

2021

## Spirituality in Treatment for Domestic Violence Victims

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

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Walden University  
2021

Abstract

Spirituality in Treatment for Domestic Violence Victims

by

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MS, Walden University, 2015

MS, Capella University, 2010

BS, Wilberforce University 2008

Final Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human & Social Services, Disaster, Crisis & Intervention

Walden University

November 2021

## Abstract

Domestic violence continues to be a health problem that affects women's rights, physical health, and well-being. The purpose of this qualitative study is to examine the barriers and challenges that counselors are faced with in addressing spirituality as an aspect in treatment for domestic violence victims. Current literature addresses how or whether the integration of aspects of spirituality into a support group has been a source of strength and resilience for positive healing. The problem is that the lack of training or the appropriateness to integrating aspects of spirituality has hindered the counseling profession from addressing spirituality with their clients. A convenience sampling approach, along with snowball sampling, was used to collect data through semistructured interviews with licensed counselors in the state of Georgia. The data collected from in-depth interviews were analyzed using thematic analysis while reporting any similar themes from the results. Five themes emerged: the recognition of counselors' own prejudice, integrating the aspects of spirituality assists counselors as a supportive guide to avoid barriers and challenges, counselor's ability to create a safe environment, recognizing that more training and experience is needed, and advocating for additional resources. This study may contribute to social change by providing a new perspective reflecting counselor experiences of the use of aspects of spirituality in support for domestic violence recovery. Implications for social change in this area may also be to advance research in the counseling field and provide domestic violence survivors with alternative treatments using spirituality as an aspect.

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## Dedication

I dedicate this doctoral study in loving memory of my sister Jeanette Jackson who passed away at the age of 21 due to domestic violence. I would like to also dedicate this study to my beloved sister Denise Jackson and all the women who have overcome being a victim of domestic violence.

## Acknowledgments

A special acknowledgement to all my family and friends. I am humbly thankful for the support that you have provided to me since I started this process. Your motivational quotes and prayers have carried me from the beginning to the end. I would not be where I am without your kind words and understanding to the many sacrifices I had to make along the way. I want to thank my children Ke'Shaun and Daniel for their continued support and taking interest in my pursuit to further my education during a time when we did not think it was an option.

Thank you to my special friends Undra, Dwishunda, TraShawn and Celestine for having my "back" when I had to miss out on important life changing events to work on my dissertation. Thank you, Shepherds Rest Ministries, for allowing me to become a part of your ministry in providing support for domestic violence victims. Thank you for the spiritual guidance, that you have provided me over the years to assist with supporting the movement in ending domestic violence.

Finally, I would like to thank my dissertation committee members: Dr. Avon Hart-Johnson, Dr. Dorothy Sutton, Dr. Garth den Heyer, and most importantly Dr. Kelly Chermack. This has been a different journey than one can ever expect to complete. I appreciate you Dr. Chermack for giving me your patience, your guidance, your Saturdays or Sundays and more importantly, the encouragement you provided along the way when I thought this was too much to do.

## Table of Contents

Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background.....	3
Problem Statement.....	5
Purpose.....	7
Conceptual Framework.....	8
Definitions.....	12
Assumptions.....	12
Scope and Delimitations.....	13
Limitations.....	13
Significance.....	15
Summary.....	15
Chapter 2: Literature Review.....	17
Introduction.....	17
Literature Review Strategy.....	18
Theoretical Framework: Self-Efficacy.....	18
History of Domestic Violence.....	19
Types of Domestic Violence.....	21
Economic Abuse.....	21
Physical Abuse.....	23
Sexual Abuse and Sexual Violence.....	24



Outcomes of Domestic Violence .....	25
Domestic Violence Programs .....	27
Individual Counseling.....	28
Group Counseling .....	30
Treatment in a Shelter.....	31
Counseling Barriers .....	35
Spirituality and Treatment .....	36
Definition of Spirituality.....	36
Spirituality and Treatment in Counseling.....	37
Summary.....	40
Chapter 3: Research Method.....	42
Introduction.....	42
Purpose of the Study .....	42
Research Design and Rationale .....	43
Role of the Researcher .....	45
Methodology .....	46
Sample Size.....	46
Instrument .....	48
Data Collection .....	49
Data Analysis .....	50
Trustworthiness.....	52
Credibility .....	52

Transferability .....	52
Dependability .....	53
Confirmability .....	53
Ethical Consideration .....	53
Summary .....	55
Chapter 4: Results .....	56
Introduction .....	56
Setting .....	56
Demographics .....	58
Data Collection .....	59
Data Analysis .....	60
Evidence of Trustworthiness .....	61
Credibility & Conformability .....	61
Transferability .....	62
Dependability .....	62
Results .....	63
Theme 1: Recognition of Counselors Own Prejudice .....	63
Theme 3. Counselor’s Ability to Create a Safe Environment .....	68
Theme 4: Recognizing That More Training and Experience is Needed .....	71
Theme Five: Advocating for Additional Resources .....	73
Summary .....	74
Chapter 5: Discussion, Conclusions, and Recommendations .....	77

Introduction.....	77
Interpretation of Findings .....	77
Link to Conceptual Framework .....	80
Limitations of the Study.....	81
Recommendations.....	82
Implications.....	83
Conclusion .....	85
References.....	86
Appendix A: Recruitment Flyer.....	115
Appendix B: Invitation to Participate in the Study.....	116
Appendix C: Interview Questions.....	117
Appendix D: Participant Eligibility Questionnaire.....	119

## Chapter 1: Introduction to the Study

### **Introduction**

The history of domestic violence in the United States dates to the early 1800s when the law allowed women to be abused by their husbands, fathers, and boyfriends (Johnson, 2015). This was the era in which women had no legal or social rights up until women's right movement was created in the 1960s (Walker, 2015). Domestic violence is now considered one of the worst health problems that affects women's rights and damage to their physical health and well-being (World Health Organization [WHO], 2013). According to the National Coalition Against Domestic Violence (2015), 15% of all violent crimes in the United States are linked to domestic violence and 1 in 3 women have experienced some form of physical violence during a domestic violence encounter.

History has shown that spirituality has been linked to an individual's psychological well-being (Gillum et al., 2006). Spirituality is a factor in dealing with work stress and for those who are survivors of family violence (Sahai & Sharma, 2016). Spirituality is an individual's personal belief and relationship with a higher power (Kaufman et al., 2019). Spirituality references a person's faith and his or her own sense of being at peace within his or her own sense of feeling (Edwards, 2017). Spirituality (sense of faith, higher power, or connectivity) also allows an individual to examine his or her own personal relationship with the divine as it pertains to their personal experiences (Kaufman et al., 2019). Aspects of spirituality can be included into practices that have been in alignment with spiritual techniques and interventions (Pandya, 2017). Spirituality, developing spirituality, and encouragement of practices around spirituality

have been used as one aspect or part of treatment for survivors in helping them establish beliefs that have led them toward healing and living life free from abuse (Pandya, 2017). Women have been turning to their formal and informal spiritual communities (e.g., families, churches, friends) as a way of spiritual encouragement after suffering from a distressful life event such as domestic violence (Gillum et al., 2006). There is a growing need for counselors to be prepared and competent in discussing spirituality during their sessions and incorporating aspects of spirituality into therapy (Matisse et al, 2017).

While the literature lacks specific focus on how spirituality can be used in group counseling for women who have experienced domestic violence, it was my goal in this study to explore how integrating spirituality into these group counseling sessions, for women of domestic violence. Incorporating aspects of spirituality has been established as effective in the counseling field and I intended to explore barriers and challenges that counselors face when trying to integrate aspects of spirituality in a group counseling session, and specifically in group counseling for women who are victims of domestic violence (see Post et al., 2013).

In Chapter 1, I will introduce the background of the study. I will focus on the problem statement, purpose for the study, and the research question to determining the barriers and challenges that counselors face with in integrating aspects of spirituality into a domestic violence support group. The results of the study may indicate significant findings on how aspects of spirituality can be used as one part of contributing to treatment and healing and applied within the domestic violence group setting.

In Chapter 1 of the study, I will describe Bandura's (1977) self-efficacy model as a theoretical standpoint that counselors can use in providing women with spiritual growth throughout their healing process. This chapter also includes the type of sampling method proposed for this study. This study is needed because aspects of spirituality may be used in guiding people on determining how to effectively heal (see Gladding & Crockett, 2019). By addressing the barriers and challenges that counselors face, they will be able to work effectively with clients who have spiritual needs.

### **Background**

*Domestic violence* has been referred to as *intimate partner violence* and will continue to be the preferred term used throughout the literature (Neill & Peterson, 2014).). The National Coalition Against Domestic Violence (NCADV) indicates that women between the ages of 18 – 24 are abused and that 1 in 4 women experience being beaten, burned, and strangled. The Centers for Disease Control and Prevention (CDC) reported in 2015, that over 1,500 girls and women were the victims of homicidal death caused by a former domestic violent partner (Petrosky et al., 2017). This is a public health issue that has been a major contributor toward violating women's human rights across the globe (WHO, 2017).

Much of the literature over the past 20 years has been focused on the abuse perpetrated by men against women, as well as the risk factors and causes that contribute to violence perpetration and victimization (Black et al, 2011; Ellsberg et al., 2014; Smith et al., 2018). The prevalence of domestic violence increases the risk of affected individuals developing serious health disorders such as depression, injury, substance

abuse, psychological and emotional abuse, as well as death (Neill & Peterson, 2014).

Domestic violence comes in many forms such as verbal threats and harassment, controlling acts, economic abuse, sexual violence, and physical abuse (Neill & Peterson, 2014).

Victims of domestic violence often choose to include aspects of their own spirituality (sense of meaning, connection) as a part of their coping method and their process of healing (Jacinta et al., 2010). The process of forgiving, coping, and including spirituality and prayer as healing methods has been helpful among survivors of domestic violence (Pandya, 2017). According to Cornish et al. (2013) and Jacinta et al., (2010), researchers have not adequately addressed spirituality and counseling but show some benefit of helping clients develop some aspects of spirituality into their lives or caring communities for domestic violence survivors. This study may provide an understanding as to how aspects of spirituality can be implemented in counseling and therapy.

Services that are provided to women who have experienced domestic violence include advocacy, emergency shelter, and counseling. Shelters have demonstrated the ability to help women who are suffering from domestic violence issues and its consequences (Burnett et al., 2016). Women who reside in these shelters are given the opportunity to reconstruct their lives by being provided financial resources, employment, securing affordable housing, and obtaining legal advice (Burnette et al., 2016).

Counseling services are one source of support. Counseling services that include advocacy are provided to women who have experienced domestic violence and are focused on addressing the affect that violence has caused. Counseling services can help

abused women recover from trauma by building up their self-esteem and self-efficacy (Dichter & Rhodes, 2011). Due to the lack of research on integrating aspects of spirituality into counseling sessions, counselors often tend to avoid the topic (Cornish & Wade, 2010). Additionally, counselors may not know when it is appropriate to discuss their spirituality and spiritual practices (Cornish et al., 2013). This is also contingent on the fact that, generally, spirituality and beliefs are not often discussed in the field of counseling due to the lack of multicultural competence training (Vieten et al., 2013).

Aspects of spirituality, in general terms, have been used in many forms of treatment and self-help. Researchers have reported that 97% of women used spirituality (or perhaps even a higher power or God) as source in building strength (Gillum et al., 2006). Aspects of spirituality have also been used as a resource to protect trauma-related victims from bad outcomes (Bell et al., 2005). This study was needed to understand further the idea that aspects of spirituality may help promote self-efficacy and increase physical and mental health (see Drumm et al., 2014; Koenig, 2012).

### **Problem Statement**

Domestic violence, also referred to as intimate partner violence, has been a major risk to women's health and social problems (Neill & Peterson, 2014). The threat of domestic violence can include physical and sexual harm, verbal attacks, as well as psychological and emotional abuse (Walker, 2013). In 2016, Georgia was ranked eighth in the nation for deaths related to domestic violence. Over 1,600 Georgia citizens died due to domestic violence (Georgia Domestic Violence, 2016). According to recent statistics, 65,487 family violence cases have been responded to by officers in 2015 and in



2016 there were over 53,414 crisis calls forwarded to domestic violence agencies. The Georgia Commission on Family Violence reported in their fatality review that on average, 130 residents have lost their lives to domestic violence. These numbers include children and family members reportedly killed by a former or current intimate partner

To reduce these numbers in Georgia, more outreach and advocates are needed. Victims of domestic violence have often used spirituality as an identifiable resource in their own psychological well-being, but the literature continues to show that domestic violence programs are not tailored for support groups and spirituality (Gillum et al., 2006; Plumb, 2011). While integrating aspects of spirituality into group counseling has been effective, it has not been specifically applied in a domestic violence support groups (Lewis et al., 2015; Post et al., 2013). Victims of domestic violence need continued support to heal and move past their trauma. Spirituality has been one informal way that victims have been able to cope and heal. The problem is that, on a broad scale, many practicing psychotherapists or counselors lack the training to effectively address aspects of spirituality in treatment with their clients (Barnett & Johnson, 2011).

When the relationship ends for women who have been abused, they may be faced with an internal struggle regarding self-forgiveness, and they may work through unwarranted feelings by attending group therapy (Jacinto et al., 2010). Women who are in abusive situations often turn to domestic violence shelters in search of a haven (Kunkel & Guthrie, 2016). These shelters provide safety and respite to women and their children as well as resources aimed at restoring their lives. Often involved are specialists in crisis intervention, individual and group counseling, and legal advice (Burnett et al., 2016).

Little is known about the demonstrated effects of including a spiritual aspect in therapy. Researchers have indicated that the topic is under-researched (Cornish et al., 2013). This may be potentially due to barriers such as a lack of training, conflict, and the comfort level in discussing aspects of spirituality in a nonreligious setting. While the literature lacks information on the use of aspects of spirituality in group counseling for domestic violence, the effects of incorporating aspects of it in a group counseling setting for domestic violence victims may be as a source of strength and resilience (see Cornish & Wade, 2010).

### **Purpose**

The purpose of this qualitative case study was to explore counselor's experiences with barriers and challenges to integrating aspects of spirituality in a domestic violence support group in urban Georgia. I focused on collecting data and other documents from licensed counselors who have practiced in this area for at least 1 year. The study has produced findings that may be transferrable to other domestic violence and therapeutic support groups that training, and experience is needed to integrate aspects of spirituality as a coping method into therapy. Future implications in research will necessitate competency in the field to assure that practitioners are provided with the needed tools to address aspects of spirituality if needed.

### **Research Question**

Counselors may use different aspects of spirituality or spiritual practices and in different ways. The research question for this study was: What barriers and challenges are

counselors faced with in integrating aspects of spirituality in a domestic violence support group in urban Georgia?

### **Conceptual Framework**

In his model on self-efficacy, Bandura (1977) theorized that an individual is competent and able to act on their actions when trying to achieve a goal. From a theoretical standpoint, modeling the self-efficacy theory can influence the clinician's ability to learn spiritual behaviors such as praying and quoting. One researcher referred quoting bible scriptures as spiritual strivings and their ability to teach others (Oman et al., 2012). Researchers who have used this model have found it to influence individuals social and emotional-well-being (Hochhausen et al., 2007). Modeling self-efficacy through practice has allowed counselors to provide women with spiritual growth, spiritual socialization, and the ability to learn from spiritual outcomes (Oman et al., 2009). Counselors modeling this treatment model have been able help domestic violence victims become more successful in the healing process. Counselors discussing and modeling their own spiritual beliefs within the session have integrated aspects of spirituality into counseling.

Oman et al. (2012) supported the use of the Spiritual Modeling Self-Efficacy (SMSE) scale for learning from spiritual models. This useful self-assessment report that could be used in practices to evaluate and/or develop spiritually focused interventions. With little literature to support integration of theory into a spiritual support group, SMSE may help future researchers to guide theory as a choice of intervention to use based on the dynamics of the group (Wade et al., 2014). Researchers have commented on how

enforcing a theoretical framework would be more beneficial to counselors or other practitioners to understanding how treatment that includes aspects of spirituality is received by their clients (Daniels & Fitzpatrick, 2013).

### **Nature of the Study**

In this qualitative study, I used the case study approach. Yin (2018) defined a case study as an approach to real-life phenomenon that links data from the research questions to a conclusion. Case studies have been identified as a stand-alone approach shaped by paradigm, study design, methods, and results (Hyett et al., 2014). I used the case study design to collect data to understand how counselors might integrate aspects of spirituality into a support group for domestic violence victims and the perceived barriers and challenges that counselors posit (see Yin, 2018). Specific steps in data collection and analysis of this case study will be further discussed in Chapter 3.

I used convenience sampling to recruit selected counselors who have facilitated a domestic violence support group for women. Convenience sampling is a sampling method that is a commonly used strategy in qualitative research in which the researcher selects a study environment and/or participant to study that have something in common (Marshall, 2007; Onwuegbuzie & Leech, 2007; Roller, 2018). This strategy uses existing relationships to identify participants. One of the strengths of choosing a convenience method that it is efficient and inexpensive and may be completed quickly. One of the disadvantages to using a convenience method is that it limits the generalizability to other populations (Valerio et al, 2016).

Choosing this method was convenient based on the accessibility and the ability to identify the sociodemographic composition of counselors who live within the metro Atlanta, Georgia area. Researchers use the convenience sampling method to collect information from participants who are easily accessible (Palinkas et al., 2015). I recruited five counselors until reaching data saturation (see Morse, 2000). Recruitment for the study included counselors between the ages of 21 to 65 who are licensed to provide counseling in the state of Georgia and have provided domestic violence counseling in a domestic violence support group.

To address the research question, I designed an in-depth interview protocol for the counselors to answer questions and reflect on the barriers and challenges of working with domestic violence victims and how aspects of spirituality may contribute to their well-being. The questions that I used were semistructured, with several questions that I used to probe more into the spiritual phenomenon. By probing beyond the initial questions, I allowed the participant to engage in eliciting detailed responses (Jacob & Furgerson, 2012). All the questions were open-ended and were consistent with counselors' learned barriers and challenges in working with domestic violence victims.

I used the qualitative approach to integrate my own experiences and perceptions as a counselor to support the significance of this study. Researchers have used the qualitative approach to gain understanding of experiences and knowledge about support groups and spirituality in the treatment process for domestic violence recovery (see Cornish et al., 2013; Lewis et al, 2015).

To collect the data from the interviews, I used the information provided from the participants surveys to convey an approach to analyzing the data. I collected and transcribed the study data and color coded them to discover emergent themes. I used thematic analysis, which is a common approach to analyzing data in a case study, to analyze common themes from the data collected. This analytical method was split into three stages as described by (Attride-Stirling, 2001):

1. Breakdown the text.
2. Explore the text.
3. Integrate the text.

I addressed the issues of credibility and trustworthiness through member checking (see Kornbluh, 2015). I used this established method to provide the participants with a summary of the interview data and results discussion to determine if the emerged themes accurately represented the barriers and challenges they face when integrating the aspects of spirituality into group support(see Kornbluh, 2015). I presented the participants with a copy of the findings via email for their comments and revisions for accuracy and clarity from the transcribed data after the research was completed and the final study was approved. Participants were provided 10 days to review their results. If the participants did not provide a response within this time frame, I considered the nonresponse an acceptance of the accuracy of their results, indicating that the answers that they had provided were satisfactory. I then proceeded with this as an endorsement of their results.

## **Definitions**

*Domestic Violence or Intimate Partner Violence:* “an abusive form of behavior that has affected women, children, family members, and the community regardless of their age, race, and gender” (USDOJ, 2017, para. 1).

*Religion:* adhering to a belief system about what is believed and practiced (Davis, et al., 2017).

*Spirituality:* a personal search for the sacred when involving meaning, peace, hope, compassion, and connectedness (Oxhandler & Pargament, 2014).

## **Assumptions**

In this study I made several assumptions. The first was that the integration of aspects of spirituality would be a helpful support in the treatment for domestic violence victims in a group setting. Second, I assumed that participants provided accurate answers based on their expertise in the field of counseling.

The assumptions that I have described here are associated with ensuring trustworthiness through credibility. To assure credibility of the data I collected on integrating aspects of spirituality in treatment, I used member checking. Member checking validated the accuracy and resonance with counselor experiences through semistructured interviews (Birt et al., 2016). I gathered this information to establish whether the information gathered from the participant were consistent with the interpreted data. The use of member checking will be further described in Chapters 3 and 4.

### **Scope and Delimitations**

In this study, I focused only on Georgia counselors with experiences in domestic violence group counseling and who have used aspects of spirituality in group counseling sessions. The scope of this study included input from licensed clinical professional counselors (LCPC), licensed clinical mental health counselors (LCMHC), licensed clinical social workers (LCSW) and licensed clinical Christian counselors with a Ph.D. In addition to working with licensed practitioners, I recruited counselors who are not just experienced in domestic violence counseling but have experiences that included providing care in an emergency shelter and court advocacy assistance who could discuss aspects of spirituality in therapy. In this qualitative case study, I focused on the experiences, barriers, and challenges that counselors face when including aspects of spirituality as one aspect of treatment in group counseling for women who are domestically abused.

### **Limitations**

There were several potential limitations of this study. First was gaining access to participants who were expertly qualified to participate may be a limitation. Access was limited due to the impact of the COVID-19 pandemic, causing group support meetings to cease. This required counselors to facilitating one-on-one meetings through telehealth conferencing. While there were several counselors in the Atlanta metro area, most graduate programs for counselors do not prepare them to address or to share spiritual views and issues in counseling training. Most therapists have not received the training to address aspects of spirituality when contributing to their client's worldview (Hull et al.,



2015). Without training, this can lead the counselor to being uncomfortable speaking about spirituality (Plumb, 2011).

Counselors without the experiences in facilitating a counseling group or not have practiced in the counseling field could hinder the results needed towards integrating aspects of spirituality in group counseling. This population was critical to understanding the challenges of incorporating aspects of spirituality into treatment.

The lack of information about the clinician's worldviews and how they may be interpreting and responding to the questions was another potential limitation. I sought out counselors who were not biased in their individual worldviews on the discussion of spirituality. Counselors who are knowledgeable about their own worldviews may use their own faith, beliefs, and attitudes in their work (Vieten et al., 2013). Therefore, one potential limitation was that participants' own stance on spirituality may have affected their responses and their perceptions of challenges and barriers to using aspects of spirituality in treatment.

Another possible limitation to the study is the exclusion of male victims. In this study, I focused on counselors who treat female victims, omitting the treatment of male victims and the use of aspects of spirituality in counselors' treatment with respect to their therapy. Based on the literature and current domestic violence statistics, it made sense to focus on those who treat female victims with the highest rates of domestic violence contributing toward females aged 18 to 24 and 25 to 34 (U.S. Department of Justice, 2014). These results will likely neither apply nor be transferrable to contexts concerning male victims. This study is limited to only viewing women experiences toward the

importance of including aspects of spirituality as a source of healing during group process.

### **Significance**

This study is significant to research due to the lack of information on how aspects of spirituality was effective in group counseling settings (Post & Wade, 2014). With a study such as this, exploring the barriers and issues that clinicians are faced with when integrating aspects of spirituality into practices will contribute to what other researchers have informed to as lacking (Wade et al., 2014). This is due to the lack of competency held by practitioners or the willingness to conceptualize spiritual needs in counseling (Daniels & Fitzpatrick, 2013; Wade et al., 2014). This study may be transferrable to other practitioners who lack training and the potential need and use of when to integrate aspects of spirituality into the group counseling setting (Cornish et al., 2013). The results from the study may benefit practitioners and future researchers in addressing aspects of spirituality in group counseling specifically toward domestic violence support groups.

### **Summary**

Chapter 1 centered around the discussion of the background, the problem statement, purpose of the study, and a call for further research on how aspects of spirituality can be used in treatment for domestic violence victims, understanding the barriers and challenges to doing so. In Chapter 2, I reviewed the literature on the use and encouragement of developing aspects of spirituality as one part of treatment and therapy, group therapy, and domestic violence. In Chapter 3, I further outlined my approach to data collection and analysis. Chapter 4 covered the data collection process that include

the findings from the study, whereas, in Chapter 5, I discussed the interpretation from the findings, recommendations, and implications, from the study.

## Chapter 2: Literature Review

### **Introduction**

The purpose of this qualitative case study was to explore counselor's experiences with barriers and challenges to integrating aspects of spirituality in a domestic violence support group within Georgia. To first understand domestic violence and why it has become a nationwide issue, I searched and reviewed the general literature on domestic violence. To gain an understanding of the issues and/or barriers, as well as why implementing aspects of spirituality into counseling has been a difficult task to facilitate, I focused on more specific aspects like counseling, counseling outcomes, and group counseling (e.g., Wade et al., 2014).

My review of the literature began with a history of domestic violence and how it had become a commonly understood and experienced phenomenon. While men can be victims of domestic violence, in this literature review, I focused on women who are the victims in 85% of abuse done by spouse or significant others (Planty, 2016). I reviewed the literature on the use of aspects of spirituality in treatment for individuals and groups, as well as my theoretical framework: self-efficacy. This chapter will begin with the strategies I used to search for related literature. In this literature review, I focused on domestic violence types, counseling barriers, and the use of aspects of spirituality as one part included in treatment. In this case, understanding and having knowledge in this area can promote social change through advancing research and providing survivors with additional knowledge and awareness regarding treatment options.

### **Literature Review Strategy**

The databases that I used in the literature review search included EBSCOhost, ERIC, PsychInfo, Google Scholar, PsycArticles, SociINDEX, Proquest, and Academic Search Premier. I accessed these databases through the online library of Walden University. I used keywords such as *domestic violence*, *intimate violence*, *non-physical abuse*, *self-efficacy*, *economic abuse*, *physical abuse*, *sexual abuse*, and *spirituality*. Other literature review searches included the CDC National Intimate Partner and Sexual Violence Survey, and the US Department of Justice (USDOJ) to use when gathering statistical information. The peer reviewed text articles and publications used were mostly limited to the last 5 years. The studies I cited that were more than 5 years old and were used for informational purposes and comparisons.

### **Theoretical Framework: Self-Efficacy**

Albert Bandura (1977) developed self-efficacy theory from his social cognitive theory, emphasizing that an individual can act on their own cognizant beliefs. Self-efficacy posits that individuals can achieve positive results in responding to difficult situations. Self-efficacy has been applied in treating anxiety disorders, eating disorders, substance abuse, and sociocultural change among other social and psychological phenomena (Bandura, 1977). Self-efficacy has been used to mimic compassion, forgiveness, and devotion through community outreach (Bandura, 1977). Self-efficacy has been linked to counselor confidence in the development of therapy experience (Morrison & Lent, 2018). The theory indicates that self-efficacy has helped and promoted choice making and stability through individual past performances (Lent, 2016). Results

from the theory has shown to be a predictor of positive outcomes among substance abusers and has served as a sense of personal efficacy, reducing stress in hopeless situations, and building resilience when times were difficult (Bluma, 2018). Self-efficacy mediates the interactions between directive and nondirective guidance, and positive social support (Trey et al., 2014).

Self-efficacy has an important role in therapy. Self-efficacy is an essential component to formulating a set of skills during counseling and therapy when conveying feedback, modeling, and clinical performance with clients (Kozina, et al., 2010; Morrison & Lent, 2018).

Larson and Daniels (1998) theorized that counselors with strong self-efficacy skills are highly able to provide effective counseling in aiding women with the aspects of spirituality, whereas some helping professionals will not engage in integrating aspects of spirituality into practice due to the lack of training or experience. For instance, 550 licensed clinical psychologists, nurses, counselors, and clinical social workers responded to an online survey that was used to help describe and compare their professional views and behaviors toward including aspects of spirituality in clinical practice. Seventy percent of these professionals described how they often helped client consider how aspects of spirituality could be helpful, whereas half of these professionals claimed to prefer linking their clients with spiritual resources (Oxhandler & Parrish, 2017).

### **History of Domestic Violence**

Domestic violence has been defined by the Department of Justice “as an abusive form of behavior that has affected women, children, family members, and the community

regardless of their age, race, and gender” (USDOJ, 2017, para. 1). The National Institute of Justice (2017) integrated the terminologies of domestic violence and intimate partner violence (IPV) as a physical, sexual, and psychological injustice that has been occurring among heterosexual and same sex couples. This type of violence occurred between spouses or other individuals within the same home (Young et al., 2016).

Domestic violence has been reported as a major health problem that limits women’s rights (World Health Organization [WHO], 2017). Domestic violence exists in all cultures, societies, and countries (Ellsberg et al., 2014). Internationally, one in three women (35%) who have suffered intimate partner violence have been murdered by their male partners (WHO, 2017).

In the United States, the effect that domestic violence caused was physical, sexual, emotional and economical influences that resulted in embarrassment, blame, harm, loss of self-esteem or even death (USDOJ, 2017). While domestic violence was prevalent in the 1950s and 1960s, Black liberation movements, civil rights, and antiwar rallies laid the foundation for the feminist movements and the Battered Women’s Movements to emerge later (New York State Office for the Prevention of Domestic Violence, 2006). States such as Alabama and Massachusetts were the first states to outlaw husbands beating their wives in the late 1800s. Decades later, other states pursued laws that made wife abuse a crime (Orloff & Feldman, 2017). In 1984, it was reported that the Victims of Crime Act was passed by the Ronald Regan Administration Act (Office for Victims of Crime, n.d.) as an assistance program to compensate victims and their survivors following a crime. The Violence Against Women Act was passed in 1994

to encourage societal change and to decrease the issues associated with changing the attitudes toward domestic violence and bring awareness to the issue (Dematteis, 2016). The purpose of this act was to limit domestic violence against both men and women, change the culture around the violent act, and control personal, gender-based violence.

Individual states, systems, hospitals, and advocacy groups have initiated their own policies and procedures to provide care to domestic violence victims were Federal legislative laws are not in place in the United States (Chapin, et al., 2011).

In the United States, the lack of legal accountability to protect women from abuse has resulted in the establishment of shelters for domestically abused victims, so that women may leave these abusive and life-threatening environments

### **Types of Domestic Violence**

Domestic violence is not just physical harm. It can be economical and physical abuse that leads to various types of negative consequences. In this section of the literature review, I focused on the different types of abuse.

#### **Economic Abuse**

Economic abuse is one type of abuse commonly involved in domestic violence situations. Economic abuse has been defined as “pattern of control in which an individual’s ability to main economic resources is interfered by their partner” (Postmus, et al., 2018, p. 2). This form of abuse in a United Kingdom national survey of 4,002 adults demonstrated that economic abuse was reportedly higher for women than men a (Kutin et al., 2017). In these situations, the abuser creates barriers to leaving by



interfering with the victim's employment and by regulating access to money or by restricting their access to money (Adams & Beeble, 2018).

Economic abuse was used by batterers to gain power and control over their partners financial resources to prevent a victim from gaining financial dependence (Adams et al., 2008). The behaviors created by this form of abuse include work-related issues, psychological distress, depression and financial hardship of which has created a barrier for women to leave (Kutin et al, 2017).

The Scale of Economic Abuse (SEA) was developed by several experts that included being a victims of domestic violence. The SEA was used to measure economic abuse as a form of abusive behavior (Adams et al., 2008). This scale was based on a study of over 103 domestic abuse survivors and has become evidence for the reliability and validity of the accurate measurement of the existence of economic abuse (Adams, et al., 2008). Other researchers who have used the SEA have also validated the construct validity. Studies from the current SEA that surveyed women only used a 28-item scale designed to measure the frequency of economic abuse (Adams & Beeble, 2018). Some example questions that were asked to the women abusers on the SEA are: (a) How often has he made you ask for money? (b) Were you forced to give him money? (c) Did he take your paycheck? and (d) Did he keep you from having access to bank accounts (Adams et al, 2008)?

Research had suggested that the results from experiencing economic abuse had led to poverty, physical violence, sexual exploitation, and mortality (see Fawole, 2008). Previous researchers have shown that poor women are susceptible and vulnerable to

abuse and are often prevented from leaving an abusive situation because of economic dependence (Sanders, 2014). Sanders (2014) reported that resources were restricted and limited so when women did leave their abuser, they were often left with a large amount of debt that affected their credit, forcing them to file bankruptcy. Sanders (2014) indicated that other women have reported that they had to have sex with their abuser if they wanted money; others indicated that they sustained verbal and physical abuse to prevent them from attending to job interview.

### **Physical Abuse**

Physical abuse is a controlling and compulsive type of behavior that results in injuries such as bruising, stabbing, cracked ribs, burning, broken bones, or mortality (WHO, 2013). Physical abuse consists of being pushed, shoved, strangled, kicked, or had been beat with a fist (Pandey, 2016; Louis & Johnson, 2017). These assaults can be inflicted to all parts of the body but mostly to parts of the body such as the torso rather than leaving visible marks on the face or limbs (Slabbert & Green, 2013). On average, over 20 people per minute are physically abused by an intimate partner in the United States. In addition, 1 in 4 (25%) of women have been victims of severe physical violence by their partner during their lifetime (Black et al., 2011; Smith et al, 2018). One researcher referred to domestic violence as everyday terrorism. He reported that one woman reported that her abuser punched and kicked her, dragged her by the hair, and bruised her neck while shaking her (Slabbert, 2017). Physical abuse is a controlling form of behavior that perpetrators use to keep their women in control (Slabbert & Green,

2013). This form of abuse causes suffering and misery not just to the victim but to their families which affects societies worldwide (Krahe, 2018).

### **Sexual Abuse and Sexual Violence**

Sexual violence and sexual abuse are another type of abuse that is common in domestic violence relationships. Sexual violence had been defined by the WHO (2013, p. 6) as “being physically forced to have sexual intercourse when the individual did not want to or being afraid of what the partner might do.” This occurs when consent is not obtained or provided (CDC, 2019). This coercive form of behavior is a controlling act that had been used to obtain sex. Acts from sexual violence includes physical harm, threats to leave the relationship, threats used to have sex with other women. Victims of sexual abuse may be embarrassed, ashamed, or afraid to call the police (Smith et al, 2018). The National Intimate Partner and Sexual Violence Survey reported that 36.4% or 43.6 million of women have experienced sexual violence during their lifetime, whereas 24.4% or 29.2 million reported sexual violence with the impact of being fearful, the need for medical care, law enforcement, victim advocate services, and legal services, (Smith et al., 2018).

Married women who have experienced sexual abuse in the relationship often do not know that this form of assault is against the law and may not perceive this behavior as a form of abuse. Women who were sexually abused refused to talk about it due to shame, fear, and guilt (Schafran, 2010). Researchers have reported that sexual violence includes being abused with objects, forced to wear certain clothes, or raped. Often, this abuse also

is accompanied by partners who are under the influence of substance abuse (Slabbert & Green, 2013).

### **Outcomes of Domestic Violence**

Domestic violence does not just harm women. Men can also be victims. In addition, domestic violence can affect children, family members, and even the community. Domestic violence abuse can be fatal or mild, and that it affects all levels of social class and society (Augustine & Idowu, 2016). Domestic violence can impact women's health. The impact from domestic violence abuse has been linked to causing mental or physical injuries or possibly death (Karakurt et al, 2017; Patel et al., 2017). Women who have experienced physical or emotional abuse were more than likely to have received mental health services within 6 months following the abuse (Karakurt et al, 2017).

Domestic violence tends to affect all members within a household, including children (often under the age of 12) exposing them to issues such as low-self-esteem, poor social and academic skills, and health concerns (Catalano et al., 2009; Louis & Johnson, 2017). Children have been faced with flashbacks, nightmares, withdrawal, worrying, as well as emotional and behavioral problems after being exposed to domestic violence (Young et al., 2016).

Victims of domestic violence risk their safety and the safety of their children when economic support becomes an issue and they have no one to whom they can turn for help (Chapin et al., 2011). Victims are often limited to affordable housing, which may put them at risk of becoming homeless (Halket et al., 2014). It may become hard for

women to leave the abusive relationship when they are scared, intimidated, lack financial support, lack housing support, and lack transportation (Murray et al., 2015). This makes the decision hard for the woman to leave. A woman will not leave the abusive relationship if she feels ashamed from being labeled a battered woman versus the option of filing for separation or divorce (Kaur & Garg, 2008).

Victims of domestic violence use restraining orders to prevent or deter future violence (Wright & Johnson, 2012). Filing a restraining order is to protect anyone from being harassed and stalked by an intimate partner when they are in danger of being harmed or threat of harm (Agnew-Brune, et al., 2015). Filing a protective restraining order has also shown positive outcomes in preventing domestic violence as well as protecting individuals who have been harassed or stalked by an intimate partner (Strand, 2012).

Research has shown positive therapeutic effects, decrease in posttraumatic stress, and heightened quality of life with a filed protection order (Strand, 2012; Mazzotta, et al., 2018). Filing a protective order has been used to promote women's safety to assist in advocating the threat of abuse (Hughes & Brush, 2015). In a past study, conducted with 253 women, 195 (77%) of the women who had a protection order were less likely to be physically or non-physically abused if the order was enforced (Holt et al., 2003). Current studies have shown that women who file a civil protection order against their abuser indicated that their depressive symptoms decreased as well as showing limited instances of sexual abuse after leaving a shelter (Bennett & Goodman, 2010; Wright & Johnson, 2012; Mazzotta et al., 2018).

## **Domestic Violence Programs**

Programs that offer domestic violence support include counseling as one of the core services. Counseling is designed to assist victims of domestic violence whether in a group format or individually. Other domestic violence programs throughout the United States include services such as advocacy and treatment in a shelter, transitional housing, support groups, and outreach. These services tend to be beneficial to women who were victims of domestic violence (McNamara et al., 2008; Sullivan, 2018). In combination to these services offered, linking battered women with legal advice, medical advice, and a social system of resources that include long-term safety had proven beneficial from an advocating stance (Bennett et al., 2004; Lopes, 2016; White et al., 2018). According to Lopes (2016), adopting such a combination of services will go a long way to supporting women who had been abused.

Having an advocate and counseling service for battered women have both been a therapeutic tool in protecting women from future abuse (Nichols, 2013). Women who have attended counseling sessions felt happy, strong, and secure (Roddy, 2013). Counselors tend to believe that clients who attend therapy can benefit from good therapeutic practice (Roddy, 2019). Roddy (2019) believed that counselors would develop specialized skills and training when working with clients. She integrated a therapeutic competency domestic violence counseling model that was developed from a client-informed domestic violence counseling model. This model included developing counseling skills specific toward working with abused women. The competency framework included counselors being able to build rapport in addressing current issues or

problems toward the client developing self-efficacy (Roddy, 2019). Tools such as the Wheel of Wellness aided women with examining their lives outside of being abused. Counselors who used the Guided Imagery technique allowed women to be in a relaxed state of mind of which they imagine themselves in places that do not include their abuser (Binkley, 2013). The Wheel of Wellness is a model that has been used in the past to measure an individual well-being based on theoretical task; spirituality, self-regulation, work, friendship, and love (Myers, 2000).

The counseling process should be structured with problem-solving approaches to allow individuals to seek and define their problems, establish goals, and identify solutions that are beneficial to their issue. Counseling programs should: (a) be adjusted and enabled for women to develop or enhance or boost their self-esteem and confidence, (b) bring awareness through materials and videos to project positive images in society, (c) educate women on the need to speak out, (d) empower the women to have economic power and not be dependent on men, and (e) assure that women can adjust and live up to the responsibility to end domestic violence (Oyebiyi et al., 2016).

### **Individual Counseling**

Most domestic violence programs are specific to individual counseling and group counseling. Interventions within the counseling field for battered women focused more on safety and choice making strategies that are adapted to a specific need limiting the research of comparing individual therapy versus group therapy (Echeburua et al., 2014). When attending to individual or group counseling, promoting safety planning and choice making is being able to provide women with the available resources and making the right

decision to leave or stay with the abuser (Echeburua et al, 2014). The WISH Program initiative was a counseling program that helped domestically abused women make good decisions, promote safety, and assist in improving their well-being. This type of program was specific toward individuals and is based on a transtheoretical model that follows 5 stages toward ending an abusive relationship (Van Wert et al., 2016). Individual counseling focused more on the client, brings intimacy, privacy and security. One popular technique used in individual counseling is cognitive behavioral therapy (CBT).

Cognitive behavioral therapy is a short-term treatment tool that includes educational and skill building techniques that allows individuals to think about something different and put new ideas or thoughts into practice (Warshaw & Sullivan, 2013). Dialectical behavior therapy (DBT) is a cognitive behavioral treatment that has been used to treat individual problems of emotional dysfunction and originally used to treat women diagnosed with borderline personality disorder. It is standard to be used in individual psychotherapy, group skills training, individual telephone consultation, and case consults for therapists (O'Brien et al., 2016). DBT has been modified to: (a) enhance client skills, (b) apply those skills to everyday life, (c) build motivation to apply skills, (d) assure that social environment does not impede on treatment plans; and (e) allow the counselors to provide the treatment effectively (Iverson et al., 2009). Researchers completed a study with 15 women between the ages of 22-56 of DBT to treat women of domestic violence. Treatment plans included a 2-hour session that included learning and practicing new skills over a structured 12-week program. Results from their study concluded that the women reported high levels of satisfaction with the treatment for improving



psychological and social well-being. Women were able to balance acceptance and change, practice new skills in their daily life and aide in breaking down treatment barriers for other women who transitioning to a healthier and safer life (Iverson et al., 2009).

### **Group Counseling**

Group counseling is another way that women seek help from abusive relationships and domestic violence. Group therapy support provides an individual with a social atmosphere of being able to learn from each other experiences and gain feedback from old and new experiences (Shechtman & Kiezel, 2016). Sax (2012) proposed that individual counseling is deemed effective for women but being in a group-therapeutic-approach with women who understand may be more effective. The purpose of joining a group is that participation facilitates change for the client (Yalom, 2005). Yalom indicated that group psychotherapy can help clients deal with problems by instilling hope, self-understanding, altruism, and incorporating factors that support interpersonal learning. It was also reported that group support reportedly improved well for women diagnosed with PTSD and other mental health problems (Tutty et al., 2016).

Other researchers, Santos, Matos, and Machado (2017), who facilitated an 8-week study with 23 female victims who participated in a group intervention program showed that a positive impact was made therefore necessitating that this format is beneficial as well. The intervention program named GAM (Grupos de Ajda Mutua; Mutual Help Groups) consisted of eight, weekly sessions; 90 minutes each aimed at reducing the clinical effects of victimization and promoting social and personal skills. The outcome of the study proved that women's tolerance for intimate violence and depressive symptoms

decreased, self-esteem improved, and psychological well-being improved (Santos et al, 2017).

Strategies such as incorporating trauma-focused therapy in a group therapy format has proven appealing when trying to provide therapy to a larger number of clients all at once which gives the therapist to provide services to several clients at a time (Deblinger et al., 2016). Trauma focused therapy in group format provides benefits above and beyond individual therapy, when addressing the needs of children and their caregivers after a disaster (Deblinger et al., 2016).

While the group counseling format follows the same structure as applied to individuals, it does require additional skills of being able to manage a dynamic of groups (Deblinger et al., 2016). These programs specifically work to influence and increase the survivor's sense of self-efficacy promoting more social and positive behavior (Sullivan, 2018). While group therapy has proven to be as effective when compared to individual therapy, researchers have shown that individual therapy is more effective when dealing with more serious issues. Their research revealed that 73% of the individuals who participated in a study found individual treatment preferable, whereas 33% preferred the group therapy format (Strauss et al., 2015).

### **Treatment in a Shelter**

Another option for treatment is living in a shelter. A shelter is a community resource that provides their residents with crisis support and safe accommodations. The opportunities gained from residing in a shelter include access to counseling and other community services and resources (Hughes, 2017). There are three main factors that

women use a shelter for: (a) life constraints, (b) sociodemographic circumstances, and (c) abuse history (Perez-Trujillo & Quintane, 2017). Researchers (e.g., Waldo et al., 2007) have suggested that, due to the lack of a legal system accountability that protects women from abuse, community-based domestic violence shelters were established to protect survivors.

Shelters have been a safe-haven or refuge for women and their children in hopes that they can rebuild their lives versus traditional counseling services. In the past, 2 weeks of living in a shelter had decreased women's helplessness allowing them to make significant changes in their life (Bennett et al., 2004). Following a 10-week study, 120 women with a baseline of being victimized or abused completed the Mom's Empowerment Program (MOM) (Miller et al., 2014). This program was intended to provide support for women to discuss and process the effectiveness of domestic violence for them and their children. when exploring their strengths and abilities in relationship issues (Graham-Bermann & Miller, 2013; Grogan-Kaylor et al., 2020). The program educated the women about violence and its possible outcomes on them and their children. The program helped the ninety-three Latina women with advocacy toward promoting good mental health. Women who participated in this program were given legal counseling and access to shelter resources. Results from the study concluded that the women who participated in the MOM program showed a decrease in PTSD symptoms. This resulted in a decreased rate of domestic violence and reportedly being satisfied (Galano et al., 2017).

In another study, one community shelter provided a plane ticket for an 18-year-old pregnant mother to move with her brother in another country. They also provided another woman a monetary stipend to pay for her driver's license (Bergstrom-Lynch, 2018). Finding a way to make these changes are also based on how long they stayed in the shelter. The longer the stay, the more women will benefit and be less likely to return to their abuser (Bennett et al, 2004).

Since the women's movement in the 1970s, services provided in a domestic violence shelter has improved women's life functioning, coping ability, and deemed satisfied with the services for the women (McNamara et al., 2008). While shelter services are clearly hopeful, much of the research has focused more on advocacy versus the type of services women receive in a shelter (Bennett et al., 2004). There is a plethora of proposed domestic violence and sexual assault services offered but lack empirically documented practices on how community-based services help survivors (Macy et al., 2013). Women who have resided in a domestic violence shelter reported that they received more satisfaction with living in a shelter as compared to receiving faith-based services (Fowler et al., 2011). Staying in a shelter longer has been identified as a heavy predictor for women gaining independence from their abuser (Perez-Trujillo & Quintaine, 2017).

In one study with a sample of 150 women, women's mental health and resilience increased only after four months of staying in a shelter (McFarlane et al., 2014). These women participated in a 7-year study with the outcomes measured every 4 months, compared to another 150 women who stayed in the shelter but with protective orders

(McFarlane et al, 2014). Results from the study concluded that women who stayed in the shelter 21 days or less reported similar outcomes compared to women staying longer than 21 days but with a protective order. This shows that there is a need for shelter services to increase their availability and be made accessible regardless of using the system (McFarlane et al., 2014.)

Women who reported an increased level of spirituality also indicated more satisfaction with the type of domestic violence services received and found it more helpful than turning to a faith-based organization. Resources such as clothing, showers and sleeping arrangements that the shelter offers may not be found in a faith-based organization that provides domestic violence services. Most faith-based organizations that provided domestic violence services consist of counseling as well as being educated in elements of faith and spirituality (Fowler et al. 2011).

Shelter advocacy has been known as a safe place where women can gain a sense of empowerment (Perez-Trujillo & Quintane, 2017). The expectation of turning to a shelter is for their assistance and that they operate within an empowerment philosophy of extending self-determination and identifying individual needs. Governing rules in some shelters are pervasive and punitive which often results in less satisfaction and an increase in more problems. The rules of living in a shelter can either hinder or empower domestically abused women to set meaningful goals and network with different opportunities and resources.

It has been noted that from women residing in a domestic violence shelter that the rules enhanced can be restrictive and coercive (Gregory et al., 2017). For instance, in a

study, women found that the rules restricted their day-to-day activities such as access to food, sleep, or how to parent their children. The women felt that they were restricted to having power over their own lives which contributed to experiences of disempowerment (Gregory et al., 2017).

The HOPE program for battered women suffering from PTSD in domestic violence shelters encourage women to work within their control and address the threats toward their physical and emotional safety. This empowerment program was used to assist the women with developing a safety plan, manage symptoms, improve their relationships and establish empowerment (Johnson & Zlotnick, 2009). While it is the intent for a domestic violence shelter to deliver and advocate for empowerment, programs should not be designed to contribute toward disempowerment but to be in align with the organization's goals and philosophy (Gregory et al., 2017).

### **Counseling Barriers**

Researchers suggested that clients who are receiving counseling may feel uncomfortable with discussing spiritual issues. Therapists see themselves being strained against the aspects on addressing or including aspects of spirituality with their clients or how aspects of spirituality can be used for domestic violence victims (see Knox et al., 2005; (Pandya, 2017). Several reasons to discuss why the challenges and barriers are so prevalent in including aspects of spirituality during therapy sessions are: (a) comfortability, (b) lack of exposure, (c) time management, (d) bias, (e) boundaries, and (f) lack of training.

Many clinicians who provide counseling and therapy may not address spiritual aspects or concerns due to the lack of exposure or out of sync with current ethical standards and guidelines for addressing aspects of spirituality (Gladding & Crockett, 2019). Researchers contended that counselors or therapists avoid the topic due to the counselor's own level of competency (Harris et al., 2016).

In the counseling field, some of the counselors who were at the start of their counseling profession encountered several issues such as feeling anxious, feelings of incompetence in skills, theories, and ethical dilemmas (Pereira & Rekha, 2017). The Association for Spiritual, Ethical, and Religious Values in Counseling developed guidelines that are complete the American Counseling Association (ACA) Code of Ethics. They have competencies on how to address spiritual and religious issues that bring self-awareness, recognizing their own cultural and worldview differences, to how to respond to any spiritual communication within the client's perspective (ACA, 2014).

## **Spirituality and Treatment**

### **Definition of Spirituality**

Spirituality has been defined several different ways. It has been defined as a personal search for the sacred when involving meaning, peace, hope, compassion and connectedness (Oxhandler & Pargament, 2014). This definition can be confused with religion as it involves feelings, thoughts, experiences that are driven from searching for the sacred (Oxhandler & Pargament, 2014). The effect of spirituality has been found to act as a catalyst in assisting women who have suffered from crisis issues such as physical or mental illness, sexual assault, divorce, and grief (Sahai & Sharma, 2016). Using

aspects of spirituality in treatment may give victims a sense of being at peace within their own divine sense of being. Spiritual preferences have not received validation or support within any identifiable group, whereas religion has (Post & Wade, 2014). With spirituality being related to religiosity it becomes distinct that spirituality focuses more on a person's general feeling of closeness to the sacred; whereas religion focuses on being adherent to a belief system about what is believed and practiced (Davis et al., 2017). When it did emerge, it came as an additional resource to assist in dealing with work stress (Sahai & Sharma, 2016).

Aspects of spirituality support the treatment and healing for some individuals. It is important for counselors to consider integrating the spiritual aspect in the treatment planning process (Katerndahl et al., 2015). Integrating spirituality beliefs into a Judeo-Christian support group for eating disorders has been effective; however, as spirituality is becoming more prevalent within the counseling field, adequate training is still needed (Shaw et al., 2012; Post & Wade, 2014).

### **Spirituality and Treatment in Counseling**

Conceptualizing spirituality within the counseling setting helped outline and facilitate the counselor's role in understanding their client's spiritual worldview and needs (Richards et al., 2009; Briggs & Dixon, 2013; Pandya, 2017). In other words, when counselors integrate a client's spirituality, it enables them to better understand and respect the associated values of their clients and help decide the role that spirituality should play as one aspect of the treatment process (Richards et al., 2009; Harris et al., 2016). The competency of counseling education has been the focus on adding these



components to the literature (Morrison et al., 2009; Stewart-Sicking et al., 2015).

According to Sahai and Sharma (2016), aspects of spirituality have been seen as competent, therapeutic aspects of intervention that can be used in treatment for domestic violence survivors. Seventy-two percent of women indicated that spirituality was important in the personal lives as compared to 62% reporting it was most important in their professional lives (Sahai & Sharma, 2016).

Spiritual principles and beliefs have been incorporated into group therapy for individuals attending therapy for eating disorders (Post & Wade, 2014). For example, researchers found that patients have indicated that their spiritual beliefs and practices were helpful in recovery (Richards et al., 2018). Thirty-one percent of practitioners indicated that aspects of spirituality can be used to address and transform women's consciousness (Pandya, 2016).

There have been a few studies on the success of including aspects of spirituality in treatment programs. For example, Tadwalker et al. (2014) focused on implementing aspects of spirituality in treatment for patients with heart failure. They facilitated a pilot study that examined the role of spiritual counseling on quality of life for 36 patients hospitalized for heart failure. The patients initially completed a standardized QoL questionnaire, attended counseling and then completed another QoL questionnaire. The researchers hypothesized that with the use of religious and spiritual counseling as adjunct therapy, it would serve beneficial outside of their psychiatric function (Tadwalker et al., 2014). With the use of aspects of spirituality as an addition to a treatment plan, it allowed patients to be transcended into a state where a higher being was called on to provide care.

Spirituality and religion assist in reducing stress and psychological responses that include anxiety and depression (Tadwalker et al., 2014). Spirituality has been shown to be a resourceful mechanism of strength and comfort that assisted them with overcoming the challenges of the physician and mental abuse (Sahai & Sharma, 2016). Integrating aspects of spirituality into the support group works when there is a higher level of spirituality (Fowler et al, 2011). Individuals who attended group therapy were comfortable with therapists' addressing aspects of spirituality in a group-like setting only consistent with perceived level of competency of the therapist (Cornish et al, 2013; Tutty et al., 2016).

Part of the comfort and the perceived level of competency of the therapist lies on the perceived level of ability to deal with the potential for conflict in group sessions.. In one study, members of a general group were split with discussing spirituality in a group therapy session. Results indicated that it *may do more harm than good* or disrupt group cohesion to continue incorporating spiritually (Post & Wade, 2014, p. 620). Counselors who address spirituality in general process groups are concerned that if not addressed appropriately can cause psychological problems but in the same aspect can be a good resource for solving problems (Summermatter & Kaya, 2017).

In viewing practitioner's views on including aspects of spirituality for women victims of domestic violence, a study was conducted with 1,481 domestic violence workers across 12 countries (see Pandya, 2017). Based on an email questionnaire that was administered, 69% of the practitioners reported that aspects of spirituality can be promoted for use in providing emotional support. Thirty-one percent of the practitioners

reported that aspects of spirituality can be used as psychological support. When the participants were asked about their views on spirituality when working with the system, 68% of them were in favor of aspects of spirituality being deployed within the working systems, such as the police and judiciary. The study concluded that practitioners who delivered counseling favored including aspects of spirituality as a power modality in promoting harmony of the self (Pandya, 2017).

### **Summary**

Incorporating aspects of spirituality in group counseling for domestic violence victims is one potential, additional approach toward healing. In this chapter, I described how violence can be experienced through economic abuse, physical abuse, and sexual abuse. These forms of abuse can be treated with spiritual support in an environment where individual and group counseling services are offered. As I have shown here, the use of aspects of spirituality in individual counseling and group counseling, in areas such as eating disorders, has been an effective addition to treatment. The perceived abilities of the counselor are tantamount to the success and effectiveness in this group dynamic. In this literature review, I also discussed Bandura's self-efficacy theory and the idea that individuals can act on their own spiritual and cognizant learned behavior when adequate skills are provided (i.e., potentially in a counseling or group counseling session).

Using a qualitative approach, I will conduct a study on the barriers and challenges to incorporating aspects of spirituality in group counseling and treatment for domestic violence victims. As this is a growing field and there is not existing research on using aspects of spirituality in this, specific setting, it is important for researchers and

practitioners to understand what challenges counselors face and what potential barriers can be addressed by future researchers and practitioners. In Chapter 3, I explained my plan to collect and analyze data, including my sample and proposed sampling procedures.

## Chapter 3: Research Method

### **Introduction**

In Chapters 1 and 2, I discussed the background of domestic violence. I also discussed how the literature has been transformed over the past 20 years to understanding that domestic violence is a risk factor that has been contributing to men violating women. Chapter 3 includes detail on the methodology of facilitating this case study to exploring the barriers and challenges that counselors are often faced with in integrating aspects of spirituality into a domestic violence support group. In Chapter 3, the procedures and samples used in the study was outlined. The purpose of this qualitative case study was to explore counselors' experiences with barriers and challenges to integrating aspects of spirituality in a domestic violence support group in urban areas of Georgia.

I used the qualitative approach to answer the research question: What are counselor's experiences with barriers and challenges to integrating aspects of spirituality in a domestic violence support group within the suburban area of Georgia? The proposal for this research study contributed to the gap in the literature regarding domestic violence support groups specifically tailored to including aspects of spirituality as a supportive coping method. In this chapter, I described the approach to the research and the type of method I used, the researcher's role, sampling, and sources of data, and procedures for collection and analysis.

### **Purpose of the Study**

The purpose of this qualitative case study was to explore counselors' experiences with barriers and challenges to integrating aspects of spirituality in a domestic violence

support groups in urban areas of Georgia. The study produced findings that may be transferrable to other domestic violence and therapeutic support groups. to assure that practitioners are provided with the needed tools to address aspects of spirituality, if needed.

### **Research Design and Rationale**

For the study, I used the qualitative method of facilitating an exploratory case study (see Yin, 2018). I collected and analyzed data to understand the challenges and barriers that are a contributing factor when including aspects of spirituality in group support for women of domestic violence (see Vass et al., 2017). The case study approach is generally used to understand perspectives and processes within a bounded case unit. Data are based on participant experiences, perceptions, and attitudes (McCusker & Gunaydin, 2015).

I chose qualitative research over quantitative data to look at experiences and perspectives of participants. Quantitative studies are designed to explore relationships between variables. I did not take that approach here, but asking a *what* or *how* question, which was better suited to the qualitative method. I used an exploratory case study to describe and explore participants experiences in real life settings and focus on the experience of the participants, rather than relationships between variables, as in quantitative work (see Korstjens, & Moser, 2017). By choosing a qualitative method over a quantitative method I was able to narrow the different outcomes that transpire from the counselor's issues and challenges that they are faced with based on understanding and supporting the efforts that have been made from their personal experiences.

Researchers are reflective of the postpositivist researchers' reliance on the participants' capacity to learn and to influence their own beliefs and reality (see Taira et al., 2019). Using a qualitative approach was the best way to answer this research question. Using the qualitative method, I gathered information first-hand regarding the challenges that counselors are faced with in the suburban areas of Georgia.

### **Case Study**

A case study is as an exploration of a defined individual, group, or phenomenon. A case study describes an analysis of an individual matter or case to assess the interaction between the situation or progress in development (Starman, 2013). A case study has been defined as an exploration of an individual, group or phenomenon that characterizes an individual case, their events as well as the description of the discovery process (Starman, 2013). Case study design is focused specifically on aspects within a bounded case (Yin, 2018).

For this study, choosing the case study approach was the best way to explore counselors' experiences with the barriers and challenges of including aspects of spirituality in group counseling for domestic violence victims. This type of research was suitable for this study because it was aimed at allowing multiple participants experiences or issues be explored within that bounded case. I outlined several cases, in this study, as counselors who had once led domestic violence support groups in urban Georgia. When conducting this case study, I gathered triangulated data from the individual, semistructured interviews to explore barriers to including aspects of spirituality in domestic violence support groups for women.

### **Role of the Researcher**

Qualitative researchers serve many roles in a study, including designing the research and serving as the data collection instrument. In qualitative research, the role of the researcher is to gain access to the participants thoughts and feelings about any subject (Austin & Sutton, 2015). The researcher's role is to protect the participants and their data from any harm (Austin & Sutton, 2015). My role as the researcher included myself as the data collection instrument. I first acknowledged my personal experiences of working with domestic violence victims and my own personal experiences of attending a support group for domestic violence victims that included aspects of spirituality and spiritual practices as a part of the treatment.

According to Karagiozis (2018), researchers who lack cultural knowledge about the group they are studying could cause harm to that cultural group by failing to respect their worldviews. While acknowledging that my unique knowledge of this population under study can be an asset, I did acknowledge and mitigate my own biases. The avoidance of my personal worldviews was aligned with ethical practices of not imposing any harm to the participant as stated in the American Counseling Association Code of Ethics (2014; see also Karagiozis, 2018).

The researcher plays an influential role when attempting to actively participate, interact, and communicate with the participants during the interview sessions (Karagiozis, 2018). One of the roles during this process was to collect the data. I collected and analyzed data through interviews, notes, and recordings. I facilitated one-on-one interviews with five participants. I worked to establish a rapport and comfortable



environment for the five participants to share their experiences with respect to barriers to including aspects of spirituality in domestic violence support groups.

## **Methodology**

### **Sample Size**

In this study, I used convenience sampling. This was my chosen method used to recruit participants for the study. I used a nonrandom sampling strategy when participants of the chosen target met certain criteria (Itikan et al., 2015). This widely used method was inexpensive, fast, accessible, and convenient (Elfil & Negida, 2017). Convenience sampling had been considered affordable and homogeneous when dealing with a certain type of population (Itikan et al., 2015). I used the convenience sampling method to recruit five counselors for the study. In addition to convenience sampling, I used snowball sampling (see Goodman, 2961), where I asked participants who had agreed to participate to also send along the email invitation to other, qualified counselors in the state of Georgia who they believe met the sampling criteria.

I used the chosen sample size to determine data saturation. Data saturation results from gathering additional data until no new ideas emerge (Saunders, et al., 2018). According to Saumure and Given (2008), if data saturation is not met, then the findings from the study will be inconclusive. Thus, my sample size was based on data saturation. I continued to conduct interviews until no new data or information has emerged. The participants who were recruited for the study included master's level counselors between the ages of 21 – 65 (retirement age) who are licensed in the state of Georgia.

Choosing counselors was based on their experience as a domestic violence counselor, worked within group counseling sessions, and have included some aspect of spirituality in these sessions. Choosing to use counselors who have provided counseling to domestic violence survivors have been exposed to listening to women with stories of danger, physical violence and emotional vulnerability (Beckerman & Wozniak, 2018). I explored the experiences from licensed professional counselors within the urban Georgia areas. The rationale for choosing licensed only counselors to participate in the study were due to the fact that most of the group therapy sessions in the criteria listed area were facilitated by licensed counselors. The counselors were solicited through various domestic violence shelters as well as through the Georgia Board of Professional Counselors, Social Workers, Marriage & Family Therapists. I distributed my information by telephone and email, first assessing potential participant interest in participating in the study; then provided more details on the study, informed consent, and study participation details.

In my initial attempt to recruit participants for this research study, I solicited by email and telephone. I identified potential participants from the Licensed Professional Counselors Association of Georgia. The website provided email addresses and business phone numbers. This was my first initial attempt to petition their interest in participating in this research study. My second attempt was to solicit the domestic violence shelters/ After I identified the licensed counselors who were willing to participate in the study, I provided them with an eligibility tool that will be in questionnaire format (see Appendix E) to ensure that they met the criteria for the study. Over the phone or via email, I

provided the criteria. A self-addressed, stamped envelope would have been an option to provide to the counselors who choose to submit their questionnaire by mail (versus verbally, over the phone, or via email). The criteria included licensed counselors who have over 1 year of experience and have carried a case load with supporting domestic violence support groups, as well as the appropriate licensure, and who have used some aspect of spirituality or spiritual practice in these group counseling sessions (see Appendix E).

### **Instrument**

The most used instrument used in collecting qualitative data is interviews. Interviews are a formal way of collecting data between more than one person with a predetermined set of questions that will elicit information from the participant on a specific subject or topic (DiCicco-Bloom & Crabtree, 2006). The semistructured interviews occurred individually and took less than 60 minutes to complete. The interviews were scheduled in advance to be completed at a designated time and place. The interview guide is included in the appendix section.

I tracked my own thoughts, analyses, and reactions using analytic memos. In these memos, I used thick description of my experiences and reactions. Thick description (notes taken along-side interviews or observations that presents objective and subjective descriptions of meaning; see Korstjens & Moser, 2018) is a strategy that has been used in research to that allows the behavior and experiences to become meaningful to others through transfer.

## **Data Collection**

I conducted semistructured interviews that focused on counselors' experiences with barriers and challenges in their groups. The interview questions that I asked focused on gaining knowledge of the barriers and experiences that counselors are faced with while supporting women of domestic violence and including aspects of spirituality in that treatment. The interviews lasted less than 60 minutes and included 15 questions. I followed an interview guide. This allowed me to ask the same set of questions to each participant, all of which were conducted face-to-face.

The recruitment process began with phone solicitation for counselors from domestic violence shelters and the licensing board, as I described previously. I used the eligibility worksheet and criteria in determining eligibility. Following the phone interview, an email was be sent to the participating counselors where I outlined the purpose of the study, assurance of confidentiality, informed consent information, and other study and researcher details. Interviews were recorded via electronic audio recorder, with the consent of the participants. Interviews were then transcribed by a professional service.

At the time of the interview, I did ask the counselors to provide me with a handbook, handouts, or other training materials (with their employer consent) on training or other documentation provided on the use of including aspects of spirituality in group counseling for this population. This would have helped me to understand what the counselors are being asked to do and how they were trained to provide further context for the barriers and challenges they may encounter.

I used member checking to verify the accuracy of the interpreted data. Member checking is a qualitative technique used to ensure trustworthiness and credibility in a study by drawing feedback from the data collected from the participants (Birt et al., 2016). Member checking fits this purpose of the study as it was used to determine validity and trustworthiness of the participants results (see Birt et al, 2016), and allow counselors to review my interpretation of their interview data, add any additional information or check for accuracy. During the member checking process, each participant was allowed to review the summary of their interview and clarify any miscommunication or add additional information that contribute to the study. Participants were provided 10 days to review their results. If the participants do not provide a response within this time frame, I considered the nonresponse an acceptance of the accuracy of their results, indicating that the answers that they have provided were satisfactory. I then proceeded with this as an endorsement of their results.

### **Data Analysis**

Thematic analysis of the data collected was split into three stages, following Nowell et al., 2017):

1. Breaking down the text,
2. exploring the information; and
3. integrating the information.

I used this qualitative analysis method to identify, analyze, and organize the data while reporting any themes found from the results. To form a thematic analysis of the data collected, I broke down the information received by familiarizing myself with the

data collected. This means first reading and rereading interview transcripts and documents to be analyzed.

Next, all interviewed transcripts and documents collected were coded. I coded all the transcribed interviews and data into a Microsoft Word document. Coding the data were used to organize and interpret how the data was to be perceived. I used both a priori codes (determined by the literature, research question, and interview question), and emergent codes (emerging during the data analysis process).

The data collected from the interviews were coded and then assembled into categories or subcategories to make sense of the information received. Information from the category's sections triggered the construction of a conceptual scheme that suits the data to help the researcher ask questions, compare information across data, change or drop categories and position them into a certain order. Categories were used to organize the data in a more useful way so that its fit was for the analysis based on a research (Basit, 2003). Following the coding and data organization process, I evaluated the data for themes that developed. As outlined by Lincoln and Guba (1985), I used their step-by-step approach to reach trustworthiness thematic analysis:

Step 1. Familiarize myself with the data by keeping detailed records of all transcripts.

Step 2. Create initial codes

Step 3. Search for themes through detailed notetaking

Step 4. Review the themes

Step 5. Naming the themes

## Step 6. Concluding the report through member checking

### **Trustworthiness**

Data analysis has been considered the most tedious process when working with rigorous research. (Kornbluh, 2015) Ensuring that the information provided in qualitative research is trustworthy, credible, and upholds a standard of research is an important process. Credibility, transferability, dependability, and conformability are all aspects of trustworthiness.

### **Credibility**

Credibility is the accuracy of the findings (Anney, 2014). To ensure credibility, member checking was used. Member checking allowed the participants to verify the accuracy of the interpreted data and to eliminate any misunderstandings or misinterpretations in the results, or to correct their own mistake (Birt et al., 2016).

### **Transferability**

Transferability has been defined as transferring the results from the research to other settings and populations (Korstjens & Moser, 2018). Thick description is a strategy that has been used in research to that allows the behavior and experiences to become meaningful to others through transfer (Korstjens & Moser, 2018). Researchers have used the thick description method to replicate studies used in similar situations (Anney, 2014). Ultimately, transferability is at the discretion of future researchers. It is they who determine the transferability of the results to other settings.

### **Dependability**

Dependability in research refers to how stable the results remain over time. Based on the evaluations done on the findings this form of research allows the participants to evaluate the findings (Anney, 2014). The strategy used to achieve dependability was using analytic memos, and interviews. This has brought consistency to the research (Korstjens & Moser, 2018).

### **Confirmability**

Confirmability refers to how the results are confirmed and assuring that the results are real (Anney, 2014). Dependability and confirmability of the research were both achieved through analytic memos, member checking, and following the data analysis processes. In addition, to achieving and conforming to the research, being self-aware and reflexive about my own biases was reflective in the notes that described the setting and the relationship with the participants.

### **Ethical Consideration**

With ethics being an important component to research, researchers must comply with their institutions ethical review process (Baker et al., 2018). To ensure integrity of this study, I acquired the approval from Walden University Institutional Review Board (IRB) **07-29-20-0315184**. To guarantee that the counselors right to privacy and confidentiality were protected, a copy of the informed consent was provided to the participants before the interview occurred.

To ensure privacy, the Institutional Review Board (IRB) recommends that researchers address privacy concerns when research involves review protocols and



informed consents with vulnerable people (Kim, 2012). The IRB makes distinctions toward vulnerable populations so that safeguards are in place to protect these groups from harm (Ravitch & Carl, 2016). Examples to use in safeguarding participants information is to replace the participants names with pseudonyms. Replacing the participants names with pseudonyms addresses confidentiality and removes any identifier (Kaiser, 2009).

Obtaining an informed consent is critical when involving human participants during research (Erlen, 2010). Informed consent is an ethical requirement that is legally documented when involving human participants. Some of the common statements or descriptions to include in an informed consent as outlined by Nijhawas et al., (2013) are:

#### A Statement about the Study

1. Purpose for the study and duration of the study's participant
2. A description of the procedures if any
3. An explanation of any risks that would be uncomfortable
4. A description of any benefit that may be expected from the research
5. A statement regarding confidentiality
6. Contact information will be provided to answer any pertinent questions
7. A statement attesting that participation is voluntary and that the participant may withdraw from the study at any time.

Once the consent form was signed and questions answered, the participant was provided with a copy. If the interview was conducted over the phone, the participant was be given the opportunity to the sign the consent form electronically.

To protect the integrity of the information and results collected throughout the study, the participants were provided with a unique identifier as a pseudonym prior to the completing the interview so that their name remains confidential throughout the study. The data collected from recordings were transcribed and stored on a password protected hard drive. Backup copies were also created. Data will be kept in a locked safe or on a password-protected hard drive for 5 years after this study is completed, at which time all data will be destroyed.

### **Summary**

In this chapter, I expanded on the purpose and nature of the study. A qualitative case study design is appropriate for collecting and analyzing data on barriers and challenges to using aspects of spirituality in group counseling. I have outlined *a case*, in this study, on counselors in who have led domestic violence support groups in urban Georgia. Chapter 3 also included a discussion of how I will collect these case study data through in-depth interviews, and analytic memos to explore barriers to including aspects of spirituality in domestic violence support groups for women. To ensure trustworthy and credibility of the data collected, member checking will also be used. In Chapter 4, I will present the results of the data analysis.

## Chapter 4: Results

### **Introduction**

Research has shown that aspects of spirituality has been an important identifier to be used for coping with difficult and stressful experiences resulting from domestic violence (Pandya, 2017). Despite any barriers and challenges presented, counselors continue to tend to consistently be more open to integrating spirituality aspects in counseling (Hull et al., 2016). The purpose of the case study presented here was to focus on examining any challenges and barriers that counselors are faced with in addressing the aspects of spirituality for treating domestic violence victims. I solicited counselors from various rural counties in Georgia to gain an understanding of the barriers and challenges that they were faced with in working with domestic violence victims. I will discuss in this chapter the setting, demographics, data collection, data analysis, evidence of trustworthiness and the results from the study.

### **Setting**

Domestic crimes in the state of Georgia were at its highest during the COVID-19 period of 2020 versus the previous 2 years (Evans, 2020). These pandemic-related issues made recruitment of domestic violence counselors a challenge. After various attempts to schedule interviews with counselors who work with domestic violence in group therapy, it became evident that the states mandatory shelter-in-place would limit my access to recruiting counselors from domestic violence shelters. One of the major challenges that I was faced with in phone solicitations to domestic violence shelters included lack of counselor availability. Lack of counselor availability from a domestic violence shelter

posed a big challenge as the shelters face-to-face contact programs were canceled was not set up to provide virtual group support therefore reducing clients' needs to be referred to individual counseling. Other recruitment challenges that I was faced with in soliciting domestic violence shelters included:

- The lack of virtual technology from counselors to facilitate phone interviews or zoom meetings (counselors preferred face-to-face contact),
- Counselors faced an increased change to their workload due to the increased rates of stress, anxiety and depression brought on by the pandemic (see Ojha & Syed, 2020).

After I exhausted my recruitment efforts to various domestic violence shelters, I identified potential counselors from the Licensed Professional Counselors Association of Georgia. In the attempt to reach counselors with domestic violence experience, I emailed them my flyer and questionnaire to participate in the study and followed up with a phone call. Several follow-up phone calls to potential participants resulted in voicemails messages, lack of counselor time, group counseling phased out due to pandemic, and domestic violence shelters being closed temporary. One facility with six licensed counselors was unable to participate due to the overwhelming needs of the community that needed counseling services. In fact, several participants praised me for facilitating a study such as this, but the timing was off due to lack of counselors and the demanding strain that the pandemic was causing.

Once I compiled my list of counselors from the phone calls and emails, I emailed potential participants a copy of the flyer that provided a brief description of the study.

Interested parties either replied by email to participate or I placed follow-up phone calls to address any unanswered questions that may have prohibited the potential participant from responding to my email. Being sensitive to their time if they agreed to participate, I sent them the questions beforehand. The interested participants agreed to participate either through telephone and/or Zoom. I was able to note some nonverbal cues from several of the participants who agreed to a Zoom meeting. I could see how the subject that we were discussing was serious as well as exciting. While I was unable to recruit counselors from domestic violence shelters, I was able to recruit counselors who have worked with victims of domestic violence and have provided group support in the past.

Prior to beginning the interview, I gave an overview of the study, discussed the eligibility questionnaire and the consent form. All consent forms were returned by email prior to conducting the semistructured interview. I used a structured interview questionnaire to guide the study. I repeated questions and reframed them when needed to confirm that the participants understood the questions being asked. To be conscientious of their time, I read from the questionnaire prompting as I could to get a better understanding of the participants response.

### **Demographics**

The participants who agreed to participate in the study were licensed counselors who practiced in the rural counties in Georgia. Interested counselors were sent the Participant Eligibility Questionnaire. I was interested in the counselors who included the aspects of spirituality in their group processes, licensed in the state of Georgia and if they provided domestic violence support to women. The counselors who agreed to participate

met the requirements to participate in the study. Interested participants were sent Zoom invites. I was able to complete the interview with my questionnaire by Zoom. Only one participant was unable to login to the Zoom meeting therefore we completed the interview over the phone. To facilitate the snowballing effect, I expressed to the interested counselors to send along the email flyer to other interested counselors with domestic violence experience.

### **Data Collection**

The Walden IRB approved the study on July 2020 07-29-20-0315184. Twenty-one flyers were sent to domestic violence shelters and practices that provided domestic violence counseling. Potential participants received follow-up phone calls soliciting their support. The interested participants were sent the eligibility questionnaire and the consent form. Of the 21 participants who agreed to allow me to send them a flyer, only five of them agreed to participate in the final sample which was completed between August 2020 and February 2021. The interviews I surveyed lasted no longer than 30 minutes being conscious of their time. I recorded the interviews on a recording device and then saved them to a jump drive that is password-protected. The interviews I received were then transcribed through Rev, a transcription service. I then downloaded the transcribed results using Microsoft Word to be edited in case Rev made any errors. Counselors were unable to provide me with secondary data or a handbook that outlined training materials. Responses were that they were confidential, or no training material was available to provide.

### **Data Analysis**

I reached data saturation with five participants. Reaching data saturation is not about how many participants to use but the depth of the information provided (Fusch & Ness, 2015). I audio-recorded and transcribed the semistructured interviews verbatim. The responses from the recordings were entered into a Microsoft Word documents. Participants were labeled C1 – C5 with the C meaning counselor. I sent a copy of the transcripts to each participant for member checking. The participants were asked to confirm accuracy and if they wanted to make any changes or updates to the transcript. Only one counselor responded acknowledging that the transcript she received was accurate. Four of the participants did not respond indicating accuracy and approval of the transcript.

Not all statements provided in the interview were necessary, extending the need to eliminate them from being coded and themed. Guided by the research question, participant responses yielded preliminary codes that included spiritual connection, bias, support, training, experience and resources. As the coding process became exhaustive, categories developed that included building trust, the lack of spiritual training, limitations, the impact of spirituality and why including the aspect of spirituality in counseling works. Five thematic codes were developed. To achieve this thematic analysis as outlined by Lincoln and Guba (1985), I followed the step-by-step approach:

Step 1. Familiarize myself with the data by keeping detailed records of all transcripts.

Step 2. Create initial codes.

Step 3. Search for themes through detailed notetaking

Step 4. Review the themes.

Step 5. Naming the themes

Step 6. Concluding the report through member checking

The Five themes that emerged to answer the research question were:

1. Recognition of counselor's own prejudice
2. Integrating the aspects of spirituality assists counselors as a supportive guide to avoid barriers and challenges.
3. Counselor's ability to create a safe environment.
4. Recognized that more training and experience is needed.
5. Advocate for additional resources.

### **Evidence of Trustworthiness**

#### **Credibility & Conformability**

To ensure credibility and confirmability, I used member checking to allow the five participants to provide input on accuracy of the interpreted transcripts. Researchers support the use of member checking as a checks and balance resource to correct errors and misrepresentation of the data transcribed (Varpio et al 2017). The participants were given the opportunity to provide feedback on the accuracy of the data transcribed. As mentioned previously, only one participant responded with no corrections being made.

To address conformability in the present study, I presented each counselor with the same interview questions in the exact order. When the questionnaire was transcribed, I emailed each participant the transcribed results for their review. I limited any reactions



to their responses to eliminate any bias that could have influenced the participants answers to the interview questions.

### **Transferability**

Transferability is used in research when the evidence provided can be used in other settings and population (Morse, 2015; Korstjens & Moser, 2018). With the small sample size transferability was addressed in this study by the participants providing a thick description of their own experiences of incorporating the aspects of spirituality into their practice. Their experiences allowed me to address transferability by using participants who are licensed counselors who are experts in their field.

### **Dependability**

I achieved dependability using an audit trail. This audit included:

1. Posting my flyer that included a summary of my study on various websites.
2. I contacted the domestic violence shelters from a list provided by the Georgia Commission on Family Violence
3. I contacted licensed counselors from the Licensed Professional Counselors Association of Georgia.
4. Participants were emailed the eligibility questionnaire and the consent form.
5. Following the interview, I asked the participants to forward my flyer to other potential participants who might be interested in participating in my study.
6. Each participant was emailed their transcriptions to verify accuracy and make any additional comments.

## Results

During the thematic analysis process, I read and reread each statement to ensure that the development of codes and themes were relevant to the research question. Five themes emerged that included: (a) recognition of counselor's own prejudice, (b) integrating the aspects of spirituality assists counselors as a supportive guide to avoid barriers and challenges, (c) counselor's ability to create a safe environment, (d) recognized that more training and experience is needed, and (e) advocate for additional resources. Emerging themes that developed answered the research question surrounding any barriers and challenges that counselor's may have been faced with in support of including the aspects of spirituality in domestic violence support.

### **Theme 1: Recognition of Counselors Own Prejudice**

Counselors recognizing their own prejudice or biases was consistent with all five participants when including the aspects of spirituality in therapy for domestic violence victims. All five participants described themselves as Christian women who encompasses spirituality as a manifestation toward providing support and comfort. When discussing the aspects of spirituality in a therapeutic setting, every counselor viewed her own personal experiences as a barriers or challenges. C3 believed that "if a counselor has not worked on their own spirituality or have a sense of where they are in terms of spirituality, it might be a hard conversation to have". She also stated that "we can't have an in-depth conversation with someone if I haven't been willing to go there myself." C1 believes that a lot of people are "real" careful to be a blank slate and not talk about spirituality.

According to C4:

I try not to be forceful in my presentation, I just lay it out as a foundation for decision -making for how I treat my neighbor, and just how I conduct life on a day-to-day basis. To eliminate bias, my overall approach is to listen and allow my clients to share where they have been, what they have been through and then, offer the spiritual principles as a compass to guide people to that Christ centered approach to living. I personally have not experienced barriers other than maybe my counselee's own belief system. And so, I try to be very respectful of that and not aggressively impose my spirituality on someone else, because that would be a violation of their spiritual boundaries. And I want to respect them and allow them to have their belief system that they choose for themselves. And in so doing respecting them, they might be open to hearing my belief system and why I believe what I believe and how it has been profoundly impactful in my life for all my life.

All the participants agreed that discussing spirituality in counseling works. To limit imposing their personal beliefs onto the client, C1 noted that she would let the client lead so if they use their language for their spirituality, beliefs, religion, then she would use that with them so that way she is not enforcing her beliefs on them. C5 thinks about the client first and assess that situation by seeing if they can receive some things without it causing mental or emotional harm to them.

According to C5:

If they don't identify to me, I do not incorporate Christianity into the session because we're trained ethically not to impose our values onto our clients. The

counselor goes onto say that if I've established a relationship with my client and we have that rapport, I feel like I can say anything with them.

### **Theme 2: Integrating the Aspects of Spirituality Assists Counselors with Overcoming Barriers and Challenges**

All five of the participants agreed that integrating the aspects of spirituality has assisted them with eliminating or overcoming any barriers and challenges that they may have been faced with. C1 felt that the aspects of spirituality can be used to help others whether they believe or not. She stated that if they are a believer in something it is such a part of who they are, and it usually defines their daily life, or they've lost touch with a part of that being that we can go so much further and quicker if we can pull them from their faith. She stated, "I think it offers people hope". According to C2, she believes that:

It may be that the spirituality has been a part of their lifelong domestic violence cycle, and that maybe they are isolated due to their spirituality. It may be that their spirituality is something that is helping them recover from a domestic violence situation.

I asked several of the participants if including spirituality would assist in overcoming any barriers and C3 agreed that discussing spirituality does work. She stated:

If we are talking about trauma and abuse, there are disconnects and internal implosions that happen with abuse. And often the people I am sitting with have early childhood trauma, often sexual trauma from a young age on. So, there's compound a trauma. So, the disconnect has been happening for a long time. And that is the internal disconnect that can often happen with trauma. I think the only way to heal fully is mind, body, and the spirit to be reconnected. No matter how

you express it. Whether it is hiking out in nature, whether it's talking to loved ones and meeting regularly for loved ones in communion with them, whether it's going to church, whether it's . I do not care, the only way to do this is full person. I think it is used as full healing.”

C4 believes that including the aspects of spirituality gives us a frame of reference to draw from and pretty much any culture you look to in having some sort of a faith system.

“I’ve experienced it and I've actually lived it through the people that I have counseled with and worked with over the years. And once they find their spiritual center and really began to develop their spiritual mind, their lives change, and they changed dramatically, and they changed for the better.”

When asked this same question to C5, she believes including the aspects of spirituality will work for some people and for others it may not. “Like I said, if they specifically say it then of course I have no issue talking about it. I use it to help some people that I guess when their thinking is unhealthy, sometimes I will use scripture. Because sometimes they do not hear me, and sometimes if I use a scripture then they'll hear me, even though technically I said it already”. She remembers that her mom tried to tell her that her husband was not in a good place because of how he was. She remembers her mom telling her that if he is a man of God, he’s not going to mistreat you like that. You are supposed to love your wife like you love God and church and the Bible.

Many of the participants related that being raised as Christian women gave them some knowledge of working with women who needed that spiritual guidance. All the participants agreed that being Christian women and having bible and spiritual knowledge helps them when providing therapy to domestic violence victims. C5 continues her story:

Because I think if the man is not godly, he is not following how God says he should be as a man, you can't expect your wife to submit. And then I just believe that God does not want any of His children hurting and suffering. And so, he is not going to approve of a husband beating on his wife. Sometimes I have said that to them, and they had not thought about it. Because I have worked with women that said they stayed, they stayed. I got an older lady right now. No, I am not judging them. Look at me. I stayed with mine until I was able to be free, till God freed me. Because I know it was just only him that freed me and nobody else. And so, I have a lady that's 71 years old right now that I see. Nothing physical, but you and I both know words, other stuff, it is probably worse because it's harder to prove that to other people, that he hit me. Now I have heard women say, "I wish he would hit because at least I would have proof, bruises or whatever. Nobody wants to believe that. And so that is what this lady says. It is verbal. She has told me some horrible things. And he was a well-known businessman here for years before, so her thing is stay, she stayed with him for the children and the other reasons, I am scared to be on my own and whatever.

According to C1 integrating the aspects of spirituality into counseling opens the conversation for them. "Oh yeah," I'm like, "Okay, great. Well, so how is this impacting

you on a spiritual level?" A lot of times what I have found, especially in the area where, because I'm in Carrollton< get an idea we're in the buckle, the Bible Belt here. And a lot of times when it would come up in group, it would be more for married individuals that were really struggling with getting a divorce and leaving their husband and what does that look like in the church? The eyes of the church, religion. So that came up a lot in a lot of groups. So that opened the door into huge spiritual discussion, mostly in group settings".

C4 stated "I think that spirituality is as individual as the people that enjoy their spirituality, and the doctrinal differences have a way of dividing us, not doctrinal. I am sorry. The nomination can sometimes divide us. And so, what we are there in our therapy group for is for hailing restoration, for learning new coping strategies, new methods of navigating in whatever environment we find ourselves in and doing that in with integrity and depth of character."

### **Theme 3. Counselor's Ability to Create a Safe Environment**

Creating a safe environment was harmonious to all. Allowing the women to be in an open space and be independent of their own conversations can eliminate any barriers and challenges. Being open and independent of their own conversations has helped the counselors build rapport and gain trust in providing a safe haven when needed. When focused on bring spirituality into counseling, Counselor 3's approach before she even meets anybody is:

"How do I graciously open the space for someone, non-judgmentally, just love and grace." She leaves it up to the individual to decide if they want to be in that

spiritual space. “We have to open that space and allow for that conversation to happen, and people can read it. People know if it is not an okay topic. People know when it is safe to discuss stuff and when it's not.” my job is to hold open that space, to allow someone to enter into that space where we can have an encounter, a conversation that's safe, that's calm, that's peaceful, to let everything settle down”.

C1 stated that to create a safe environment, she allows the women to communicate any language defining their spirituality or God. “Sometimes I'll ask, if I'm getting an inkling that they have a belief in a higher power and I'll ask them, "If you do not mind me asking, what are your spiritual beliefs or religion? Do you have any? None? I mean, either is fine. I just like to know to meet my clients where they are.” C1 shared that to create a safe environment when discussing the aspects of spirituality “I had to get them thinking in the direction of is this marriage based on faith”. he was not a believer or not practicing the same spiritual beliefs. And others would say,

According to C1:

I think if someone is really trying to compare their religion to somebody else's where it's becomes a judgmental zone or preaching, trying to turn it into a Bible study situation, yeah. I think that can be damaging. I think it could be off-putting. Where I have seen that start to happen, and I usually reign it in because it can offend others especially if they're not believers or they have a completely different religion and they feel the Baptist is preaching to the Jewish individual or the Catholic. So, I really, in a group setting, would always make sure, it did not



happen often, but it could. I've got one client that goes rogue deeply, and I would just intervene and bring us back on topic and make it clear, "Okay, we're not doing a Bible study here. We do not want to offend anyone. This needs to be a safe space so let us get back to the topic." And bring it back. Yeah. But it did not happen often.

According to C3, "People know when it's safe to discuss stuff and when it's not". You ask the big questions when you have been traumatized, particularly when it centers around abuse, and you love someone who's been abusive. That question is going to come up because you are trying to figure it out, how could someone love me and still do this to me? It taps into every big question that there is. And one of the big questions is, is there a God? Or am I spiritual, or who am I? And what is my purpose? Which is all about spirituality. All of it. So, I think if you begin to ask the questions, those hard questions, you end up getting there."

C4 agrees that to create a safe environment, she listens." My overall approach is to listen and, allow my clients to share where they'd been, what they've been through and then, offer the spiritual principles as a compass, really, to help, to guide people to that Christ centered approach being proposed. C5 reported that she keeps a cross up in her office, "I have other things about God, so they know to feel welcome." She feels that once she has established a relationship with the client, she feels like she can say anything with them if it remains ethical and respectful. All the participants agreed that spirituality is a tough conversation to have. To some it forges a defense and to others it is an overcoming feeling to have when believing in a higher power.

**Theme 4: Recognizing That More Training and Experience is Needed**

All the participants agreed that having some experience or training on spirituality is needed to avoid any unforeseen issues with victims of domestic violence when they freely bring the topic into therapy. According to Counselor 2 “When somebody is getting counseling from somebody who's not a trained counselor that they're coming from a spiritual base, and that's kind of their basis for making recommendations or providing support. But it's not actually based on anything that evidence based. Like that's where it becomes problematic because it can cause a lot more strife with a client because their religion tells them one thing, but reality tells them that that's not safe.” C2 goes on to say:

“Have the education and the experience to really provide that kind of guidance and support because they can unknowingly do more damage and unintentionally do more damage. Like I don't think people are out there just trying to mess other people up. But you can unintentionally do damage because you're not well-trained or well-versed in working specifically within that domestic violence cycle because it's so unique.” “I think it's actually in educating the people who are providing the spiritual counseling or the pastoral counseling”. “You know, don't call it counseling if you're not a trained counselor.” Having the appropriate licensure and finding someone that is actually going to be well-trained whether that's at a domestic violence shelter that may be associated with a church but finding somebody who knows what they're doing. “If you don't have the credentials, the experience, and the evidence-based practice, you are not using

evidence-based modalities and theoretical models, don't present yourself as a counselor.”

According to C1, having some knowledge of the cultural backgrounds that you cater to is recommended. She also recommended taking more sociology related classes.

“But I think it it's best to study up on different religions to at least have a general understanding. Because I've had clients that I've had from different faith”. She goes on to express that future counselor should be more open-minded to culturally working with different races, ethnicities, and background. She feels it is an advantage and that if a therapist is already in school it would not hurt to take some different cultural classes. “I would say choose a licensed therapist who can do Christian counseling as well but knows about domestic violence because there's plenty of therapists in this area that I've had clients come to me later that, I mean, they're not trained in domestic violence, and they have said some damaging things or made many victim blaming statements. Or tried to do marital counseling with an abuser and it wasn't a case situation.”

According to C4, “we need to address experienced patterns within training from a higher being”. “I think that potential counselee when they are "shopping", if I can, if you'll allow me to use that word, if they're shopping for a therapist, while they're shopping for a therapy group, they need to find, I mean, your first couple of visits into that therapist, or even a group is an interview, basically, I believe. And you go in there and you say, hmm, do you want to work for me? If you do, this is what I'm looking for.

This would be the skill sets. This would be the experience necessary and so forth. Just like if you were interviewing someone for any other kind of employment.

C3 shared that the message coming from some of the ministers and pastors in these churches is a little wonky, regarding wives be submissive to your husbands. There is this interpretation of scripture often, especially when couples are going to pastors for counseling, and the pastor is not necessarily schooled in counseling. They are saying, "Stay in the marriage," when there is domestic violence, and they're saying, "No, God says you should work on your marriage." And it's horrible false messaging. Terrible. "Trust your gut. Go with that, go with God."

#### **Theme Five: Advocating for Additional Resources**

Georgia offers a plethora of resourceful information on domestic violence across the internet. Advocating for additional resources in Georgia could prove useful in providing support to domestic violence victims. It was conclusive that pastoral counselors should be trained in domestic violence. C5 looks at the church being a safe haven when victims are going through domestic violence. She feels the church should be involved in the healing and recovery process. She would like to see accountability. "Give them something that they may need in trying to start over if they're recently fleeing and provide emotional support too.

C2 would like to see more programs like the Georgia Victims Advocacy Center work with pastoral counselors to do counseling. "Having specific referrals that include spirituality, and that could be very helpful for somebody who wants that particular aspect

to be highlighted. So maybe for domestic violence advocates to seek out properly trained people and coordinate them with accepting the Victims Advocacy funding”.

C3 recommends meditation practices are huge and could benefit the counselor practice if they were knowledgeable of it. Recommending meditation practices such as yoga, Qigong Chi, walking and being out in the nature. C4 recommends more mentoring from Christian women

“I feel like the aspect of spirituality is the anchor of my life.

“it’s the anchor of my life. I honestly believe that the way I live my life will attract people to walk out. I want to be the best mentor that you've ever had. And when you go out of this facility into other areas. I've actually had people say to me, I don't know what it is that you've got, but what I see I want it. And to me, that's the best testimony of a Christian life that you can, that you can give it's just to live in it and enjoy and what you leave.? She really enjoys her spirituality, and that's real to her and I don't know what she's got, but I want what I see, because it is infectious.”

### **Summary**

In this chapter, I discussed qualitative data received from interviews facilitated virtually over the phone with counselors who have used the aspects of spirituality on victims of domestic violence. Five themes emerged from the data collected by participants who agreed to answer 15 questions related to the aspects of spirituality and domestic violence. These themes included: recognition of counselor’s own prejudice, integrating the aspects of spirituality assists counselors as a supportive guide to avoid

barriers and challenges, counselor's ability to create a safe environment, recognized that more training and experience is needed, and advocate for additional Resources.

One of the most important factors that emerged from these themes were that all the participants interviewed identified themselves as Christian women who grew up in the church home. They acknowledged that having this background made it easier for them to surpass any barriers and challenges that they would be faced with when addressing the aspects of spirituality in their processes. All the participants noted that with the proper resources, the aspect of spirituality could be used in counseling to assist victims through domestic violence. Some of the resources noted by the participants included being knowledgeable on scripture readings, taking some spirituality courses, or referring the victim to a pastoral counselor with experience in domestic violence. According to Zust (et al., 2017), this has been one of the most understudied issues in domestic violence literature.

Overall, the study allowed me to examine any barriers and challenges that the participants were faced with when working with victims of domestic violence. They all agreed that without being experienced or have some knowledge of discussing the aspects of spirituality, the topic would be avoided or dismissed when addressed because they do not have the time to discuss, or they are not comfortable with discussing. They also agreed that not having the experience or knowledge could cause harm to the client when searching for spiritual guidance. This corresponds that the aspect of spirituality is a sensitive subject for counselors and therapists and that they must develop specific skills

and become exemplary in their own competence and helpfulness (Gladding & Crockett, 2019).

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this qualitative case study was to explore barriers and challenges that counselor are faced with when including the aspects of spirituality for victims of domestic violence in the suburban areas of Georgia. By using the case study method, I was able to collect data from licensed counselors in the suburban areas of Georgia who have worked with domestic violence victims and how they incorporate the aspects of spirituality into their therapeutic framework while eliminating any barriers or challenges that they may have been faced with. In this chapter, I will discuss the interpretation of findings from the themes developed along with limitations to the study, recommendations, and implications of the study.

### **Interpretation of Findings**

Five themes resulted from interpreting the data. The themes that emerged focused on answering the research question “What barriers and challenges are counselors faced with in integrating the aspects of spirituality in a domestic violence support group in urban Georgia?” The responses from interpreting the data confirmed the existing literature that supports the type of support needed for domestic violence. According to current literature, practitioners state that aspects of spirituality can be used as a supportive mechanism (Pandya, 2017). In fact, it was reported that aspects of spirituality have become a necessity for some clients and has gained recognition for further exploration (Woodhouse & Hogan, 2019). All five participants believed that having training or experience in spiritual aspects provided them with a sense of guidance when spirituality



is discussed. Making this spiritual connection brings spiritual presence with the Creator, Great Spirit, or God as well as a communion toward taking an individual beyond their ego-centered lives by uplifting our hearts and spirits with compassion toward all (Matise et al., 2018). All the participants mentioned that because they have a spiritual connection to a higher being, it made discussing spirituality easy when the topic was brought up. It has been shown that Christian practitioners with high spirituality openness use spirituality as a power modality when working with domestic violence victims (Pandya, 2017). Having that spiritual connection and being able to connect to the client helped eliminate any unforeseen barriers or challenges. Outside of their own personal bias, they do not have any issues with integrating the aspects of spirituality as a source when working with domestic violence victims.

All the participants agreed that recognizing and eliminating their own personal bias was important and necessary to them when including aspects of spirituality in their therapy sessions. Not imposing their own personal beliefs onto the client was very important to them. Counselors may avoid addressing spiritual issues due to their unresolved issues that may expose them of their own difficulties (Gladding & Crockett, 2019). Each participant was specific to not being self-bias and imposing their own personal values onto their clients. Self-bias in therapy can cloud or mimic therapist boundaries, reduce credibility, and result in role reversal which can create problematic consequences (Magaldi & Trub, 2018). Being competent requires that counselors are aware of their own beliefs, values, and preferences in themselves as well as their clients (Maximo, 2019).

Participants addressed the need for training to avoid any unforeseen challenges that may occur. The five participants agree with the literature in discussing how some counselors do not have the capacity or the learning behavior to discuss spirituality, so they typically avoid talking about it. Taking some additional cultural classes or even culturally working with different races, ethnicities, and having a different background can help with eliminating any barriers that they may be faced with. The participants all agreed that having some type of experience or training on spirituality could also eliminate unforeseen barriers and challenges when the topic is being discussed. The literature suggests that the reasons counselors do not address spiritual issues in therapy is either they were never exposed to the importance that spirituality has on one's life or they do not feel comfortable doing it (Gladding & Crockett, 2019). Counselors with the experience or training address spiritual aspects based on their own level of competency. In addition to the level of competency that the counselor should have when facilitating the aspects of spirituality, participants addressed the importance of possibly being educated on multiple faiths and to study up on different religions to have a general understanding and not be scared to address. With the proper assessment, counselors can get a general understanding of the client's orienting worldview by exploring the central themes in their lives, such as their God-concept (Matise, et al., 2018).

Creating a safe environment that allows domestic violence victims to be open and honest of their own spiritual growth was an important factor when assessing spiritual aspects into therapy. The participants all agreed that ensuring autonomy and independence created a space that allowed the women to be free of guilt and shame. This

moment creates a space to where no one is being offended by other remarks surrounding their own beliefs. Discussing God can be very risky and cause turmoil (Johns, 2016). Regardless of the risk, it is the counselor's responsibility to make sure that the clients feel safe and that their concerns have been validated (Gladding & Crockett, 2019)

Findings from the study also indicated that Georgia provides information on domestic violence. Participants indicated that the services provided by the Georgia Victims Assistance Academy (GVAA) could work more with pastoral counselors to provide a range of victim services if trained properly. This process provided advocates with the knowledge, skills, and attitudes to support those impacted by a crime. Participants agreed that to fully acknowledge spiritual growth, that they would like to see a collaborative approach within the church homes that support taking action against domestic violence. Literature addresses how the church has been recognized to provide support to victims of violence that contributes to preventing domestic violence but continues to be an area that has been understudied (Zust et al., 2021). Clergy from the church have been deemed the first point of contact a domestic violence victim will turn to for spiritual guidance and counseling. It would be helpful that the advocate understands both the religious and spiritual need of the victim and the impact that domestic violence has created (McMullin et al., 2015; Zust et al., 2021).

### **Link to Conceptual Framework**

Self-efficacy is the conceptual framework described in this study. As mentioned in Chapter 1 the information described in the framework models on the theory that individuals are competent and able to act on their own actions when needed (Bandura,

1977). It was shown that self-efficacy was considered an essential predictor of individual counseling performance of one's prior success, vicarious learning and verbal persuasion (Morrison & Lent, 2018; Ooi et al., 2020). The findings from this study are in support of the participants identifying their own biases. Modeling self-efficacy beliefs benefits from people's own personal bias that they can engage in or produce the desired effects that can impact others (Brown et al., 2017-2018). This concept has allowed the participants to promote spiritual growth from their own learned behaviors and experiences without prejudice. They were able to focus on the need for training to eliminate unforeseen barriers and challenges when integrating the aspects of spirituality into support for victims of domestic violence. Research has shown that counselors with higher levels of training and confidence in their abilities report higher counseling self-efficacy when engaging in accountable activities (Watt et al., 2019).

### **Limitations of the Study**

As mentioned in Chapter 1, this study had limitations. One of the limitations that I mentioned was gaining access to licensed counselors who had domestic violence experience and who were expertly qualified to share spiritual views. Due to the unforeseen circumstances from the impact of the COVID-19 pandemic, the lack of my sampling size resulted in gaining access to the domestic violence shelters. Georgia had a mandated shut down from face-to-face contact which halted domestic violence support groups that were being facilitated by licensed counselors. Despite the pandemic, the participants provided enough data to reach saturation in providing their experience when facilitating the aspects of spirituality with victims of domestic violence.

Another limitation to the study was finding counselors with domestic violence experience and who were qualified to address the aspects of spirituality. Findings from several of the phone calls resulted in the counselors that specialized in domestic violence but was very limited in discussing spirituality should the topic arise, or their practice was not spiritually based. These counselors may not have the exposure needed to discuss spirituality or not be in touch with the current ethical guidelines in place that discussed spirituality (Gladding & Crockett, 2019).

The participants who agreed to participate in the study considered themselves Christian women, had spiritual knowledge and were raised in the church. I was limited by being unable to recruit participants who were not Christian, not raised in the church, and had no training or experience to facilitate the aspects of spirituality for domestic violence. Not allowing aspects of spirituality to emerge in counseling limits the full effectiveness that integrating the aspects of spirituality bring (Matise et al, 2018). The last limitation to address is that not one counselor could provide me with a copy of a training manual. Their reasons were no manual or confidentiality.

### **Recommendations**

The scope and limitations of this study was reduced to licensed counselors who provided individual domestic violence counseling but not group support which had been halted during the pandemic. It was clear during this research study that training and exposure to spiritual needs is needed in the counseling field to avoid unforeseen barriers and challenges. Although finding from the study focused on counselors who were Christian, raised in the church home, and had spiritual knowledge, the study would have

benefitted from participation from counselors with no training or experience to address the aspects of spirituality to fully understand the barriers and challenges they are faced with when the topic is discussed. Findings from the study confirms that future research continues to contribute to the growing literature of integrating the aspects of spirituality into counseling. Future researchers should focus on expanding this study to identify how spiritual aspects are addressed in group support for domestic violence victims and to counselors with limited or no training in addressing the aspects of spirituality in counseling.

### **Implications**

Over the years there has been a large amount of research that has included discussion of the importance of the aspects of spirituality being integrated into the counseling field and used to assist victims of domestic violence (Maise et al., 2018; Pandya, 2017; Woodhouse & Hogan, 2019). Findings from the study reported the expectations of learning from professional counselors the barriers and challenges they were faced with while integrating the aspects of spirituality with victims of domestic violence. Findings from the study explored the experiences of how they dealt with the integration of facilitating the aspects with their counseling method. Drawing information from the participants experience was that having years of spiritual knowledge assisted them with overcoming any barriers and challenges that they could have been faced with when discussing the aspects of spirituality. They were very adamant about how addressing and integrating aspects of spirituality into the therapy session or group processes made a difference for the process of healing for victims of domestic violence.

They felt not having that knowledge would not have benefited the client when spirituality was addressed.

In this case, implications from the study support that counselors should be trained with some knowledge of discussing spiritual aspects. If the counselors were better prepared beforehand, it would make the conversation easier to facilitate. Participants agreed that being knowledgeable about spiritual aspects creates a safe environment. This collaborative decision was made by all the participants to let the conversation happen. If issues on the aspects of spirituality were not addressed when confronted with could bring harm to the client. Not being familiar with spiritual aspects being presented, counselors may miss the opportunity to assist their clients as well miss the opportunity for personal growth and development (Oxhandler, 2017).

This study may bring an understanding to future counselors by addressing the gap in the literature regarding discussing spiritual aspects in therapy and how training and preparation are critical factors when exploring spiritual preferences (Dailey & Gill, 2015; Gladding & Crockett, 2019; Johns, 2016). Based on professional opinions, I learned that the spiritual aspects should be promoted in therapy because when discussed by a licensed counselor with spiritual knowledge, it assists in the healing process for domestic violence victims. Based on the findings from this study, I recommend that future counselors that work with victims of domestic violence be supported in pursuing training and experience on spiritual aspects. Furthermore, practical implications validate the need for spiritual aspect training considering it receives little attention during counseling training and supervision (Barto, 2018).

## **Conclusion**

The overall objective of this study was to examine any barriers and challenges that counselors are faced with in facilitating aspects of spirituality when working with victims of domestic violence. Participants in the study all believe that including the aspects of spirituality does work and if not addressed appropriately could cause harm to the client. Eliminating personal biases or prejudices was one of the biggest challenges that was addressed in this study. All participants agreed that addressing spiritual aspects is difficult if they have not addressed their own personal spiritual sense of being. According to Gladding & Crockett (2019) counselors should become knowledgeable about their clients' spiritual beliefs. This gives them the power to connect with the client and produce a positive outcome

Participants from the study were also in agreement that existing or future counselors should have knowledge or training on the aspects of spirituality to address it in therapy. Not having specific knowledge and experience to address spiritual aspects in therapy could unknowingly harm the client. Research support that the results contribute to the literature that most counselors still lack the necessary training when working with clients who have some experience of spirituality (Matise et al., 2018). Overall, this study supports social change by advancing research and providing future counselors and their clients with the additional knowledge and awareness that aspects of spirituality bring.



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### Appendix A: Recruitment Flyer

Do you think you might be interested in participating in a research study based on your experiences in providing the different barriers and challenges that you have been faced with in the appropriateness of integrating spirituality into counseling for women of domestic violence?

Sylvia Holley, Doctoral Student at Walden University, is looking for Licensed Mental Health Counselors who have had at least 1 year of working with domestic violence victims and who use aspects of spirituality in group counseling.

Interested counselors will participate in a 60-minute, semistructured interview in which they would answer questions about the barrier and challenges that they have been faced with in discussing spirituality as a coping method for domestic violence victims.

For more information, please call:

Sylvia Holley

## Appendix B: Invitation to Participate in the Study

Dear Potential Participant,

My name is Sylvia Holley, and I am a graduate student at Walden University. I am working on completing a study for the dissertation requirements to obtaining my Ph.D. I am inviting you to participate in a study on the use of spiritual practices in group counseling sessions for victims of domestic violence. Should you decide to participate, a short questionnaire will be e-mailed to you or provided to you in person if needed to determine eligibility to participate. The questionnaire will take less than 5 minutes to complete. In completing the questionnaire, all that is asked is your honest feedback. If eligible, I will invite you to participate in a 60-minute interview (in person or over the phone) to ask more details about how you include aspects of spirituality and what barriers or challenges you might face.

Please forward this e-mail to any of your peers who also use aspects of spirituality in group counseling sessions for domestic violence and who may be interested in being a part of a research study. The feedback that you provide will be kept and remain confidential. Should you decide to participate in the pilot study, an informed consent letter will be provided to for your signature to participate, along with further details regarding the study.

The feedback that you provide will be helpful and greatly appreciated. Should you have any questions, please feel free to contact me at  
Sincerely,

Sylvia Holley, MS

## Appendix C: Interview Questions

1. What does spirituality mean to you and what aspects of that do you bring into your group counseling for domestic violence?
2. What spiritual knowledge do you use in your counseling to your patients? Please tell me about how you incorporate aspects of spirituality and spiritual practices.
3. What is your overall approach to integrating aspects of spirituality into group counseling for domestic violence victims and why?
4. What training or experience do you have regarding including aspects of spirituality in counseling for domestic violence?
5. What happens when a spiritual issue is discussed within the group? Please tell me some stories or examples about how some of these sessions have gone.
6. Are there aspects of spirituality that are off limits in a group setting?
7. In your opinion, does including spirituality in counseling work? Why or why not?
8. Have you experienced any barriers or challenges to providing support that includes aspects of spirituality for victims of domestic violence in a group setting? If so, what barriers have you encountered?
9. What do you think might help counselors to overcome these barriers and challenges you mentioned?
10. What should domestic violence victims look for in group support where spirituality is discussed?
11. What other ways could aspects of spirituality or spiritual practices do you think should be offered to victims of domestic violence and why?



12. Is there anything else you'd like to add that I have not asked about?

## Appendix D: Participant Eligibility Questionnaire

1. Are you currently licensed to practice counseling in the state of Georgia?

\_\_\_\_ Yes    \_\_\_\_ No

2. How many years of experience do you have serving as a counselor?

\_\_\_\_\_

3. Do you provide domestic violence support to women?

\_\_\_\_ Yes    \_\_\_\_ No

4. Have you ever included aspects of spirituality, spiritual practices, or spiritual-related information or exercises in your group counseling sessions for victims of domestic violence?

\_\_\_\_ Yes    \_\_\_\_ No

5. What is your age

\_\_\_\_\_

6. What is your gender?

\_\_\_\_ Female    \_\_\_\_ Male

7. What is your religion/spiritual affiliation? You may choose not to answer.

\_\_\_\_\_