Asian
Participant 4	Female	African American/White
Participant 5	Female	Iraqi/White
Participant 6	Female	White
Participant 7	Female	Asian/White
Participant 8	Female	African American/Hispanic

Data Collection

The participants for this study were recruited via social media. A recruitment letter was posted on social media for folks to view and apply to participate in the study if they meet the criteria. Each participant was screened to ensure they met the criteria. Once it was established that the participant met the criteria, they were scheduled for a 30-minute interview via Zoom. Once the Zoom session began, the participant and I went

over the consent form in detail. All participants gave a verbal consent to voluntarily participate in the research.

The eight participants that contributed to this study were females between the ages of 21-53. All but one female defined themselves as multiracial and having more than one race. Fifty percent of the participants reported a $25,500-$50,000 annual income and the other 50% reported over $50,000. None of the participants were married; three reported being in a relationship and the other five reported being single or not in any type of relationship.

The participants were given Zoom as the option to interview. The participants were asked to sign into the Zoom session with a pseudo first name to ensure their identity was protected. Each participant was asked to listen carefully as the consent form was read aloud in the Zoom session. Once verbal consent was given, each participant was asked ten interview questions during a recorded session via Zoom, which was then saved on a password-protected device. In the conclusion of the eight interviews, I felt as if saturation was reached, and ample information had been gathered. The definition of saturation is when a researcher reaches exhaustion and was able to gather the proper amount of information to conclude the study (Vasileiou et al., 2018). Researchers have found that using small samples in a qualitative generic study enables the author to reach saturation (Sim et al., 2018).

Evidence of Trustworthiness

Credibility

The content from this study was reviewed by peers and professionals in the field throughout the process. All information was discussed and briefed before finalizing the study. All interviews reflect true and personal statements from all participants using pseudo first names only. I did not have any prior relationship with any of the participants. The interviewer carefully transcribed the interviews to ensure all information was documented properly. The interviewer reviewed the transcription multiple times to ensure accuracy. The interviewer identified themes and patterns and documented them accordingly.

Transferability

This study was completed utilizing eight participants. When few participants are considered in research, this may hinder the ability to be transferable to other sampling groups. This study was completed with the intention of assisting those in the human and social services field that continue to attempt to rehabilitate women who have been diagnosed with PTSD. The interviewer carefully documented all participants' firsthand experiences, which may reflect the experiences of others.

Dependability

To ensure dependability, the interviews were set up the same with all participants. Each participant was read the consent form in its entirety and proceeded once verbal consent was given. All participants were asked the same questions. All participants' issues and concerns were addressed. Patterns and themes were identified throughout the

interviewing process. All information gathered was documented and kept in a password-protected locked device.

Confirmability

The interviews were completed utilizing a script to ensure that there was no bias or influence on the participants and the experiences that were shared. The interviews were completed in a professional manner to ensure all pertinent information was captured without error. Employing a script for the interviews established a process to efficiently gather information, while maintaining the trustworthiness of the research. All information reported can be identified as authentic and free from biases.

Data Analysis

All Zoom sessions were recorded and saved on a secure, password-protected laptop. I manually transcribed the recordings. The interviews were transcribed and coded to establish different themes that were highlighted. Qualitative data does not have a structure on how it must be analyzed, but it is determined by me on how the process is defined and approached (Heldring et al., 2021). Each statement from the participants was carefully analyzed for transcriptions and themes.

The data was analyzed utilizing thematic analysis. Thematic analysis requires the researcher to read the transcripts and conceptualize the information, while establishing patterns within the answers from the participants (Sim et al., 2018). This process involves me clarifying the information for the reader to understand the analysis of the answers derived from the participants (Heldring et al., 2021).

Codes, Categories, and Themes

When the interviews were completed, I analyzed the data to establish codes and themes. The interviews were played back multiple times to ensure a quality analysis was completed. Codes and themes were attached to each question that was relevant to the research. I listened to the recordings and read the transcriptions to establish themes from the participants' responses. The themes that were defined in this research study shown in Table 2 were (a) women often experience similar symptoms of PTSD, i.e. depression, anxiety, lack of sleep, (b) women tend to seek treatment following a PTSD diagnosis (c) women understand the definition of domestic violence (d) women often feel there is a relationship between their PTSD symptoms and their domestic violence experience (e) women believe that relationship coaching would have impacted their domestic violence experience.

Figure 1

Themes Chart

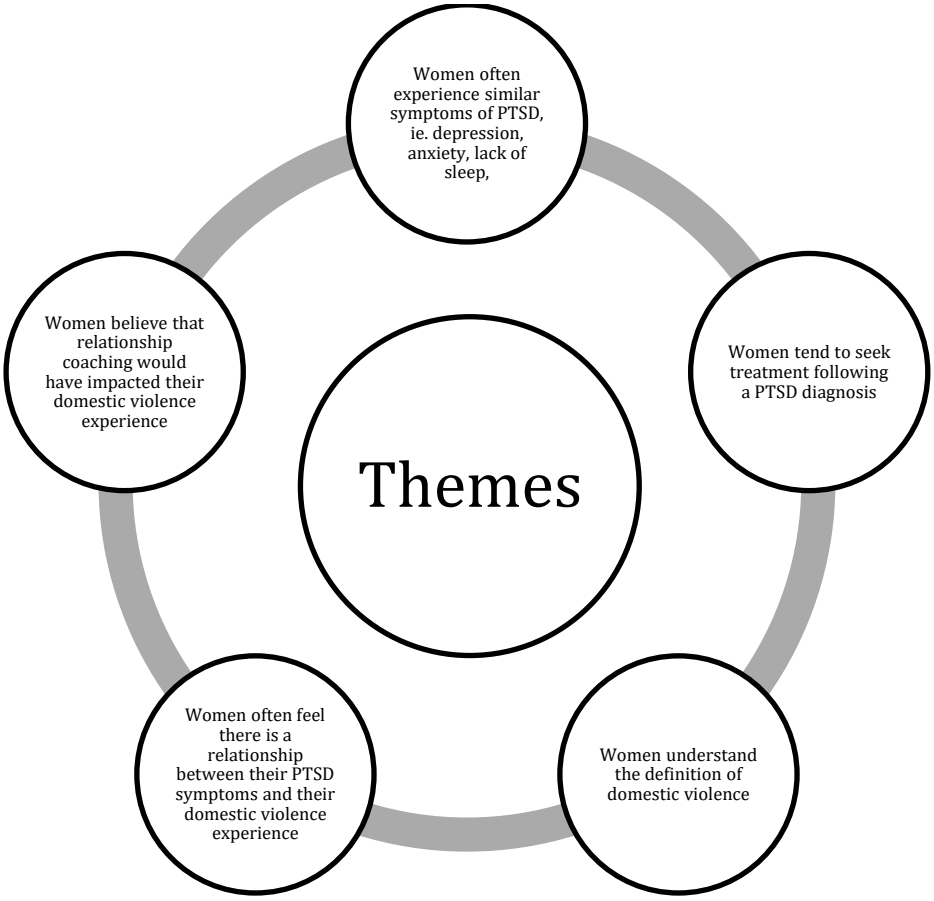

Table 2

Themes, Categories, and Examples

Themes	Categories	Example Evidence
Women often experience similar symptoms from PTSD, i.e., depression, anxiety, lack of sleep	Recognition of the similarities of symptoms, experienced by women who may expose the vulnerabilities	Participant 6: "Lots of anxiety, get super tired and dazed. I find myself in a daze and just now a good, I do not know, I hated it, it was very scary."
Women tend to seek treatment following a PTSD diagnosis	Many women seek treatment and therapeutic rehabilitation options following a PTSD diagnosis	Participant 4: "The intensive outpatient was three times a week and the psychiatrist I would see every couple of months."
Women understand the meaning of domestic violence (Intimate Partner Violence)	Women understand the definition of domestic violence but may be unable to delineate the onsite of an abusive relationship due to their PTSD symptoms.	Participant 3: "for me, it is a pattern where one individual try to exert you know their control over another. It has to do with like patterns, behavior, and the cycle of violence, and abusive and coercive behaviors toward another. It can be physical, it can be verbal, it can be emotional, you know it can be everything like that. It can be withholding money and all that kind of stuff. So, and with my experience I feel like it just creates patterns and it usually the behaviors with increase in frequency and intensity over time. That was my experience with it."
Women often feel there is a relationship between their PTSD symptoms and their domestic violence (Intimate Partner Violence) experience.	Women may understand that when they are experiencing PTSD symptoms, a vulnerability may develop for domestic violence experience	Participant 7: "Yes, I really do. I feel like I did not have the capability to know what was right from wrong and what a healthy relationship would look like because of my PTSD."
Women believe that relationship coaching would have impacted their domestic violence (Intimate Partner Violence) experience.	Women reevaluate their trauma and recognize the importance of relationship coaching, while experiencing PTSD symptoms; to potentially alleviate domestic violence experiences	Participant 4: "I think so because maybe it could have helped me do things a different way or realized certain things but all we can do about it now is move on."

Results

Theme 1: Women Often Experience Similar Symptoms of PTSD

The first theme that was discovered was that women tend to experience like symptoms when suffering from PTSD. Participant one indicated that "brain fog, getting nervous very quickly, being anxious a lot thinking about what happened and how?" was how she often felt when experiencing PTSD symptoms. Participant five had a similar experience with PTSD symptoms as well, stating that "Anxiety, panic attacks, which include heart palpitations, racing heart, shaking, just a generalized need to flee the situation. Sweating, trouble sleeping" was a common experience.

Participant 6 reiterated that she had "Lots of anxiety, got super tired and dazed. I find myself in a daze and just not good, I do not know, I hated it, it was very scary." In similar news, participant seven concluded that she experienced "Night terrors, insomnia, disassociation, lack of ability to connect or have a stable relationship with somebody, and panic attacks." Many of the women in this research study summarized symptoms that may often cause debilitation and a lack of ability to evaluate relationships, reg flags, and/or the possibility to recognize an IPV relationship.

Theme 1 captured the symptoms that women may experience when suffering from PTSD. Many of these symptoms caused the participants to withdraw from friends and family, as well as daily activities and hobbies. The inability to focus on daily activities and develop connections with others may allow women to become more vulnerable to IPV relationships. Many symptoms include depression, anxiety, lack of sleep, nightmares, amongst others. These symptoms may cause a person to lose interest

and/or the lack of ability to observe the current relationship and surroundings (Pilkington & Wieland, 2020). Without having a clear understanding of their social situations, and due to their debilitating symptoms of PTSD, many women may find themselves unable to foster healthy relationships (Brown et al., 2019).

Theme 2: Women Tend to Seek Treatment Following a PTSD Diagnosis

The second theme emphasized that women tend to seek treatment following a PTSD diagnosis. All the women who have contributed to this study have participated in some form of aftercare, following a PTSD diagnosis. Participant one stated that "the type of treatment I received I was able to go to therapy and conduct, my therapist did some EMDR with me." EMDR was previously defined in Chapter 2 as a type of therapy that was conducted by focusing on the consistent eye movements, resulting in increasing arousal levels, while discussing the trauma, making it easier to reform negative beliefs (Proudlock & Peris, 2020). EMDR therapy emphasizes eliminating emotional distress and developing cognitive insights into what a person is processing (Every-Palmer et al., 2019).

Participant 3 discussed how she "saw a therapist and we did some cognitive behavioral therapy, and I was placed on an antidepressant." CBT was previously described as a therapy option that strives to challenge and modify a person's negative beliefs (Alpert et al., 2020). The clinician and the patient discuss the automatic thoughts and memories that come to mind whilst thinking about the traumatic event (Jordan et al., 2017). After a few sessions, the pair discussed the impact that these thoughts have had on family, friends, and livelihood (Holder et al., 2020). Once the patient realizes the negative

impact that these thoughts may have on his/her life, the ability to modify thoughts becomes a feasible action (Hale et al., 2020).

Similarly, participant seven expressed how she "went to counseling, and I did talk therapy and a women's support group as well." Talk therapy is defined as a form of psychotherapy consisting of a psychologist applying evidence-based techniques during sessions, to assist patients with developing a healthier lifestyle and appropriate habits (Alpert et al., 2020). Talk therapy usually carries on for six months to a year, depending on the patient's needs (Peñate et al., 2020). The talk therapy process allows the patient to discuss the situation and break down the causation, to develop healthier coping skills and habits moving forward (Buckley et al., 2018).

Theme 2 describes women's likelihood of seeking treatment following a PTSD diagnosis. All the women who participated in this research study sought treatment, post PSTD diagnosis. Although women have sought out and participated in some form of therapy, the ability to recognize an IPV relationship may still be lacking. Despite diverse types of treatment, the participants received, it should be highlighted that these women still found themselves in IPV situations.

Theme 3: Women Understand the Meaning of Domestic Violence (Intimate Partner Violence)

Theme 3 describes how women often understand the definition of IPV. Participant three stated "for me, it is a pattern where an individual tries to exert their control over another. It has to do with patterns, behavior, and the cycle of violence, and abusive and coercive behavior towards another. It can be physical, it can be verbal, it can be

emotional, you know it can be everything like that. It can be withholding money and all that kind of stuff. So, and with my experience, it just creates patterns, and it usually affects behaviors with increase in frequency and intensity over time. That was my experience with it." Participant four also described domestic violence as "It is something that could happen in many ways. You know, it can be abuse from a parent, it could be, you know, anything physical. Sometimes it can be verbal as well and it can happen in a lot of different ways. It is not one certain."

IPV was previously defined in Chapter 1 as a term that was coined in 2000 (Migbibe et al., 2017). The term was defined as a subcategory of domestic violence. IPV differs from domestic violence because it is specific to abuse within intimate partnerships, such as a spouse or sexual partner (Dardis et al., 2018). Any form of physical, sexual, emotional, financial, or verbal abuse from a spouse or sexual partner can be categorized as IPV (Migbibe et al., 2017).

This theme allowed me to understand that women can define domestic violence or IPV. Although women know and understand the definition of domestic violence or IPV, they may still find themselves in an unhealthy relationship, due to the PTSD symptoms, debilitating judgment and clear observation of a relationship and the surroundings. Women do not set out to become involved in unhealthy relationships but find themselves wrapped up in a situation while experiencing PTSD symptoms.

Participant five states that "I can tell you that domestic violence comes in many shapes and forms. I think when most people think of it, they think it is physical, but it can very much just be mental abuse, which is what I dealt with the most and that is not

looked at enough." Participant five's understanding of domestic violence or IPV highlights the inadequate comprehension of IPV and its attributes amongst human and social services programs. Most participants focused on what they understood the definition to be over time and how that was contrary to the beliefs of others. For example, participant five emphasized how "they think it's physical, but it can very much just be mental abuse," voicing that there may be a misconception about how people understand and analyze an unhealthy relationship, involving IPV. When a person believes that others are judging the dynamics of the relationship, it may create a greater barrier to the recovery process and the likelihood of the victim considering leaving and rehabilitating.

Theme 4: Women Often Feel There is a Relationship Between Their PTSD Symptoms and Their Domestic Violence (Intimate Partner Violence) Experience

Continuing with theme four, participants shared a common response in believing that there is a relationship between PTSD symptoms and IPV experiences. Participants had a moment to reflect on the past IPV incident and all have stated that they believe the PTSD symptoms impacted their domestic violence experience. Participant two states that "I would say it affected me because I was irritable and sometimes, I felt like me and my partner weren't able to have a conversation without getting into an argument. I would also say that me being full of anxiety would cause me to not be able to do things in the relationship and my partner did not understand the symptoms, so sometimes we would argue with each other, but obviously, my partner would choose violence to calm me down in those episodes. I was not able to tell the difference if this was a healthy relationship. I just went with the motions of it. And I feel like I was not diagnosed with

PTSD or symptoms. I feel I would kind of notice the red flags that I now see at the beginning of the relationship, and I could've probably have not ended up in this situation that I ended up in." Participant two summarizes the inability to nourish healthy relationships and the inadequate situational awareness to observe the quality and toxicity of the partnership.

Participant three stated that "I feel like having PTSD has created this overwhelming feeling of anxiety and it's influenced me and how I perceive the world and others around me. I feel like I may not have chosen people as partners because I may have not been able to recognize red flags from somebody or may have just been overwhelmed with my own anxiety, so I was able to like to tune in on someone else's behaviors and their intentions. So, I think that I have just chosen partners that I should not have chosen based on my symptoms of PTSD and how it has affected me and my life." In similar responses from other participants, these answers may indicate that women lacked judgment and awareness of their social situations.

Participant seven also stated that "Yes, I really do. I feel like I did not have the capability to know what was right from wrong and what a healthy relationship would look like because of my PTSD." This response, as well as others, may signify that women who suffer from PTSD symptoms often feel as though they lack the ability to judge between right and wrong. Lacking judgment of right and wrong may jeopardize women's ability to observe the red flags in relationships; that may subsequently, lead to encountering unhealthy relationships, such as IPV (Triantafyllou et al., 2019).

Theme 5: Women Believe That Relationship Coaching Would Have Impacted Their Domestic Violence (Intimate Partner Violence) Experience

Theme five captured the women's thoughts on relationship coaching and the belief that it may have impacted IPV experiences. Participant one stated "well, because if you receive really good relationship coaching, then after that you don't choose someone who is not good for you." In translation, the participant's response may indicate that women believe that relationship coaching may impact those who have been diagnosed with PTSD, to decrease the chances of IPV experiences.

Participant two stated, "I think it would have been because I feel like after experiencing the PTSD symptoms, I was not aware of it until later. So, if I had been more aware of how to control myself or get the proper treatment before being in a relationship or any type of not romantic but any type of relationship, I would've kind of had better boundaries and kind of understood myself better in whatever relationship I am in. Also, be able to set that boundary with them and let them know this is not ok or this is what I am feeling, but instead I just pushed myself away and not have to deal with it because I did not exactly know how at the time." Participant two expresses that relationship coaching may have negated the onset of an IPV relationship.

Participant three "I think that if we're taught to see some of the red flags earlier on, it could help a lot of people in the future. I think that again, touching on that, it is not just about physical abuse, it is also about mental abuse and learning some of the red flags on that would be much more helpful." Participant 3 also assumes that relationship

coaching may have provided adequate information on how to cope with PTSD symptoms, while continuing to nourish a healthy relationship.

Summary

This study was conducted to develop deeper knowledge of the perceived factors of IPV in females diagnosed with PTSD. A generic qualitative study approach was applied to the research to capture personal information from women who met the criteria. The data exemplifies the necessity for relationship coaching for women who have been diagnosed with PTSD.

Five themes emerged from this study-women often experience similar symptoms from PTSD, women tend to seek treatment following a PTSD diagnosis, women understand the meaning of IPV, women often feel there is a relationship between their PTSD symptoms and their IPV experience, and women believe that relationship coaching would have impacted their IPV experience. These themes may suggest that although women often seek out treatment options following a PTSD diagnosis, they often feel the chosen option may fall short of the desired outcome. The women in this study expressed that relationship coaching may have been beneficial, throughout the rehabilitation process, to eliminate IPV experiences. Chapter 5 discusses the importance of further research and its social implications.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative generic study was to investigate the perceived factors of IPV in females after having been diagnosed with PTSD. Five themes were defined while analyzing the data collected during this research. The themes were identified as women often experience similar symptoms from PTSD, women tend to seek treatment following a PTSD diagnosis, women understand the meaning of IPV, women often feel there is a relationship between their PTSD symptoms and their IPV experience, and women believe that relationship coaching would have impacted their IPV experience. The information in this study was carefully collected and documented, while being analyzed utilizing the generic qualitative study approach. The generic qualitative approach allowed me to capture fruitful experiences from the participants. This chapter concludes with limitations, the implications for positive change, the recommendations for future research, and the conclusion of the study.

This study can assist in allowing human and social services professionals to understand that incorporating relationship training or guidance in the treatment plans for women who suffer from PTSD, may be beneficial. The focus of this research was to address current issues that women diagnosed with PTSD face while experiencing symptoms. This research attempted to gather information pertaining to females diagnosed with PTSD and the IPV experiences thereafter. All participants were females over the age of 18, had been diagnosed with PTSD, and had become a victim of IPV thereafter.

Identifying the issues that women face when they are diagnosed with PTSD can assist human and social service organizations to rehabilitate women who may be

suffering. To better serve this population, it is important to continue to research the topic and stay abreast of current events pertaining to the population. Exploring different options to serve this population helps illuminate other future topics on how to better assist them.

The eight participants who volunteered for this research study all met the criteria of identifying as women over the age of 18, having been diagnosed with PTSD, had become a victim of IPV after the diagnosis, and had cut off all contact with the abuser. A qualitative generic design was utilized to gather fruitful data pertaining to women with PTSD and IPV experiences. Chapter 5 seeks to define and provide further details on the research and findings of the study, as well as recommendations for future implementation.

Interpretation of the Findings

In Chapter 5, I reviewed the interpretation of the findings that were established in Chapter 4 and any other findings identified throughout the study. I identified that there is a need for relationship coaching when women are suffering from PTSD symptoms. The themes that were defined in this research study as shown in Table 2 were (a) women often experience similar symptoms of PTSD, like depression, anxiety, lack of sleep, (b) women tend to seek treatment following a PTSD diagnosis, like talk therapy, EMDR, or women's groups, (c) women understand the definition of IPV, (d) women often feel there is a relationship between their PTSD symptoms and their domestic violence experience, (e) women believe that relationship coaching would have impacted their domestic violence experience. These themes may be alluding to women's willingness to seek

rehabilitation but believing their options fell short in relationship coaching. Lacking coaching involving relationship nourishment while experiencing PTSD symptoms may invite dangerous situations, such as IPV, due to vulnerabilities.

All participants in this research study indicated that they have attended some form of therapy or rehabilitation process after the PTSD diagnosis. This may indicate that women consider education and coaching on how to proceed forward, while addressing PTSD symptoms. However, the women in this study expressed that they received insufficient information pertaining to relationships during therapy for their PTSD.

All eight of the participants communicated that they believed that relationship coaching may have eliminated their IPV experience. They responded that women may benefit from gaining knowledge of how to cope with relationships how to deal with PTSD symptoms, and how to move on with healthy and supportive partnerships, after a PTSD diagnosis. A few participants emphasized that coaching may give them the ability to be more alert and aware of the situation, observe the red flags, and conceptualize the relationship, while also ensuring they were not in a harmful or dangerous partnership.

The women in this research study shared an emotional theme while answering the questions. All the women accentuated the importance of education while suffering from PTSD symptoms. PTSD symptoms affect all those diagnosed differently but may be debilitating at times for most (Ames et al., 2019). The more information the person accumulates to comfort themselves while suffering from PTSD symptoms, the less impact the vulnerabilities may have on their day to day living.

A healthy relationship is defined in chapter one as a relationship that should promote honesty, trust, and open communication between partners (Lee et al., 2021). The relationship should not focus on manipulation and deceit but compromising and establishing the ability to agree to disagree (Smith et al., 2021). A healthy relationship should nourish and complement each other's lifestyles, rather than tearing one another apart (Cypress, 2017). Most importantly, a healthy relationship should be free from physical and emotional abuse (Walby & Luscombe, 2018). To achieve this ideal relationship state, a person with a diagnosis of PTSD may need encouragement on how to sustain relationships while experiencing symptoms. As previously mentioned, the women in this study emphasized the lack of ability to sustain a healthy relationship while experiencing symptoms, whilst simultaneously expressing the importance of relationship coaching for future therapeutic options. Relationship coaching allows a person to gain further knowledge, interact with professionals and/or other folks diagnosed with PTSD, and incorporate the information into the current situation, to allow for a healthy and comfortable companionship (Borsky et al., 2018).

All participants in this study have been both diagnosed with PTSD and have become a victim of IPV thereafter. All the women have expressed lack of judgment and the ability to recognize red flags while experiencing symptoms of PTSD. The absence of relationship coaching promotes vulnerabilities, while increasing the probability of becoming a victim of IPV. Researchers found that many PTSD symptoms including the lack of sleep, nightmares, depression, and/or anxiety- mentioned amongst all participants

in this study- may indicate that women with PTSD symptoms lack the propensity to establish and nourish healthy relationships (Choi, 2020).

Interpretation of Findings Through Trauma Theory Lens

Trauma theory was described in chapter two, as the analysis of the different effects on those who are faced with a catastrophic event (Akiki et al., 2017). There are many different reactions that a person can experience from a traumatic event (Williston & Vogt, 2021). Some individuals react in ways where they feel numb and are unable to connect with others (Tripp et al., 2020). When people lose the ability to connect with others, they often start to feel lonely and isolated (Wright, 2020). Isolation can lead to elevated levels of depression and may result in debilitating one's life (Carvajal, 2018). Individuals tend to experience isolation leading to other consensus, such as job loss and unsettling relationships (Sáez et al., 2020). Many of these symptoms can cause greater stress in a person's life by blurring one's reality and resulting in vulnerabilities (Schackner et al., 2017).

In the 1990's, trauma theory shifted its focus to accommodate those who suffered from many traumas to include natural disasters, abuse, confinement, vehicle collisions, or any other misfortunate event, which may cause an individual to have lasting effects (Bryant, 2019). The definition of trauma no longer only applies to veterans returning from war (Boshe et al., 2020). Trauma is known to cause great disruption to an individual who is faced with a life-changing event (DeCou, 2019). Researchers found that there can be two individuals who experience the same event, but one develops PTSD symptoms,

while the other may not (Carvajal, 2018). For this reason, it is hard to define a normal reaction to any trauma (Criswell et al., 2018).

When individuals find themselves under severe stress and may lose the ability to gain judgment, they may experience short and/or long-term memory loss (Dempsey et al., 2000). When humans are overwhelmed with fear or stress, they often lose the capacity to remember certain details of an incident (Bowen et al., 2017). Researchers also found that individuals are often unable to express thoughts and emotions but have strong visualizations of the event (Akiki et al., 2017). These coping strategies create a barrier in the recovery process for individuals because they are unable to discuss feelings while visualizing the trauma continuously (DeCou et al., 2019). Reliving trauma repeatedly may also result in vulnerabilities.

Utilizing trauma theory for this research attempted to understand why women react to their traumas, and the way in which they do. The research questions were grounded in trauma theory and were analyzed through this lens as well. Analyzing research data through a trauma theory lens allowed the research to understand the relationship between PTSD and IPV. Examining women who have been diagnosed with PTSD and have then fallen victim to IPV, through a trauma theory lens, created a better understanding of how the women reacted to traumatic situations and developed vulnerabilities.

Limitations of the Study

A couple of limitations were defined in this study. The first limitation of the study was that the research focused on women in IPV relationships. It is important to note that

men often suffer from both PTSD and IPV relationships (Ascienzo et. al., 2021). Men may experience inconsistent analyzed trauma reactions when compared to women and will require further investigation. The results calculated from this research should not be translated to male victims of PTSD symptoms or IPV. Supplemental research will be required to disperse the aforementioned research results to a male population.

The second limitation was that this study was conducted during the COVID-19 outbreak. All interviews were to be obtained via Zoom sessions, due to current safety precautions. Conducting an interview on Zoom allowed me to gather fruitful information from the participants but lacked a bit in rapport building. In-person interviews allow for face-to-face interaction and promote a different environment (Dekel et al., 2020). I ensured to install comfortability within my Zoom interviews but noted the evident difference that in-person interviews may have captured. In-person interviews allow a researcher to observe further details, such as body language. Body language may play a significant role in interviews as well (Stewart et al., 2017).

Recommendations

PTSD was defined in the DSM-III in 1980 (Wilbur, 1990). By then, folks had been suffering from PTSD for many years. The symptoms of PTSD are often categorized as debilitating and having the capability to inhibit a person from competing daily functions and/or tasks (DeCou et al., 2019). Approximately nine million adults have been diagnosed with PTSD, leaving this to be a prevalent diagnosis today (U. S. Department of Veteran Affairs, PTSD: National Center for PTSD, 2020). This could lead researchers to believe that there may be many women who may be suffering from PTSD symptoms,

while being supplied with insufficient tools to rehabilitate and move forward, specifically with relationships. PTSD symptoms often enervate women to decrease the lack of judgment and awareness, opening the flood gates to potentially tumultuous relationships (Akiki et al., 2017).

All the participants in this study defined PTSD as causing anxiety and muddling the ability to detect dangerous situations, such as IPV relationships. Many participants touched upon some relationship coaching, but none classified the coaching as an important staple in the rehabilitation process but categorized it as lacking priority. This study gathered information from women who have attended an array of rehabilitation treatment options. Some participants attended therapy, EMDR, women's rehabilitation, amongst others. In conclusion, and across the board, relationship coaching has played a miniscule role in the rehabilitation process for women suffering from PTSD symptoms. The lack of relationship coaching may help women with PTSD to fall victim to violence.

It would be interesting to investigate further how relationship coaching could be implemented in different treatment options, for women suffering from PTSD. According to other studies and reflecting on my own participants' responses, women often seek out treatment options as part of the rehabilitation process, after a PTSD diagnosis (Williston & Vogt, 2021); to rehabilitate themselves to ensure one can move on, enjoy life, and nourish healthy relationships (Criswell et al., 2018). This study suggests that formal relationship coaching may be warranted to ensure that women can live a fruitful life and nourish relationships after a PTSD diagnosis. Other studies may also imply that relationship coaching may assist women by providing pertinent knowledge. This

knowledge may raise awareness of red flags or warning signs, understanding the dynamics of healthy relationships, and steps to concur when a dangerous situation, such as IPV, occurs (Mambrol, 2018). Access to such knowledge may have deterred the situation and alleviated many hardships.

Research on relationship coaching, in different contexts, was defined as being a crucial part of many rehabilitation processes and is often used in couples therapy options (Lee et al., 2021). In the future, it would be empowering to observe universal implementation of knowledge for establishing and nourishing healthy relationships.

Implications of Social Change

In Chapter 2, the social implications of this study were defined, stating that relationship coaching could have the ability to assist women in identifying red flags in relationships and provide the knowledge to develop a healthy one. This information may assist women in developing healthy relationships while experiencing symptoms of PTSD. This change could create a positive difference in the lives of women who have been diagnosed with PTSD.

As previously mentioned, relationship coaching is encouraged within couples therapy options, but lacks relevance in the rehabilitation process for women who suffer from PTSD. Meanwhile, when the relationship turns to gain a tumultuous foundation, it is less warranted to involve relationship coaching-as it would be implied the couple separate and do not complete therapy together. In contrast, couple's therapy indicates that the two folks are willing to resolve the issue and contribute to counseling as a team. Understandably, women who have been separated from their abuser and seek treatment

without a partner in tow, lack the components of "couples therapy," but yearn to seek similar results, in essence healthy relationships.

The results from this study indicated that women often seek out treatment options after a PTSD diagnosis. The participants reported that they have attended some form of treatment after the diagnosis, to rehabilitate from the trauma. The women also highlighted that the information in the treatment process lacked significant and relevant, information on relationship coaching. This suggests that women may be open and willing to seek out, attend, and find the treatment to be beneficial, if relationship coaching was part of the agenda.

Rehabilitating women from IPV may allow for a faster and smoother transition back to routine life and society. Women who suffer from trauma illuminate the fear of people, connections, and the ability to love after an incident (Baird et. al., 2020). Allowing women to be privy to relationship coaching, may provide knowledge and skills building techniques, to gain awareness on maladaptive relationship situations, such as IPV. Also, the contribution of this study encourages women to nourish and appreciate other relationships, such as, with their children, friends, family, and others. The ability to nourish all types of relationships after trauma allows for a cohesive rehabilitation that encourages support and builds confidence to move forward.

Capturing the possibilities of a positive outcome in this research was important to provide adequate information for current PTSD knowledge. This research was able to raise attention to and highlight, the importance of relationship coaching for women who are diagnosed with PTSD and fall victim to IPV, thereafter. Inducting relationship

coaching as a standard protocol in the rehabilitation of women who suffer from PTSD, may minimize the probability of becoming a victim of IPV.

Conclusion

This study may contribute to human and social services professionals that assist women who suffer from PTSD. The research has emphasized the importance of relationship education being incorporated into the rehabilitation process for women with PTSD, to eliminate or minimize the probability of becoming a victim of IPV. This research attempted to investigate the perceived factors of IPV from women diagnosed with PTSD. The participants volunteered to complete the study and provided information on their PTSD diagnosis, and IPV experiences. I was able to gather data emphasizing that it may be indicative to ensure that women experiencing PTSD symptoms may gain the appropriate knowledge to rehabilitate, by attending relationship coaching.

During this research, it was established that women often seek treatment, following PTSD diagnoses and often fall victim of IPV which was evidenced by the participants in this study. Participants' responses indicated that relationship coaching was neglected and often ignored, throughout the rehabilitation process. It was also illuminated that the rehabilitation processes fall short in the realm of relationship education. Excluding relationship education from the rehabilitation process for women suffering with PTSD symptoms, may increase their vulnerability of becoming entangled in IPV relationships.

Implementing relationship coaching into the rehabilitation programs for women with PTSD symptoms may result in understanding, acknowledging, and establishing the

ability to create boundaries, to minimize their experiences of IPV. Developing healthy boundaries may allow women to recognize when they are being mistreated by their partners, which could lead to healthy evaluations of their relationships. Therefore, women may be able to build the relevant skill sets to react in optimal ways, including leaving their abusive partners. As previously mentioned, IPV situations may become life-threatening for women and their children, especially when they are exiting relationships (Baird et, al. 2020). Having the ability to escape these dangerous situations, may enable women and their children to rebuild their lives peacefully and decrease these maladaptive experiences. Relationship coaching may minimize the negative impact of IPV situations on the victims' lives and accelerate the rehabilitation processes.

In this study, I have found that women often seek out treatment for PTSD symptoms; however, they reported inadequate focus on relationship coaching. The participants added that they believe they would have benefited from relationship coaching. The inclusion of relationship coaching in the therapeutic curriculum for PTSD recovery for women may facilitate a smoother transition back into their everyday life. This process involves building and maintaining healthier social relations for this population and their families. By giving women with PTSD pertinent information and adaptive coping techniques, relationship coaching enables a cohesive rehabilitation which fosters support and boosts confidence to move forward. Having the ability to attend relationship coaching may not only impact the lives of women with PTSD symptoms, but their offspring and future generations to come.

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Appendix A: Research Questions

1. Were you diagnosed with PTSD?
2. What type of symptoms did you experience from PTSD?
3. What type of treatment did you receive after being diagnosed with PTSD?
4. How often did you receive treatment?
5. Did the treatment involve relationship coaching or how to cope with relationships with post-traumatic stress disorder, if so, what can you tell me about it?
6. What could you tell me about domestic violence?
7. How long after your post-traumatic stress disorder diagnosis was the domestic violence incident?
8. Do you feel there is a relationship between your PTSD symptoms and your domestic violence experience?
9. Do you think relationship coaching would have impacted you and your domestic violence experience?
10. What types of treatments do you think women should receive after a post-traumatic stress disorder diagnosis to reduce domestic violence experiences?