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Perceptions of Women Receiving Services from Domestic Violence Advocacy and Counseling Programs

Lisa Yvette Proby
Walden University

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Walden University

College of Health Sciences

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Walden University
2017

Abstract

Perceptions of Women Receiving Services from Domestic Violence Advocacy and
Counseling Programs

by

Lisa Yvette Proby

MA, Tiffin University, 2008

BS, Bowling Green State University, 2005

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Public Health

Walden University

January 2017

Abstract

The purpose of this qualitative study was to examine domestic violence victims' perceptions of advocacy and counseling programs that provide women with safe refuge, prevention education, mental health treatment, and other services. Many women in the United States are victims of intimate partner violence. Review of existing literature found that little is known about the extent to which the needs of these victims are met from available advocacy and counseling services. The health belief model was used to theorize victims' perceptions of services and risk factors for re-abuse. A phenomenological design was used to answer research questions, and in-depth interviews were conducted with 8 women who stayed at a domestic violence shelter and used shelter services, such as advocacy, emergency shelter, and individual and family counseling. Data from the transcripts were inductively analyzed using NVivo 10.0 and hand coding techniques for emergent themes. The findings revealed that women were pleased with the services received, and most had no awareness of advocacy or counseling services until they sought shelter. Also, most agreed that counseling and advocacy services could help prevent re-abuse. Recommendations include establishing a google page for domestic violence shelters, which can provide information on available advocacy and counseling services and how they can assist victims of domestic violence. Study findings can promote positive social change by increasing awareness of advocacy and counseling programs and their importance to prevent re-abuse. This may also provide useful information for implementing new programs to help victims of domestic violence.

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Dedication

I dedicate this dissertation to my family members who have always encouraged me to keep going. I appreciate your inspiration and your unparalleled love that has been with me through this long and at times frustrating process. Ultimately, I owe all praises and thanks to Jesus Christ for being my Lord and Savior. There were so many days when I just wanted to give up, but with prayer and God's grace and mercy, I was able keep going to reach my goal. In my final dedication, I would like to thank my mom who passed away before I completed my doctorate degree. It was my mother who encouraged all my brothers and sisters to never settle for average, but to go beyond our dreams and imaginations. Final thought, life without God and goals are meaningless.

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Chapter 1: Introduction to the Study

The purpose of this study was to explore the perceptions of victims of domestic violence (DV) about advocacy and counseling programs that provide women safe refuge, prevention education, mental health treatment and other services. I also explored the risk factors for being re-abused as a DV victim. Little is known about the extent to which women victims of domestic violence receive the help they need from these services. The perceptions of women who pass through these services can help to inform larger quantitative studies and future research. Greater awareness of how women view advocacy and counseling programs and their perceptions of risk factors for re-abuse may provide DV victims helpful information for program improvement.

Chapter 1 will provide the study background, problem statement, study purpose, nature of the study, assumptions, scope and delimitations, limitations, and significance. The focus of research questions is on victims' perceptions of advocacy and counseling as program services. I used the health belief model ([HBM]); to theorize victims' perceptions of the services received and risk factors of being re-abused. In the chapter, I also describe my use of a phenomenological design. In the definitions section, I define and interpret key terms used throughout the study. Chapter 1 will conclude with significance, social change implications, and a chapter summary.

Background

The populations impacted by intimate partner violence (IPV) include people of every race, gender, culture, nationality, class, sexual orientation, and children. The Centers for Disease Control and Prevention ([CDC]; 2015) described IPV as “physical, sexual, or psychological harm by a current or former partner or spouse” (para.1). In addition, the Domestic Violence Crisis Service ([DVCS]; 2015) described DV as an “abusive and/or violent behavior used to control another family member or members” (para. 1). As with IPV, “domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person” (USDJ, 2013, para.1). According to the CDC (2011), there are four types of behavior associated with IPV: physical violence, sexual violence, threats, and emotional abuse. However, Per the CDC (2011), “IPV victims are also more likely to suffer economic and social abuse.” Kaukinen and Outlaw (2009) concluded that perpetrators use nonphysical abuse more than physical abuse.

IPV is a major public health problem. Per the CDC (2011), “4.8 million women experience physical assaults each year,” while the National Intimate Partner and Sexual Violence Survey (NISVS) (2011) estimates that 12 million women a year, which is equivalent to a national average of 24 individuals per minute, are victims of IPV. Per the CDC (2011), “In 2007, the number of deaths in the U.S. related to IPV was 2,340 which accounted for 14% of all homicides” (para. 2). Kaukinen (2004) has reported that

physical abuse occurs in 4% of all relationships, but it is greater for women who are minority, physically handicapped, or have an alcoholic partner.

Many studies have explored the effects of non-physical and physical abuse on the abused. A victim of DV may not display visual scars of being abused; however, nonphysical abuse can be as damaging as physical abuse. Outlaw (2009) reviewed research on the effects of nonphysical abuse (emotional, social, and economic) in the general population and among those who are currently experiencing physical abuse. Effects include destruction of one's self-esteem, self-criticism, criticism of others, jealousy, or dependence upon the abuser (see, also, Peace, 2009). Shelter and counseling services provide victims of abuse with resources to counter the effects of physical and nonphysical abuse (Outlaw, 2009).

Evaluations of counseling and shelter services determined there is a need for these services. In a study of DV victims, Dichter and Rhodes (2011) reported that 38.6% used counseling services and 57.9% were interested in counseling services; 62.5% saw them as a current need, and 56.6% believed that they had helped them feel safer. However, the requests for victims receiving advocacy and counseling services are not being met due to limited resources. From an examination of the National Census of Domestic Violence Services, Lyengar and Sabik (2009) reported that within a 24-hour-survey, there were 5,000 requests for services that could not be met due to lack of resources. Many of the

services include emergency shelter, transitional housing, counseling, and advocacy (Dichter and Rhodes, 2011). Lyengar and Sabik (2009) concluded that individuals living in rural and poorer areas have higher rates of unmet request.

This study is needed because little is known about advocacy and counseling services provided or the victims being served. Domestic violence shelters assist victims by providing safe shelter and personalized services to meet individual needs. Counseling services provide the abused with interventions that consist of mental support, healing, and education. In their study, Haj-Yahia and Cohen (2009) reported on the lived experience of battered women residing in shelters. The perceptions of the DV victim life experiences while staying at the shelter were viewed as being an encouraging and supportive environment. It is important for this study to understand more about advocacy and counseling services and how these programs can assist victims of DV and can help revictimization.

Domestic violence shelters provide two types of services (advocacy and counseling services) to provide victims of abuse with resources to build independence. The main purpose of shelter and counseling centers is to provide the abused with education and safety as a measure of healing (Pennington-Zoellner, 2009). In addition, Grossman, Lundy, George and Crabtree-Nelson (2010) reported that shelters are more

likely to offer counseling and advocacy that meet the needs of the abused and which continue to help women after they leave.

When counseling services are not offered within the shelter, DV victims are recommended to other centers to help meet their needs. According to Kujipers, van der Knapp, and Winkel (2012), “Victims of IPV are known to be at high risk of being re-victimization” (p. 33). Therefore, an effective intervention of counseling and advocacy can help reduce victims of domestic violence from further revictimization. Victims who seek and receive advocacy and counseling services have increased knowledge, improved decision making, safety, self-efficacy, and empowerment to rebuild their lives (Ramsey, 2010). According to Fugate, Landis, Riordan, Naureckas and Engel (2005), many women are not fully aware of the available resources, or access to these resources may be prevented from their abusive partner, or they may not believe their abuse is severe enough to seek help.

Problem Statement

DV is a serious public health concern. According to United States Department of Justice ([USDJ], 2013), DV is “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner” (para. 1). DV is a crime that continues to increase and is underreported (Plichta, 2007). Intimate partner violence against women (IPVAW) poses a serious health risk to victims

(Plichta, 2007). Risks associated with IPVAW include poor mental health and an increased use of drugs and alcohol (Plichta, 2007). However, the victims of IPVAW are least likely to use health care, even though an increase in health problems are associated to IPVAW (Plichta, 2007).

There are many community-based DV programs that offer shelter, counseling, domestic violence hotlines, and advocacy services (Lyengar & Sabik, 2009). For example, advocacy programs provide victims with legal, medical, and social services. Counseling programs provide overall support for the victims and their families (Lyengar & Sabik, 2009). Previous research have addressed the need for why advocacy and counseling programs services are necessary for victims of domestic violence. Both advocacy and counseling services are designed to provide support to help the abused with safety, education resources, and mental counseling for emotional and physical abuse in addition to other services (Lyengar&Sabik, 2009). According to Lyengar and Sabik (2009), community-based DV programs play an important role in the community.

In conducting this qualitative study, I sought to contribute to knowledge on shelter intervention and prevention measures based on DV victims' perceptions. Very little attention has been given to victims' perceptions of these services, including the extent to which these services are actually providing the assistance that victims need, and

the ways in which the services could be better. In fact, there is a limited amount of literature available specifically on shelter-based services.

Purpose of Study

The purpose of this study was to explore the perceptions of women who have received services from DV advocacy and counseling programs. Support services are empowerment tools that provide victims with resources and options to deal with their current situation (Goodman & Smyth, 2011). In their study, Allen and Wozniak (2011) stated, “During a lifetime, over half of all women will experience some form of physical abuse within a domestic violence relationship” (p. 38). Even though there are many advocacy and counseling programs, little is known about women’s perceptions of these services. It is hoped that the results of this study will contribute to the development of more effective advocacy and counseling programs that provide victims with the resources they need.

Research Questions

RQ1: What was DV victims’ awareness of advocacy and counseling service prior to their abuse?

RQ2: What are DV victims’ experiences of advocacy and counseling services that they have received?

RQ3: What are DV victims' perceptions of how advocacy and counseling services could be improved to better serve their needs?

RQ4: What are the perceptions of DV victims of the role that advocacy and counseling services play in preventing further abuse among domestic violence victims?

Theoretical Framework

I drew upon HBM, which was developed by Hochbaum, Rosenstock, and Kegels (1958). Conceptual and theoretical frameworks are used in studies to reflect the researchers' assumptions and worldview about the phenomenon under study (Rocco and Thatcher, 2011). According to Rocco and Thatcher (2011), "[a] theoretical framework is built on a supportable premise or the extension of such premise through a logical path of reported research and clear and clear reasoning" (p. 119). The theoretical framework provides the foundation to analyze the perceptions and lived experiences of DV victims who used advocacy and counseling services.

My purpose in using HBM was to explore DV victims' perceptions of risk factors associated with being re-abused and their perceptions of the services (counseling and support programs) received. According to Thomas (2000), "HBM is based on value expectancy theory that posits behavior is a function of the subjective value of an outcome and the subjective expectation that a specific action will achieve that outcome" (p.19). The premise of HBM is that victims will seek advocacy and counseling program services

and change their behavior based on the HBM theoretical constructs. The theoretical constructs of the HBM are perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action (Thomas, 2000). Perceived susceptibility refers to the extent to which people consider themselves to be susceptible a health problem, and in this case it would refer to the extent to which a victim of domestic violence believed they would be or had been victimized. Perceived severity is how serious the victim believes the problem is. Perceived benefits determine whether advocacy and counseling programs helped reduce the risk of re-abuse. Perceived barriers are the negative factors that could arise after seeking help through advocacy and support services. Some of the perceived barriers that may arise after seeking help may include fear of abuser, threats, harassment, inadequate housing and financial resources. The last component (cues to action) refers to what happened to cause the victim to seek help and want change. Self-efficacy is another component of HBM because it allows victims of abuse to take action that influence behavior change (Thomas, 2000). My interview questions of perceptions of DV advocacy and counseling program users will be based on the HBM. Also, the interview questions will determine how effective these programs are in increasing self-efficacy and empowerment.

Nature of Study

Phenomenology was appropriate for my study to explore in-depth and lived experiences of domestic violence victims. A phenomenological design is important for this study because it gives a more in-depth understanding of human behavior and focuses on understanding the reasons for behavioral patterns. Also, phenomenology is an appropriate study approach to explore the in-depth experiences of domestic violence victims and will help encourage the abused through their own words to share their knowledge, awareness, and perceptions of the services they received.

Semi-structured, opened-ended interviews were used to collect data on DV victims' perceptions and lived experiences related to the services they received. While both men and women are victims of mental and physical abuse. This study will focus on IPV against women. This study will also use a purposeful sampling of 9 to 10 women who have used DV shelter services (advocacy and counseling programs). The use of purposeful sampling is necessary to select participants based on their experience of the phenomenon under investigation. Per Creswell (2007), a sample size of 10 is recommended for data saturation. Data collection will consist of semi-structured, open-ended, in-depth interviews with DV victims who have received advocacy and counseling programs.

Definitions

The following key terms are used throughout this study:

Abuse: defined as: 1. a corrupt practice or custom. 2. an improper or excessive use or treatment. 3. a deceitful act. 4. a language that condemns or vilifies usually unjustly, intemperately, and angrily (Merriam –Webster’s online dictionary, n.d.).

Abused: defined as: 1. to wrongly or improperly; misuse: abuse alcohol; abuse a privilege. 2. to hurt or injure by maltreatment; ill-use. 3. to force sexual activity on; rape or molest. 4. to assail with contemptuous, coarse, or insulting words; revile. (The Free Dictionary, n.d.).

Advocacy: “The act or process of supporting a cause or proposal: the act of process of advocating something” (Merriam –Webster’s online dictionary, n.d.).

Counseling: Counselors may assist the abused by providing career counseling and treatment options for DV victims who need employment or information and treatment options for mental and substance abuse (Berry, 2000). Counselors are responsible for educating the abused on DV and how they may be at potential risk for continued and more severe violence (Hays et al., 2007).

Domestic violence: defined as:

“a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors

that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone” (USDJ, 2013, para. 1).

Depression: “A mental disorder is often characterized by a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt and recurrent thoughts of death or suicide” (American Psychological Association, 2016).

Economic Abuse: Creating or attempting to make an individual dependent on the controller for money or other financial assets, and denying the abused the ability to work or attend social events (USDJ, 2013).

Emotional Abuse: is defined as “any kind of abuse that is emotional rather than physical in nature. It can include anything from verbal abuse and constant criticism to more subtle tactics, such as intimidation, manipulation, and refusal to ever be pleased” (Counseling Center at University of Illinois, 2007, para 1).

Health Disparities: “differences between one population group in comparison to a more advantaged group” that mostly “address issues of social justice and equity” (APA, 2014, para. 1).

Intimate Partner Violence (IPV): Same working definition as *Domestic Violence*.

According to the CDC, “Intimate Partner Violence (IPV) is a serious, preventable public health problem that affects millions of Americans. The term “intimate

partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy (CDC, 2014, para. 1).

Physical Abuse: Physical abuse “includes slapping, pushing or shoving to severe acts such as being beaten, burned or choked” (NISVS, 2010, p. 37).

Revictimization: defined as: “To re-harm or re-commit a crime against (someone)” (Merriam –Webster’s online dictionary, n.d.).

Survivor: defined as: “to remain alive: to continue to live” (Merriam –Webster’s online dictionary, n.d.).

Victim: defined as: “a person who has been attacked, injured, robbed, or killed by someone else” (Merriam –Webster’s online dictionary, n.d.).

Assumptions

In this study, it is assumed:

1. the participants will respond truthfully to the interview questions based on their lived experiences and understanding of the questions being asked and
2. that participants’ current health beliefs predict later health behaviors, as posited by the HBM.

These assumptions were necessary in the context of this study in order to ensure the trustworthiness of the data collection and analysis. According to Creswell (2007) in

order to ensure substantive validation the researcher must clarify presumption from the beginning of the study.

Scope and Delimitations

The scope and delimitations are limited to victims' perceptions of their life experiences of advocacy and counseling programs as services at domestic violence shelters. The participants in the research study were survivors of domestic violence who agreed to participate in the interview process. The study used participants that received advocacy and counseling services within a community-based domestic violence shelter. The objective of this study is to focus on the description of victims' perception of advocacy and counseling services at domestic violence shelters. Qualitative research is not generalizable but transferable in which information can be applied to other context and situations. This research was able to achieve a substantial description of the findings that can potentially be applicable to future research or theory. Transferability in qualitative methods seeks to discover an adequate description of a precise phenomenon (Creswell, 2007). Some of the themes that emerge from this study could be useful in future studies (qualitative and quantitative) of similar populations. According to Lincoln and Guba (1985) external validity can be obtained through describing a phenomenon in sufficient detail.

Limitations

A limitation of qualitative research is the inability of exploratory data to be applied to the larger population. Within this study purposeful sampling selected participants based on their use of advocacy and counseling services. Selection bias can impact the trustworthiness the study data if the participants do not meet the selection criteria. While, victims are able to receive services outside the shelters the main focus of the study is to interview participants who received services within the shelter. The limitation of purposeful sampling is that the research will not be generalizable to all domestic violence shelters that have advocacy and counseling programs as services. This limitation is acceptable in that the result will inform future research and larger studies. Respondent bias is another limitation could be created study if participants are not honest during the interview. Also, in this study self-selection bias can occur when the participants are given the opportunity to decide if they want to participate in the research study. Respondent bias can be minimized by making sure the research questions are precise and clear. Self-selection bias can be reduced by making sure the participants are representatives of the population beings studied. Also, reasonable measures to address limitations within this study will be obtained through research credibility. The credibility in data quality was established and validated through triangulation. According to Patton (2002) the verification and validation of triangulation may involve checking for data consistency within the sources and findings using different data collections.

Significance

This study can make a significant contribution to the literature related to domestic violence advocacy and counseling programs, because it will describe ways that these programs actually do help survivors of domestic violence, and ways that programs could improve to serve unmet needs. Also, a thick descriptive qualitative data analysis can help to inform readers who work at shelters or other organizations that offer advocacy and counseling programs about the needs of victims. The goal of domestic violence shelters is to provide services and programs to all women and men whether they have been abused or not.

This study presented exploratory data to contribute to the knowledgebase related to the role advocacy and counseling services provide to the abused, and what role users of these services play in eliminating domestic violence. The social change implication of this study is significant because it may increase awareness of how victims view advocacy and counseling programs, and could help to inform larger studies. Data collection using in-depth interviews captured the lived experiences and perceptions of the abused through emerging themes identified in analyses. Data analysis helped to determine if advocacy and counseling programs, as services, are actually helping the abused. The goal of domestic violence shelters is to provide services and programs to all individuals and survivors.

Summary

Chapter 1 discussed the background, problem statement, and study purpose related to advocacy and counseling services. There have been numerous research studies that explored many areas of domestic violence. However, little is known about the victims' lived experiences and perceptions related to advocacy and counseling programs as services. The research questions formed by using the HBM framework will serve as the foundation for understanding victims' perceptions to advocacy and counseling programs as services. The significance of this study is to obtain exploratory data on advocacy and counseling services and determine if these programs are actually helping survivors of domestic violence. Chapter 2, the literature review, will explore advocacy and counseling programs as services to victims of domestic violence.

Chapter 2: Literature Review

Introduction

DV is a serious public health concern globally. Many women suffer physical, emotional, and economic abuse. Psychological abuse, which has physical, emotional, and economic aspects, can prevent the abused from seeking advocacy and counseling support services (CITE). Hampton, La Taillade, Dacy and Marghi (2008) found that socioeconomic disparities along with class and race result in fewer black women from seeking advocacy and support services and reporting DV. The stigma associated with abuse and the increase chances of facing further abuse prevent many victims of DV from seeking advocacy and counseling support services (Hays et al., 2007). Peace (2009) reported that DV can occur among all economic backgrounds but prevails in low economic classes. Outlaw (2009) and Peace (2009) provided information on emotional, economic, and physical abuse and the factors that lead to women being victimized. Pennington-Zoellner (2009) reported that counseling services provide a level of intervention to give the abused safety, healing, and education. Ramsey (2010) and Pyles (2008) provided information on the importance of advocacy and their role in empowering women of domestic violence to overcome the emotional and physical abuse.

One of the most important resources for women to overcome emotional and physical abuse is domestic violence shelters. According to Pyles (2008), advocacy is

important because it focuses on offering personalized services tailored to meet the abused's needs as well as helping to provide safe shelter and access to community resources. According to Johnson and Zlotnick (2009), domestic violence shelters are places where victims of DV can receive support, counseling services, advocacy, and referrals to additional services based on their needs. The role of advocacy a service within the shelter is extremely important to the mental and physical health status of domestic violence victims (CITE). However, shelter services often go unused (Grossman & Lundy, 2011).

Advocacy services focus on personalized services tailored to the abused needs, and provides safe shelter and access to community resources (Pyles, 2008). Counseling services use counselors to assist the abused by providing career counseling and treatment options for DV victims who need employment or information and treatment options for mental and substance abuse (Berry, 2000). Also, counselors are responsible for educating the abused on DV and how they may be at potential risk for continued and more severe violence (Hays et al., 2007).

The purpose of this qualitative phenomenological study is to explore counseling and advocacy programs as services to victims of domestic violence. It is important to explore counseling and advocacy programs because little is known about the extent to which female victims of DV receive the help they need from these services. Domestic

violence is a widespread problem affecting all aspects of society. In order to stop domestic violence, there must be resources readily available to assist victims and knowledge as to whether these resources are actually helping the victim. This study will explore the different ways counseling and advocacy programs assist victims of domestic violence. The exploratory data obtained to understand how counseling and advocacy programs will assist the abused and will attempt to summarize the gap in the literature that helped facilitate this study.

Chapter 2 will start with a brief history and summary of domestic violence and how the concept has been defined. Also, the literature review will discuss the major critical aspects of domestic violence such as, physical abuse, emotional abuse, economic abuse, advocacy, and counseling program services.

Literature Search Strategy

A literature search was conducted using Academic Search Complete, ProQuest Central, EBSCOhost, PsycARTICLES, MEDLINE, Google Scholar, and SocINDEX. The search terms used to locate the articles were the following: *domestic violence, intimate partner violence, advocacy, abuse, counseling, economic abuse, mental abuse, physical abuse, non-physical abuse, spousal abuse, service, social disparities, support services, health belief model, knowledge, perceptions, experience, and shelter*. The websites of CDC and Prevention and Ohio Domestic Violence Network were used to

obtain additional information. Also, electronic and print sources were reviewed for this research. The results of the peer reviewed full text articles and publications were limited to the last 5 years. However, there were a few studies used for informational purposes in the literature review that were more than 5 years old. There was limited research using qualitative approach, specifically a phenomenological design on this topic that addressed victims of abuse who used advocacy and counseling services at domestic violence shelters. However, the findings within the peer reviewed articles and publications were a representative review of an exhaustive review of the literature, constructs of interest, methodology and key concepts that are relevant to this study.

I included 7 articles that had been published within the past 5 years related to the concept of interest consisting of nonphysical and physical abuse, socioeconomic disparities, and advocacy and counseling programs. An exhaustive literary review of shelter-based advocacy and support programs were performed to gain knowledge of how these types of services help the abused. However, I found a limited amount of literature available specifically on shelter-based services. In my literature review, I was able to find several studies conducted by public and private organizations that offer a range of resources to victims of DV and their families. There was a limited amount of published studies published within the last 5 years related to the research questions. There were also 14 articles that were used for informational purposes only.

Structure of Review

In this chapter, the following topics will be covered: conceptual framework for the Health Belief Model, history of domestic violence, impact of domestic violence on race, gender and support services, non-physical aspects of domestic violence, physical aspects of domestic violence, social support services (counseling and advocacy), and domestic violence shelters. In addition, a synthesis of findings will be provided after each section.

History of Domestic Violence

One of the earliest incidences of violence against women can be dated back to 750 B.C. during the reign of Romulus in Rome (Lemon, 1996). Under The Laws of Chastisement the husband was given rights to discipline his wife (Lemon, 1996). From the earliest incidence in 750 B.C., until the late 19th century and 20th century the violence perpetrated against women was often kept hidden from the society. However, it was the advocacy of the feminist movement in the late 19th century and 20th century that brought violence against women to the forefront of society. Chrisler and Ferguson (2006) stated that violence perpetrated against girls and women is “an abuse of power in the course of the domination, intimidation, and victimization of one person by another, often, but not always, in the context of a relationship” (p. 235).

The strong emergence of the feminist movement in the 1900's helped established domestic violence shelters to provide victims with services and in the process raise public awareness of IPV (Barner & Carney, 2011). However, as the number of shelters grew the funding did not keep pace (Barner & Carney, 2011). According to Barner and Carney (2011), "A reprieve came with the passage of the Victims of Crime Act (1984), which initiated a broad-based federal funding process while an amendment of the law in 1988 established compensation funds for IPV victims" (p. 237). In 1988, the Violence against Women Act (VAWA) was established to improve the needs and problems of the abused by improving the criminal justice system and community-based social service response (NCADV, 2005). The impact of domestic violence has drastically changed individuals and family lives in the twenty-first century. Today domestic violence is recognized as a serious health problem that crosses all racial, gender, cultural, and socioeconomic backgrounds.

Non-Physical Domestic Violence

Non-physical abuse may consist of emotional, psychological, economic and social abuse (Outlaw, 2009). Victims of physical abuse by their partners are more likely to experience the inflictions of non-physical abuses that consist of emotional, economic, social, and psychological abuse (Outlaw, 2009). Past study indicated that women

identified they had experienced non-physical abuse, but did not recognize non-physical abuse as a form of violence (Outlaw, 2009; Miller, 1995).

In a current study using Tjaden and Thoennes (1998) survey data, researcher Outlaw (2009) examined the rate of non-physical abuse (emotional, social, and economic) in the general population, and among those who are currently experiencing physical abuse. The analysis consisted of a subsample ($n= 11,291$) of individuals with partners. The results strongly indicated that experiencing non-physical abuse put one at higher risk of further abuse than would be the case for people who have not been abused (Outlaw, 2009). However, these are not true prevalence data (which are quantitative and based on large populations), but rather estimates based on small studies that may not have been well controlled.

Economic Abuse

Economic abuse is defined as “making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholdings one’s access to money, or forbidding one’s attendance at school or employment” (USDJ, 2013, para. 5). While recognized as a component of domestic violence, economic abuse is rarely recognized as abuse, leaving the abused limited to social support services (Shobe & Dienemann, 2008). These findings are supported by the research of Shobe and Dienemann (2008), who indicated domestic violence, is three times more likely to happen

in relationships that experience wealthier household levels than relationships with poorer household levels. Pennington-Zoellner (2009) argues that a lack of economic security restricts women from leaving their abusive partner. However, more recent research suggests that within economic abuse DV victims are more likely to suffer severe violence because their partner may be unemployed or work in a low paying job (Peace, 2009). The role of counseling services is important to help the abused gain knowledge and awareness through community support.

Emotional Abuse

There are many emotional abuse problems associated with victims of domestic violence. According to Outlaw (2009), “Emotional abuse involves comments, actions, insults/put-downs, name-calling, public embarrassment, or even accusations intended to undermine the victims self-respect and sense of worth” (p. 264). Outlaw (2009) found that many women who experience domestic violence are likely to suffer from emotional abuse. The effects of emotional abuse can include the victim being isolated from family, and her self-esteem being destroyed (Peace, 2009). However, the lifelong effects women face from physical abuse can be just as devastating. Outlaw (2009) reported that when the abuser used both emotional and social abuse they were more likely to inflict physical abuse.

Findings reported that respondents ($n= 134$) from 21 focus groups believed that nonphysical abuse can be more detrimental and enduring as physical abuse (Seff et al., 2008).

In their study, researchers Seff, Beaulaurier and Newman (2008) used maximum variation sampling measures to recruit participants into 21 focus groups that investigated nonphysical violence in older and middle age women. The participants reported that non-physical abuse had negative effects on “self-esteem and self-image”, and recovery from non-physical violence can be slow or non-existent (Seff et al., 2008, p. 362). The strength of this study is that the findings are consistent with other studies. The weakness of this study was the study participants did not represent older women in the geographic area, which contributed to bias in the sample measures and analysis.

Emotional abuse can damage the victims’ sense of self. In a recent mixed methods study using the grounded theory approach, Lynch (2013) explored how 100 women believed partner violence impacted their perception of self. According to Lynch (2013) “82% of the women indicated their partner yelled or screamed at them, 70% reported their partner swore at them, 57% reported their partner was critical of their appearance, and 58% believed they were being monitored” (Lynch, 2013, p. 226). The strength of Lynch’s (2013) research study is that it could be used as an implication tool for battered women. The weakness of this study was that participants were selected based on an

advertisement asking if they been hurt or had a conflict with their partner with the past year (Lynch, 2013). Also, the population of women selected was not chosen from a domestic violence shelter.

In view of these statistics, and to support the key concepts of the literature review, it can be concluded that emotional abuse can impact victims' sense of self. According to Lynch (2013), "Self-in-relation theory, specifically developed to explain women's sense of self, posits that individuals define their self through their relationships with others (p. 221). The review of current research literature indicated emotional and economic can prevent the abused from seeking advocacy and counseling support services. The victims' perceptions of advocacy and counseling services used to treat emotional and economic abuse will help fill the gap in literature if these services are actually helping the victims.

Physical Aspect of Domestic Violence

Physical Abuse

Physical abuse "includes slapping, pushing or shoving to severe acts such as being beaten, burned or choked" (National Intimate Partner and Sexual Violence Survey (NISVS), 2010, p. 37). The World Health Organization (WHO; 2012) described two different types of physical abuse as moderate or severe. The WHO (2012) reported women who experienced moderate or severe physical abuse had experienced emotional physical abuse. Outlaw (2009) argues that physical abuse is correlated to non-physical

abuse. The WHO (2012) also reported moderate physical abuse was interpreted as using open hands to inflict physical harm such as, slapping, pushing, and shoving. Also, severe physical abuse is interpreted as the use of direct threat that involve punching, kicking, and use of weapon (WHO, 2012). In a 12-month study, NISVS (2010) reported that approximately 32.9% of women in the United States have suffered physical abuse from their intimate partner. Recent research has determined that women who experience physical violence from their partner are more likely to seek treatment from an emergency room (Peace, 2009).

There is some evidence that individuals who experience physical abuse have also experienced non-physical violence. In a current descriptive study, researchers Simmons, Lehmann, and Collier-Tenison (2008) compared women in domestic violence offender's program with women in domestic violence shelter on their partner controlling behavior. Both groups reported high levels of physical, emotional, and controlling behaviors; however, the women in domestic violence shelter reported their partner had considerably more abusive and controlling behavior. The strength within this study was the implication for future research on domestic violence victims service needs. The weakness within this study was that the level of violence could have been overestimated because women in the offender program may have "willingly responded in a violent manner to their experiences of domestic violence" (Simmons et al., 2008, p. 391). Also, the women responses could

have been used to make them look favorable, and the women selected may not be representative to the entire population (selection bias) which would potentially affect the study findings (Simmons et al., 2008). In view of these statistics and to support the key concepts of the literature review it can be concluded that individuals who experience physical abuse have also experienced non-physical violence. In addition, the two aspects of psychological abuse (emotional and economic) can hinder the abused from seeking advocacy and counseling support services.

The emotional, economic, and physical abuse DV victims' experienced will help contribute to the knowledge base of shelter intervention and prevention measures using the victims' perceptions. The perceptions of DV victims' will help fill the gap in literature if shelter advocacy and counseling programs are actually providing the abused with the necessary assistance.

Public Policy Related to Domestic Violence

According to Schneider (2008) the seriousness of domestic violence has facilitated changes in the law. As a result, on August 12, 2012, an executive order was issued by the President of the United States to globally improve gender equality and empowerment by advancing womens' and girls' rights (The White House, 2012). Therefore, under the executive order, it is required "U.S. government agencies and other stakeholders increase coordination of gender-based violence prevention and response

efforts” (The White House, 2012, para. 3). Also, the executive order will increase U.S government programs that administer gender-based violence (The White House, 2012). It has been recently studied that women who experience domestic violence often share experiences on the nature of abuse and how the abuse seemed to develop over time (Ard & Makadon, 2011).

Domestic Violence Shelters

Awareness of Shelter

Domestic violence shelters are an extremely important resource to battered women. According to the National Coalition against Domestic Violence (NCADV) (2008), domestic violence shelters provide 300,000 women and children a safe place to stay each year. In addition to offering a safe place to stay, they offer a wide range of programs for the abused such as, advocacy, mental health, support, and referrals to social service services and legal resources, reflecting the fact that the most important time to offer intervention and changes in an abused life is after a woman enters a domestic violence shelter (Johnson & Zlotnick, 2009).

Domestic violence shelters are particularly beneficial to women who were in a very violent relationship (Panchanadeswaran & McCloskey, 2007). However, the abused is often directed to shelter through many channels of referrals such as law enforcement, domestic violence advocate, domestic violence hotline, family, friends and etc. Equally

important, when domestic violence victims finally escape their abuser their main concern is a place of safety. According to the National Network to End Domestic Violence (NNDEV) (2011), the primary need of shelter is particularly important because of the dangerous situation a domestic violence victim face. Domestic violence shelters establish rules for victims to follow for their protection and others who reside within the haven. Haj-Yahia and Cohen (2009) stated in most shelters smoking, alcohol, psychoactive substances, and telling the location of shelter is prohibited. Emergency shelter is one type of service the abused choose to access through domestic violence shelters.

Access to Shelters

For many victims who are escaping their abuser domestic violence shelters can mean the difference between life and death (Baker, Billhardt, Warren, Rollins and Glass, 2010). Domestic violence shelters are beneficial to the abused because it provides women a place of safety in a confidential location away from their abuser (Baker et al., 2010). However, the needs of victims often are unmet due to the limited amount of space available within domestic violence shelters.

In a recent study based on National Census of Domestic Violence Services, researchers Lyengar and Sabik (2009) examined the “National Census of Domestic Violence Service, an innovative safety focus survey, to count services provided by more than 2000 programs” (p. w1052). The study determined by a 24-hour-hour survey more

than 5,000 requests for services could not be met due to lack of resources. Many of the services included emergency shelter, transitional housing, counseling, and advocacy. The survey also determined that individuals living in rural and poorer areas have higher rates of unmet need. Also, services are limited to individuals who reside in an area that is predominately populated by black or Native Americans. The impact of domestic violence in minority communities can increase inequalities. In comparison, Hampton, La Taillade, Dacy and Marghi (2008) believed the factors of socioeconomic disparities along with class and race can hinder many black women from seeking advocacy and support services, and reporting domestic violence. A high rate of domestic violence and socioeconomic disparities occurs within the Native American Community. Even more revealing than the fact that socioeconomic disparities, class, and race can hinder women from reporting violence is the demand of services that are unmet each day because of resource restraints.

The strength of the study was it is consistent and supports the key concept on how socioeconomic disparities are major factors that can hinder women from reporting violence. A limitation of the study is due to resource restraints, the chances that an abused woman actually receives advocacy and support services are almost nonexistent depending on the area in which they reside. In view of these statistics and to support the key concepts of the literature review it can be concluded socioeconomic disparities are a

major component that limit the abused from reporting abuse. However, if the request for services is unavailable due to lack of resources to DV victims' the abused will not receive the necessary assistance of advocacy and counseling programs to rebuild their lives.

In a national survey the NNEDV (2011) reported that on September 5, 2011 in the United States:

- There were 67,399 victims served.
- Approximately 36,332 domestic violence victims found refuge in emergency shelters or transitional housing provided by local domestic violence programs.
- More than 10,000 victims' requests were unmet for services, including emergency shelter, housing, transportation, childcare, and legal representation (para. 1).

Motels are another form of emergency shelter offered to the abused, primarily when local shelters are full occupied. Many community domestic violence shelters have arrangements with local motels to provide emergency shelter to victims and their family for a specified period (Baker et al., 2010). While motels can provide a haven for the abused, many of the services provided at domestic violence shelters become limited (Baker et al., 2010). According to Clevenger & Roe-Sepowitz (2009) victims with children are more likely to seek shelter than victims without children. Often when the abused seek shelter they are more fearful about the safety of their children (Clevenger & Roe-Sepowitz, 2009). However, Grossman et al., (2010) argued that shelters are more

likely to offer counseling and advocacy that meet the needs of the abused, and continue to help women after they leave. Grossman, Lundy, George, & Crabtree-Nelson (2010) acknowledge that domestic violence victims have a greater opportunity of receiving counseling services while in shelters, but report that not all shelters offer 24-hour emergency service to the abused, so that many of the abused must find a place to sleep (Grossman and Lundy, 2011).

Clevenger & Roe-Sepowitz (2009) conducted a quantitative study to examine which variables, if any, would influence the abused to use shelter services or not to use shelter services. There were ($n= 265$) females and ($n= 18$) males recruited as sample participants. The study findings determined that individuals with children were more likely to utilize shelter services (Clevenger & Roe-Sepowitz, 2009). Also, individuals who suffered physical abuse were more likely to utilize shelter services (Clevenger & Roe-Sepowitz, 2009). The strength of this study was the implication for practice to understand why the abused chose not to seek shelter. Also, the implication to additional training and education could help increase the worker's response to calls received from victims (Clevenger & Roe-Sepowitz, 2009). The weakness in the study was the crisis center had 3 males working during the study period and could have influenced the victims' decision when seeking shelter services (Clevenger & Roe-Sepowitz, 2009).

In addition, this study focused on domestic violence shelter as a service to the abused. As stated earlier, in a cross-sectional study, researchers Dichter and Rhodes (2011) administered a self-report questionnaire to ($n= 173$) adult women. Within this study, there were 24.8% who used DV shelter; 29.9% who were interested in this service; 28.7% see it as a current needed service; and 38% who thought it help them feel safer. The strength of this study was the self-administered survey determined an interest and current need of the abused receiving shelter service. The weakness is the participants were recruited from the emergency department and community based services using non-representative samples.

Similar findings were also reported by Panchanadeswaran and McCloskey (2007) who based their quantitative study on “secondary analysis of a 10 year longitudinal data set that studied intergenerational transmission of aggression” (pg. 52). Within their study, a subsample of 100 women was chosen from the initial 192. There were several factors that led to initial women being chosen for this study. For example, there were 43 women who were lost to follow-up; 39 became separated before the study began; 7 could not provide the date they left the shelter, and 3 had responses that were not consistent. On the strength side of the domestic violence shelters, result from the longitudinal study of 100 women using history analysis (Panchanadeswaran and McCloskey, 2007). Also, the study discovered was that 81.8% of women who utilized shelters had also ended their abusive

relationship. The initial participants were recruited through posters and domestic violence shelters. Also, the data collected was not used for research purpose; therefore, in-depth questions were not administered or response categories in were narrow.

Effectiveness of Shelters

Shelters serve as an establishment of social change because it has the ability to change behavior, attitude, and beliefs of the abused (Haj-Yahia & Cohen, 2009). In their study, Haj, Yahia & Cohen (2009) used a phenomenological approach to examine the victims' perception of their stay at the shelter. The in-depth semi-structured interview was administered using a purposive sample of ($n=18$) women. The four themes generated from the analysis were, the abused shelter perception; the abused perception on life experiences and herself; perception of other women in the shelter; and perception of staff members (Haj et al., 2009). The women viewed the shelter perception as being an "environment bond by rules, obligations, and regulations" (p. 98). The perception of the abused and her life experiences while staying at the shelter were viewed as being an encouraging and supportive environment (Haj et al., 2009). The abused perception of the other women staying in the shelter was viewed as being negative experiences (Haj et al., 2009). Most of the women viewed their experiences with other women in the shelter as being tensed, unpleasant, deceitful, and etc. (Haj et al., 2009). However, the results of the

analysis from the victims' perception determined most of the women were satisfied with their staff members (Haj et al., 2009). The limitation within this study was the abused perception of the services received was not included in the study. The strength of this study was the researchers did offer a comprehensive perception of the abused residing in a violence shelters. Also, the implications of this study can be used to improve the relationship between the abused and staff members.

In the review of current research literature and studies, it can be determined that domestic violence shelters are extremely important to the abused to not only receive emergency shelter, but to receive the necessary resources to make them feel safe. Current research literature and studies indicates that shelters are more likely the first place the abused will seek. In support of the research questions and gap in literature DV shelters may offer the abused with an array of resources for them and their children. For example, shelters provide protection, food, clothing, transitional housing, transportation, mental support and etc. DV victims' perceptions on advocacy and counseling services provided at the shelters will help understand the gap in the literature if these services are actually providing the necessary assistance.

Advocacy

Domestic violence advocates are part of the public health practice because they operate as a joint force with collaborative partnerships (available resources from state and

federal government, etc.) and the community. The involvement of advocacy, as a support service in shelters is important because it serves as a social support network within the community to give individuals a sense of emotional and physical comfort that they belong to a community of people who care about them and value how they feel. According to Ramsay, Carter, Davidson, Dannel, Eldridge, Feder and Hegarty et al.,(2009) advocates serve as a connection that empowers and link the abused to community services. Domestic violence advocates play an important role in helping women overcome the emotional and physical scars inflicted on them by their abuser. Advocacy is important to victims of DV because it improves self-efficacy through empowerment, and helps the abused determine how to better their situation through support services (Ramsey, 2010). According to Pyles (2008) advocacy is important because it focus on personalized services tailored to the abused needs, and provides safe shelter and access to community resources. A partnership of DV shelters and community participation can allow individuals to feel a degree of connectedness to other individuals; which can help the community's health by improving self-efficacy and by helping individuals cope with many physical and mental needs.

While there are many cultural barriers that deter women from reporting domestic abuse, a primary reason why abuse goes unreported is the stigma associated with being abused and the increase chances of facing further abuse (Hays et al., 2007). In order to

understand this issue, in a research study Hays et al., (2007) discovered there are roughly 90% of women who fail to report their abuse. However, Pyles (2008) reported 67% women who received a protection order experienced a decrease in harassment and contact from the abuser. In addition, Pyles (2008) reported that a fear of the legal process was the reason why the victim experienced a decrease in harassment and contact from the abuser. Therefore, the role of advocacy is extremely important to the mental and physical health status of domestic violence victims; however, the utilization of these services often goes unused (Grossman & Lundy, 2011).

In a recent study, Grossman and Lundy (2011) data were collected using secondary analysis comparing women who utilized shelter resources and those who did not obtain shelter. A random sample of women ($n= 2500$) those who obtain shelter and ($n= 2500$) those who did not obtain shelter was used in the quantitative analysis. The study findings indicated that women who received shelter obtain more of the shelter resources than women who choose not to seek shelter (Grossman & Lundy, 2011). Also, those who obtain shelter services were more likely to receive legal advocacy to help with criminal charges and protection orders than those who choose not seek shelter (Grossman & Lundy, 2011). The strength of this study was acknowledgement that shelter services offer an array of helpful needed resources to those who seek help. The weakness of this study was the outcome of the services the abused received.

According to Allen, Larsen, Trotter and Sullivan (2012) women who worked with advocates had an “improvement in mental health outcomes, reported less violence, and greater quality of life” (p. 4). In their study, researchers Allen et al., (2012) examined the delivery process of the Community Advocacy Project (CAP) intervention on survivors of domestic violence. A Qualitative analysis using semi-structured interviews of 51 survivors’ interviews responses determined that 3 main service delivery elements of CAP helped them receive successful supportive service. The 3 services delivery elements are community-based advocates being non-judgmental, engaging emotional support, and advocates being accepting and validating to survivors (Allen et al., 2012). The strength of the study indicated CAP was able to determine that survivor centered advocacy, and their goal to provide services and programs to all women and men whether they have been abused or not. The weakness of this study was the participants were asked about their experiences with the program which could have led to overly positive responses. In a view of this study, it can be reported that advocacy is a needed service that support the abused by helping them feel validated without being judgmental, but at the same time is able to support the abused with emotional support and etc.

The review of current research literature and studies help support the research questions and gap in literature that counseling is a critical support service that assists the abused through many different phases (mental treatment, education resources, promoting

safety, etc) to help them reclaim their lives. The perceptions of the victims will help determine and fill the gap in literature if counseling service is actually assisting victims with critical support service.

Counseling

The two different types of support services available to domestic violence victims are short-term and long-term counseling. However, the needs of the victims will determine what type of intervention is appropriate. Ramsey (2009) reported that short-term advocacy can consist of one single meeting that can last approximately 12 hours. However, the study's findings further revealed that long-term advocacy (numerous meetings that will last more than 12 hours) is usually required when the abused have necessities that require a longer level of intervention (Ramsey, 2009). While, counseling centers provide necessary resources for the abused to reclaim their lives. The main purpose of counseling centers is safety and healing (Pennington-Zoellner, 2009). In their research study, Pennington-Zoellner (2009) reported that counseling centers provide the abused with "education and counseling" while DV shelters provide the abused a haven (p. 540). According to Hays, Green, Orr and Flowers (2007) advocacy counseling for DV survivors' responsibility is to "provide interventions that promote client empowerment, create sociopolitical changes, and support client and community welfare" (p. 185). The study's finding further revealed that counselors may help the abused feel as though they

belong to the community by altering their perception (Hays, Green, Orr and Flowers, 2007). In addition, Hays et al., (2007) believed that counselors are responsible for educating the abused on DV and how they may be at potential risk for continued and more severe violence. The most critical part of counseling is the initial visit when counselors can help promote the safety of the abused by helping them identify escape routes, safe places to go, making an escape kit (money, keys, phone numbers etc.) just in case the abused choose not to return to counseling (Hays et al., 2007). Additionally, Ramsey (2009) established that the resources available at DV shelters offer many health benefits to victims of domestic violence.

Current research studies indicate that counseling services are not able to support the treatment of the abused women. In the following study, the use of counseling services for treatment of the abused was examined. In a cross-sectional study, researchers Dichter and Rhodes (2011) administered a self-report questionnaire to ($n= 173$) women. The data collected indicated that 38.6% used counseling services; 57.9% were interested in counseling services; 62.5% see it as a current need, and 56.6% believe it help them feel safer. The strength of this study indicated an interest and a need for counseling services among victims of abuse. The weakness within this study is the participants were from non-representative samples recruited from an emergency department and community based services.

In a phenomenological study, researchers McLeod, Hays and Chang (2010) investigated the different types of community and personal resources victims of abuse used after leaving their partner. The sample size consisted of 5 women between the ages of 24 to 38 years recruited from counseling centers and community agencies that help the abused. The abused responded to four themes within the personal resources: “needing social support, desiring personal validation, engaging in self-care (spirituality, researching IPV etc.) and reaching out to others” (McLeod et al., 2010, p.305). Also, the participants responded to four themes within the community resources: “receiving adequate assessment, feeling validated during community response, being offered protection, and having support and options” (McLeod et al., 2010, p.305). The strength of this study is the implication for future practice because it is the first study to investigate the different types of personal resources the abused believe is helpful, and how counselors can help the abused who are in the process of leaving their partner find community resources (McLeod et al., 2010). The weakness within this study was the data analysis determined the abused had both negative and positive outcomes with personal and community resources.

Based on the study findings it can be stated that counseling is a needed service to help the abused feel safe and to promote self-empowerment. The review of current research literature and studies help support the research questions and gap in literature

that counseling is a critical support service that assists the abused through many different phases (mental treatment, education resources, promoting safety, etc) to help them reclaim their lives.

Perception

As stated earlier, the purpose of this study is to explore lived experiences, perceptions, and the role of advocacy and counseling services among women who are domestic violence victims. HBM will be used to explore the perceptions of domestic violence victims to risk factors associated with being re-abused and their perceptions of the services (counseling and support programs) received. The research questions formed by using the HBM conceptual framework will serve as the foundation of understanding victims' perceptions of advocacy and counseling programs as services. The Health Belief Model will be used to theorize the perceptions of domestic violence victims to risk factors associated with being re-abused and their perceptions of the services received.

Theoretical Framework

Health Belief Model

The theoretical framework for this study will be Health Belief Model (HBM) developed by Hochbaum, Rosenstock and Kegels (1958). The theoretical framework will provide the foundation to analyze the perceptions and lived experiences of domestic violence victims' who used advocacy and counseling services. The HBM has been used

by researchers to examine health decisions, behaviors, health beliefs and health threats. As stated in Chapter 1, both conceptual and theoretical frameworks are used to reflect the researchers' assumptions and worldview of a known phenomenon under study (Rocco and Thatcher, 2011). According to Rocco and Thatcher (2011), "A theoretical framework is built on a supportable premise or the extension of such premise through a logical path of reported research and clear and clear reasoning (p. 119). The conceptual framework will provide the foundation to analyze the perceptions and lived experiences of domestic violence victims' who used advocacy and counseling services. Domestic violence is a serious health problem that can affect the victim's mental and physical well-being. The purpose of HBM within the study is to explore the perceptions of domestic violence victims to risk factors associated with being re-abused and their perceptions of the services (counseling and support programs) received. The rationale for using the HBM is to understand that a victim of domestic violence will take the necessary action if they feel further abuse can be avoided. In study, Janz and Becker (1984) believed that a specific health action will reduce or prevent the risk of a threat.

Also stated in Chapter 1, the HBM will be used within the study to theorize the perceptions of domestic violence victims to risk factors associated with being re-abused and their perceptions of the services (counseling and support programs) received. Also, these programs will increase domestic violence victims' self-efficacy because it serves as

an empowerment tool that help women deal with their current situation. The hypothesis and assumptions of HBM are that victims will seek advocacy and counseling program services and change their behavior. However, the abused must first believe, understand the benefits, understand the barriers, and determine what causes them to seek help. The components of the HBM are perceived susceptibility, severity, benefits, barriers, and cues to action (Thomas, 2000). All five components of the HBM are the building blocks for the theoretical proposition. The research questions will follow the five components of the HBM such as, understanding knowledge, awareness, perception, attitudes and lived experiences of domestic violence victims. However, the abused must first, 1) believe they have been victimized, 2) understand the severity of the problem, 3) understand the benefits of advocacy and counseling programs, 4) understand the barriers of seeking help from advocacy and counseling programs, and 5) The cues of action that caused victim seek help. The research questions will build upon the role of advocacy and counseling services to educate domestic violence victims through prevention on how to avoid harmful actions and behaviors. The assumption of the health belief model within this study is that the abused will take the necessary actions to seek help.

In a current research study, Waite and Killian (2008) used the HBM to explore when African American women made the decision to seek treatment for their depression. In their study, a purposeful sampling of 14 African American women was recruited from

a nurse managed health care center (Waite and Killian, 2008). The researchers explained the problem by using a pre-existing survey instrument (Patient Health Questionnaire-9), a self-reported questionnaire for depression that is validated as the only instrument used as a screening, severity, and outcome measure (Waite & Killian, 2008; Lowe, Unutzer, Callahan, Perkins & Kroenke, 2004). The weakness within the study was the study focused on one racial group. The limitation of focusing on one particular race limits the study from exploring and comparing perceived health beliefs from a more diversified population (Waite & Killian, 2008). The strength of the study was that credibility, dependability, confirmability, and transferability was used to establish the trustworthiness of collected data (Waite & Killian, 2008; Lincoln & Guba, 1985).

In another study, Sullivan, White, Young, Chang, Roos and Scott (2008) used the HBM to examine how predictors of intention could reduce individuals who are at risk of stroke. There were 76 individuals between the ages of 56 to 90 years old with 74.8 being the average age (Sullivan et al., 2008). The study used two instruments the Cerebrovascular Accident Attitude and Beliefs Scale-Revised (CABS-R) to measure stroke health belief; and the Stroke Knowledge Test (SKT) was used to measure stroke knowledge. The strength of the study was the HBM determined that stroke beliefs are a major aspect of health prevention and treatment (Sullivan et al., 2008). The concept of the first study was to explore how the health beliefs of the participants with depression

could improve treatment between patients and practitioners. The dependent variable in the second study was to reduce stroke risk. Both studies are important to understanding how behavioral change can impact health outcome.

Summary and Conclusion

The objective of domestic violence programs is to educate society on domestic violence; however, the goal of domestic violence shelters is to provide services and programs to all women and men whether they have been abused or not. Advocacy and counseling programs are the best level of intervention to educate and eliminate domestic violence in the community (Johnson & Zlotnick, 2009). Domestic violence is a serious public health concern in which many women suffer physical, emotional, and economic abuse. Counseling services provide a level of intervention to give the abused with safety, healing, and education (Pennington-Zoellner, 2009). Advocacy services are personalized and tailored to each victim's needs and provide safe shelter and access to community resources (Pyles, 2008). One of the most important roles of domestic violence advocates is to help the abused overcome their emotional and physical scars. DV shelters are the most important resource for women in need of safety. When escaping from an abusive relationship, a DV shelter can provide a place of safety. DV shelters are places where the abused can receive support, counseling services, advocacy, and referrals to additional services based on their needs (Johnson & Zlotnick, 2009). However, many DV shelters

are not able to accommodate every victim due to lack of beds and limited 24-hour DV shelters. Research has been done on many areas related to domestic violence; however, little is known about the extent to which women victims of domestic violence get the help they need from these services.

This study will explore the specific roles of advocacy and counseling programs, as support services in DV shelters, because little is known about the victims' perceptions of the services received, or communities being served (Lyengar and Sabik, 2009). Chapter 3 will be an overview of the qualitative study design; rationale; role of researcher; phenomenological approach (methodology); instrumentation; data analysis plan; trustworthiness; and ethical procedures.

Chapter 3: Research Method

Introduction

As stated in Chapter 1, the purpose of this study was to explore women's perceptions of DV advocacy and counseling programs, which are designed to provide women and men with safe refuge, prevention education, mental health treatment, and other services (Lyengar & Sabik, 2009). The intent of the study explored the role of advocacy and counseling programs as services for victims of domestic violence, and factor for re-abuse. Little is known about the extent to which female victims of DV are getting the help they need. Exploratory data may help inform larger quantitative studies.

Chapter 3 will discuss the major aspects of my research design, including research design and rationale, methodology, instrumentation, recruitment procedures, data collection, data analysis, issues of trustworthiness, and ethical procedures. The chapter ends with a summary.

Research Design and Rationale

The research questions that will be answered in this study are

RQ1: What was domestic violence (DV) victims' awareness of advocacy and counseling service prior to their abuse?

RQ2: What are domestic violence victims' experiences of advocacy and counseling services that they have received?

RQ3: What are domestic violence victims' perceptions of how advocacy and counseling services could be improved to better serve their needs?

RQ4: What are the perceptions of DV victims on the role that advocacy and counseling services play in preventing further abuse among domestic violence victims?

The research tradition of qualitative studies is the use of ethnography, narrative, grounded theory, case studies, and phenomenology. All the research tradition of qualitative studies was considered and reviewed for this study. However, the phenomenology qualitative approach was an appropriate choice to answer the research questions.

Phenomenology is an appropriate approach to explore in-depth and lived experiences of domestic violence victims. Also, phenomenology is an appropriate study to explore the in-depth experiences of domestic violence victims and will help encourage the abused through their own words to share their knowledge, awareness, and perceptions of the services they received. The phenomenological approach selected for this study was Moustakas (1994) transcendental approach.

Transcendental phenomenology focuses on the description of the participants' experiences by bracketing the researcher experiences (Moustakas, 1994). According to Creswell (2006), "the data analysis procedures, illustrated by Moustakas (1994), consist of identifying a phenomenon to study, bracketing out one's experiences, and collecting

data from several persons who have experienced the phenomenon” (Creswell, p. 60). Moustakas asserted that focusing on Husserl’s concept of epoche’ will help the “researcher set aside their experiences and take a new perspective toward the phenomenon under investigation” (Creswell, 2006, p. 59). The data analysis in transcendental phenomenology is reduced into significant statements and then combined into themes (Creswell, 2006). In addition, the themes developed a textural description of the experiences of the participants and a structural description (context of the experiences) will convey the essence of the participants (Creswell, 2006). Also, a transcendental phenomenological approach helped to support the literature review and research questions that explored the role of advocacy and counseling programs as services for victims of domestic violence.

Phenomenology was at first a philosophical movement (Moustakas, 1994). Phenomenology from Husserl belief should focus on the perception of the individual experience from their point of view (Moustakas, 1994). The phrase Epoche’ means “allowing things, events, and people to enter anew into consciousness, and to look and see them again, as if for the first time” (Moustakas, 1994, p. 85). In order to apply epoche’ to the research study, the researchers must set aside their biases for the relevance of establishing valid and credible data analysis (Moustakas, 1994).

Phenomenology is important to research because it provides a more in-depth understanding of human behavior. Phenomenological researchers seek more insights about the reasons for behavioral patterns. Transcendental phenomenology is an appropriate study to explore the in-depth experiences of victims of domestic violence. According to Creswell (2007), phenomenology is used to understand the lived experiences as described by the participants. Phenomenology study give ultimate attention to focusing on how individuals experience and interpret the world around them. The phenomenological approach is considered subjective because it relies on understanding participants' views and perceptions (Crosby, DiClemente and Salazar, 2006). Also, the phenomenological approach is able study several individuals that share a common experience (Creswell, 2007).

The sample for this study consisted of women who have been victims of DV and who use the services at a community-based shelter, as detailed below. The establishment of saturated data occurred when data analysis was no longer coding new patterns or perspectives. Women who have used domestic violence shelters was sought for this study to understand their perception of the services received. Phenomenology analysis requires a series of steps that include: 1) epoch: allows the researcher to explain or eliminate bias, 2)

phenomenological reduction: used by researchers to bracket presuppositions and acknowledge data in pure form, 3) transcribing: the researcher searches for themes and recurring patterns, and 4) coding: the researcher looks for patterns and perspectives of the participants' life experience (Patton, 1990).

Role of the Researcher

The role of the researcher within this study was to facilitate an understanding of the perceptions of women receiving services from domestic violence advocacy and counseling programs. The researcher acted as an instrument within the study to gather the participants, ask questions and facilitate the interview process. Also, the researcher was responsible for collecting, analyzing, and interpreting the perceptions from the participants who experienced the phenomenon. The researcher made sure his or her questions are free from bias. The researcher was also responsible for upholding ethical research standards. According to Isreal and Hay (2006), researchers who care about the moral principles of research also uphold truthfulness of research.

Researcher-Participants Relationship

The researcher established an engagement of trust, credibility and rapport with the participants. As an instrument, the researcher was responsible for assuring confidentiality of the participants (see Confidentiality Agreement, Appendix D), screening the participants for the study (see Screening Instrument, Appendix A), and securing the

informed consent form from participants (see Verbal Consent Form, Appendix C). In order to accurately report the study participants' experiences, the researcher should avoid inflicting personal biases into the study data and analysis (Creswell, 2009). The study participants may be more willing to answer the research questions if the researcher is honest and respectable (Isreal and Hay, 2006). The possibility of this research study conflicting with the interest of the researcher work environment is impractical due to unrelated duties. An incentive of a \$20 WalMart gift card was given to each participant to compensate for their participation.

Methodology

Participants Selection Logic

As stated earlier, a purposeful sampling of approximately 10 women who have used shelter services in Ohio was used. Data saturation was attained when all possible themes had emerged the data suggested had been exhausted. Therefore, when determining the sample size the goal should be to “not only to study a few sites or individuals but also to collect extensive detail about each site or individuals studied” (Patton, 2002, p. 157). The use of purposeful sampling was necessary in order to select participants based on their experience of the phenomenon under investigation. The study selected abused women who have used domestic violence shelter services such as, advocacy, emergency shelter, and individual and family counseling. The study

participants was sought through personal contact with domestic violence shelter. I sought shelters that would help in the recruitment of potential participants and serve as a potential research site. I presented the executive director with a letter of invitation and research flyer that explained the research study. Upon acceptance of the executive director agreeing to this research study, I sought a formal letter of cooperation to assure IRB guidelines are kept. The executive director task were to identify the potential participants who identify with the characteristics of the phenomenological group.

The sample consisted of females who are a) 18 years or older, b) have sought help at a community-based domestic violence shelter, and c) have utilized shelter services. As stated earlier, this study selected domestic violence shelters for the services they provide to abused women and their family such as, advocacy, emergency shelter, and individual and family counseling. In addition, a variety of domestic violence shelters located throughout the Ohio region was sought that offered different cultural specific programs tailored to the minority community. Also, a research flyer explaining the study purpose was posted on my facebook for my friends to share with others who may know someone who meets the criteria of the study. Potential participants using facebook contacted me via the phone number where I talked to them more about the study and determined their eligibility. All potential participants were required to sign a consent form (Appendix C) prior to being interviewed. An incentive of a \$20 WalMart gift card was given to each

participant to compensate for participating in this study, not as a form of coercion to gain potential participants. However, there will not be an incentive given to domestic violence shelter workers.

Instrumentation

In qualitative research there are three types of interviews used to gather information: semi-structured, unstructured, and structured (Creswell, 2009). The primary instrument is the Interview Protocol (Appendix B). Also, an audio digital recorder was used in the interview and during transcribing. The saturation of interviews allows the researcher to have a level of control over the questions being asked (Creswell, 2009). Saturation occur when interviews fail to yield new themes, data or information (Byers and France, 2010). When the participants started to replicate what other interviewees were discussing in prior interviews then saturation had been achieved. (Byers and France, 2010). Also, the sufficiency of using an audio digital recorder to transcribe data will allow the participant to share their perception and allow the researcher to not assume (Creswell, 2009).

Researcher Developed Instruments

As stated previously, the participant screening questionnaire (Appendix A) was used to select participants based on their experience of the phenomenon under investigation. The research questions and interview guiding questions (Appendix B)

explored the victims' perceptions of advocacy and counseling as program services. The sufficiency of the research questions and interview guiding questions allowed the researcher to accurately report the participants' perception to the phenomenon under investigation. A pilot study was not used to determine the validity of the instrument.

Procedure for Recruitment, Participation, and Data Collection

The procedure for recruitment required numerous emails sent to the staff at domestic violence shelters that offer advocacy and counseling support programs to victims of domestic violence. In addition, I contacted the shelter or shelters for a personal visit to understand how the organization functions. Also, word of mouth to individuals who may know someone that meets the criteria of being a potential participant. If the required number of participants is not met then flyers outlining the study will be placed on community message boards or an ad will be placed in the local newspapers. All emails, flyers, and newspaper ads will provide a brief synopsis of the research study and criteria for participation. I will provide potential participants with my contact information if they want to participate in the study. The interviews of selected participants will be conducted at local domestic violence shelters or a private meeting room at the local public library. The eligibility of potential participants will be determined through the screening questionnaire (Appendix A).

For each research question, the procedure for collected data consisted of semi-structured in-depth interviews with women who have utilized domestic violence shelter advocacy and counseling support programs. The researcher was solely responsible for data collection. In order to retain data privacy, the data collected will be stored in a locked filing cabinet up to a maximum of 10 years. The frequency of data collection continued until saturated and all participants have been interviewed. The duration of data collection took approximately 50 minutes per participant. Data collection took multiple weeks to complete. The data was recorded using an audio digital recorder. Also, taking notes was used as a backup if the digital recorder fails. If the recruitment resulted in too few participants for the study, then semi-structured email interviews would allow more participants to be reached geographically. The participant exited the study through debriefing. Debriefing was used to educate the participants on the research study and clarify to ensure they understand any deceptive practices used in the study. A follow-up interview was necessary for the data analysis to emerge a consistent theme that would suggest new questions to be asked (Creswell, 2009). The study participants were informed prior to data collection of the possibility of a follow-up interview. Participation in a follow-up interview will be left solely at the discretion of the interviewee.

Data Analysis

Data analysis will require the following series of steps to be used for each research questions, the phenomenology analysis requires a series of steps that include: 1) phenomenological reduction: used by researchers to bracket presuppositions and acknowledge data in pure form, 2) transcribing the data into NVivo; 3) use of NVivo to code the data and search for themes and recurring patterns (Patton, 2002). As stated earlier, according to Creswell (2007), phenomenology is used to understand the lived experiences as described by the participants. Phenomenology study gives ultimate attention to focusing on how individuals experience and interpret the world around them. The phenomenological approach is considered to be subjective because it relies on understanding participants' views and perceptions (Crosby, DiClemente and Salazar, 2006). Also, the phenomenological approach can study several individuals that share a common experience (Creswell, 2007).

For each research question, NVivo allowed the coding of the interview data based on emergent themes or ideas. The principle of using NVivo is the researcher must first look for "recurring regularities in the data" (Patton, 2002, p. 465). The recurring regularities will determine what patterns to place into categories (Patton, 2002). Each theme were organized by research questions. As pointed out by Creswell (2009), qualitative data analysis also requires the researcher to constantly ask questions, write notes, and reflect on data. Any discrepant data cases will be revised, recorded and

discussed in the limitations section of the study. According to Harding and Bryman (2009), “deviant cases (discrepant cases) can show that analytic generalizations that are being advanced have broken down and need revising” (p. 618).

Issues of Trustworthiness

Patton (2002) reported that trustworthiness of data collection is only obtained through the person who collects and analyze the data. In order to develop trustworthiness, the researcher should have their findings reviewed by analysts, and use several theories to analyze the data (Patton, 2002). The trustworthiness in qualitative research was established through the research credibility, dependability, confirmability, and transferability.

Credibility

The credibility in data quality was established and validated through triangulation. There are four main types of triangulation, source, methods, researcher, theories (Patton, 2002). According to Patton (2002), the verification and validation of triangulation may involve checking for data consistency within the sources and findings using different data collections. Patton (2002) believed searching for the best fit requires a thorough assessment of the data analysis and seeking themes that fit the research questions. Inductively finding the best fit would require organizing the data to determine if alternatives themes or patterns are discovered (Patton, 2002).

Dependability and Confirmability

Dependability in qualitative research is an audit trail that provides a detailed reference of how data are collected and analyzed (Bloomberg and Volpe, 2012). An audit trail is obtained by using an intra-coder to code to help code interviews (Bloomberg and Volpe, 2012). An intra-coder helped establish the reliability of the collected data by analyzing the transcript data. The reliability in an interview can be obtained through detailed field notes, and having additional coders who will analyze the transcript data (Creswell, 2007).

Confirmability is an unbiased measure that is established when the study can demonstrate trustworthiness, fittingness and adaptability (Lincoln and Guba, 1985). Confirmability refers to “the extent to which the characteristics of the data, as posited by the researcher, can be confirmed by others who read or reviews the research results” (Bradley, 1993, p. 437). Confirmability was established through audits of the data findings and interpretations.

Transferability

Qualitative research is not generalizable but transferable in which information can be applied to other context and situations. Some of the themes that emerge from this study could be useful in future studies (qualitative and quantitative) of similar populations.

Ethical Procedures

There are many ethical considerations that must be established throughout this study. As a student and researcher, I upheld the integrity of Walden University in my research writing, citing, data collection, analysis and interpretation. According to Walden's Institutional Review Board (IRB) researchers may not advertise or begin recruiting participants (i.e., obtaining consent form signatures) prior to IRB approval (IRB Application, para. 5). Walden's IRB stated, "The purpose of the application is to collect enough information to document that the study's benefit outweighs the costs and that the procedures follow federal regulations and universities policies" (IRB Applications, para. 7). Therefore, before the IRB application can be approved the ethical principles of the participants must be upheld (IRB Application, para. 7). The beneficence, justice and respect for the person shall be upheld in the recruitment and data collection of study participants. Researchers have to be careful to not "put the study participants at risk and respect population vulnerable populations (Creswell, 2009, p. 91), and benefits and burdens should be distributed fairly (IRB, para. 14). There were signed consent forms in order to avoid any ethical concerns in regards to the recruitment process.

Potential study participants were sought through domestic violence shelters. Also, potential study participants were informed about the study and their purpose within the study. However, before research begins a signed consent form was in place. Pseudonyms

were used to identify the study participants' without compromising true identity. Lastly, the researcher should not engage in fraudulent practices "to meet the researcher's or audience needs" (Creswell, 2009, p. 92). Therefore, the study participants must have experienced the phenomenon in question. All study participants have the right to refuse to participate or withdraw early from the study. All withdrawals will be recorded in the study limitations.

The ethical code of researchers is to protect the privacy of all study participants involved in the study (Creswell, 2009). All data collected from study participants will remain anonymous and confidential. To secure data collection and confidentiality, the data will be stored on a separate hard drive and placed in a locked filing cabinet. The analyzed data will need to be retained for a specific period of 5 years. According to Sieber (1998), the recommended period to keep data analysis can range between 5 years to a maximum of 10 years.

Incentive

As stated earlier, an incentive of a \$20 WalMart gift card was given to each participant to compensate for participating in this study, not as a form of coercion to gain potential participants.

Summary

Qualitative research is appropriate for this study and research questions because it gives a more in-depth understanding of human behavior and focus on understanding perceptions, and the reasons for behavior. Also, qualitative research can be used to explore and seek understanding about an individual or group. The phenomenology approach is also appropriate for the research questions to discover how domestic violence advocates help women of domestic violence and whether social support programs are helping to empower victims. Additionally, the design may generate new theories related to advocacy and counseling services. Chapter 4 will be an overview of the study results, including the demographics; data collected; data analysis; trustworthiness; and results. Chapter 5 will present the study's findings, discussion of the social change implication, conclusions, and recommendations.

Chapter 4: Results

Introduction

The purpose of this phenomenological study was to explore the perceptions of victims of DV about advocacy and counseling programs that provided women safe refuge, prevention education, mental health treatment, and other services. I also wanted to examine risk factors for re-abuse. Chapter 4, will summarize the research questions and methods of data collection, and present study findings, including participant demographics and themes that emerged from data analysis. The research questions for this study is, as follows:

RQ1: What was domestic violence (DV) victims' awareness of advocacy and counseling service prior to their abuse?

RQ2: What are domestic violence victims' experiences of advocacy and counseling services that they have received?

RQ3: What are domestic violence victims' perceptions of how advocacy and counseling services could be improved to better serve their needs?

RQ4: What are the perceptions of DV victims on the role that advocacy and counseling services play in preventing further abuse among domestic violence victims?

Themes emerging from the research data are presented and discussed in further detail for each of the research questions.

Participant Recruitment

After obtaining Walden IRB approval (number 08-05-15-0200208), I initiated data collection via social media on Facebook. I friended two DV online support groups in Ohio. I attached a flyer to a Facebook post that was for women who had previously stayed at a DV shelter and had used advocacy and counseling services. Data collection continued until saturated, and all participants have been interviewed. Data collection took multiple weeks to complete. Data was recorded using a digital audio recorder. Also, taking notes were used as a backup if the digital recorder failed. The participants exited the study through debriefing. A debriefing was used to educate the participants on the research study and clarify to ensure they understand any deceptive practices utilized in the study. The study participants were informed before data collection for the possibility of a follow-up interview. Participation in a follow-up interview was left solely to the discretion of the participant.

Setting

The prescreening questionnaire (see Appendix A) was conducted via telephone. The interviews were conducted in person private meeting rooms at local libraries in the following Ohio locations: Sidney, Findlay, and Toledo. All participants were recruited and interviewed through Facebook. All eight eligible participants lived in Ohio and had used the state's DV shelter advocacy and counseling services. There were 3 participants

from Allen County, two participants from Shelby County, one from Hancock County, and two participants from Wood County. I collected data via semi-structured in-depth interviews. All the women interviewed were no longer with their abuser; therefore, they were without fear of participating in this study.

As the researcher, I was solely responsible for all data collection. The collection of data took approximately 50 minutes per participant. Data collection took place over a 3-week period in September and October of 2015. Follow-up interviews were necessary with four participants to examine their perceptions in more detail and to elaborate on what were already stated within their interview. The follow-up interviews took place over a 2-week period in April 2016. All follow-up interviews were conducted via telephone. After receiving approval from IRB, I provided each of the initial and follow-up interviewees with a \$20 e-gift card for their participation.

Demographics

The screening questionnaire for the study required participants to be (a) female; (b) 18 years or older; and (c) to have sought help at a domestic violence shelter and utilized shelter services (see Appendix A). If the potential participants did not meet the criteria of the screening questionnaire, they were excluded from the study. There were 9 participants screened, but only 8 met study requirements. All participants who met the requirements were interviewed as Participant A, B, C, and so on to conceal their identity.

Data Collection

Data collection began on September 26th, and was conducted in September and October 2015. Each participant's interview responses were recorded using a digital audio recorder. A handwritten log was also used to backup interview responses, and was used to organize the data received from each participant. Probing with open-ended questions was used to promote and broaden the dialogue with participants. Additional probing was also used to explore the themes and contexts that emerged within interview questions responses. The phenomenological approach was used to collect data from the open-ended interview questions that were aimed at understanding the phenomenon of the participants' experiences. After each interview, the participants' responses to the research questions and interview protocol (see Appendix B) data recordings were transcribed and all interviews were stored in a Microsoft document. All data collected from study participants were stored on a separate hard drive and placed in a locked filing cabinet. The analyzed data will be retained for a required period of 5 years.

Data Analysis

NVivo 10.0 qualitative data analysis software was used to organize and code the data. I also, hand coded and organized the data. Phenomenological analysis requires a series of steps that include: 1) data reduction to bracket presuppositions and acknowledge data in its pure form, 2) data transcription and coding into NVivo; 3) use of NVivo 10.0

by coding the frequency words relationship within the nodes folder in NVivo 10. The frequent words identified by NVivo 10 based on percentage were: (a) great 7.42%, (b) everything 6.25%, (c) improved 5.47%, (d) need 5.47%, and (e) nothing 5.47%. These words were linked to participants' responses regarding their perceptions of receiving services from domestic violence advocacy and counseling programs. The common words were the basis for the three emergent themes: Supportive shelter advocacy and counseling services, increased awareness of advocacy and counseling services, understand signs of domestic violence, and Protective services for DV victims who used advocacy and counseling services (see Figure 5& 6).

Results by Research Questions

RQ1: What was domestic violence (DV) victims' awareness of advocacy and counseling service prior to their abuse?

Figure 1 shows the word frequency for responses to the questions on this topic. The commonest words were 'shelter', 'services', and 'counseling'. The participants' responses to the research question indicate that many of the women who sought shelter did not know about the different services available within the shelter.

Figure 1. Word Frequency for RQ #1



Some women reported not knowing anything about advocacy and counseling services until they had to seek shelter, for example, “I didn’t know until an advocate picked me up and took me to the shelter that there were different programs available to help me and my children.” (P7) Or “I didn’t know anything about advocacy and counseling services.” (P6)

Many of the participants sought shelter because they needed a safe place to stay, e.g. “I went to the shelter seeking safety from my abusive husband” (P6), and “I went to the shelter to escape my boyfriend. I was only looking for a safe place to stay for a few days” (P7).

Most of these women discovered that shelter services extend far beyond shelter to include advocacy and counseling, e.g. “When I got the courage to seek shelter, I realize how little I knew about all the different services that were available to help me” (P2). “I realize what I thought I knew about shelter services were not accurate at all” (P3)

Three potential themes arrive from these data:

1. Women often know little about advocacy or counseling services until they have to seek shelter.
2. Many women seek shelter because they need a safe place to stay.
3. Many women are surprised to find that shelter services include advocacy and counseling

RQ2: What are domestic violence victims' experiences of advocacy and counseling services

Figure 2 show the word frequency for responses to the questions on this topic. The commonest words were 'shelter', 'advocacy', 'services', 'counseling', and 'counseling.' The participants' responses to the research question indicate that shelter, advocacy, and counseling were very helpful to their wellbeing.

Figure 2. Word Frequency for RQ #2



All the women were pleased with the services they received at the shelter, for example, ‘I was very nervous going to the shelter because I did not know what to expect. But, the advocates and counselor at the shelter really made me feel safe” (P1), “I am really happy with the services I received at the shelter. The advocates and counselors were all great” (P2), “The counselor and staff within shelters were awesome” (P3), “The advocates and counselor were very helpful” (P4), “Everyone was great! They helped me understand my situation and not to blame myself” (P5), “I was very pleased with the support I received at the shelter” (P6), “I am pleased with the services and help I received at the shelter” (P7), “The advocates were always available when I needed to talk with them (P8).

Three potential themes that arrived from these data:

1. The women were pleased with the advocates and counselors support they received at the shelter.
2. The support services the women received at the shelter helped them feel safe.
3. The women understood that they weren't responsible for their abuse.

RQ3: What are domestic violence victims' perceptions of how advocacy and counseling services could be improved to better serve their needs?

Figure 3 show the word frequency for responses to the questions on this topic. The commonest words were 'improvements', 'services', 'shelter', 'needed.' The participants' responses to the research questions indicate that the shelter do not need improvements to advocacy and counseling services.

Figure 3. Word Frequency for RQ #3



Most of the women reported that no improvement was needed with advocacy and counseling services they received at the shelter, for example, “everything was great, no

improvements needed. I just wished I had sought shelter earlier. I felt very safe and cared for by the entire staff at the shelter.” (P1), “I don’t see where they would need to make improvements to their services. I am very pleased with the services I received” (P2), “I am pleased with the services received at the shelter and don’t believe any improvements are necessary” (P3), “No improvements needed; I am very satisfied with the services I received. All the services I received helped made me get stronger mentally” (P4), “They were always there for me when I needed them. I don’t think they need to make any improvements” (P5), “No improvements needed. I thought everything was great! The staff at the shelter helped me rebuild my confidence and I am very thankful for them” (P6) and “I have no complaints about the services and help I received at the shelter. Therefore, I see no improvements being made to the services” (P7). There was one participant who wanted more counseling within the week. e.g. “I wish they would offer counseling service twice a week. I really felt as though I needed to talk to the counselor more often. I would have days when my spirit was up and other days when I felt as though I needed that extra visit” (P8).

Two potential themes that arrived from these data:

1. Women who received shelter services were pleased with the services they received.
2. All the women who utilized shelter services saw no need for improvements to shelter services.

RQ4: What are the perceptions of DV victims on the role that advocacy and counseling services play in preventing further abuse among domestic violence victims?

Figure 4 show the word frequency for responses to the questions on this topic. The commonest words were ‘know’, ‘helped’, ‘signs’, and ‘look.’ The participants’ responses to the research questions indicate that they know what signs to look and how advocacy and counseling services can help them from being further abused.

Figure 4. Word Frequency for RQ #4, Part 1



There were four questions that were used to answer Research Question 4, the first part of the interview questions would reveal research question 4, participants’ perceptions on whether advocacy could prevent further abuse. All the women believed that advocacy services could prevent further abuse, for example, “The shelter services helped me recognize and see others through their words and actions” (P1), “They helped me to know what to look for if I was to ever get in another relationship” (P2), “They helped me

to understand the signs and clues and what I should be looking for” (P3), “I know the red flags to look for. The advocates were very helpful and they explained what actions to take against my husband legally to keep me safe” (P5), “They helped me understand the signs and I know not to excuse an outburst as he is just having a bad day” (P6), “The services I received helped me see the red flags, so I don’t make the same mistakes all over. I know what kind of behaviors to not ignore and accept as being okay” (P7), “I know what to look for and how to protect myself if I was ever to get in another abusive relationship.” (P8).

Two potential themes that arrived from these data:

1. All the participants believed that advocacy services could prevent further abuse.
2. All the participants believed that advocacy services helped them to understand what to look for if they were to get in another relationship.

Figure 4. Word Frequency for RQ #4, Part 2

Figure 4 shows the word frequency for responses to the questions on this topic. The commonest words were ‘counselor’, and ‘abuse.’ The participants’ responses to the research questions indicate that counseling services can help them from being further abused.

“The counselor explained to me what to look for to prevent further abuse.” (P7), “I suffered emotional abuse from my partner and the counselor was able to help me understand how to prevent further abuse.” (P8)

One potential theme that arrived from these data:

1. All the women agreed that counseling services could help someone who was abused from being further abused.

HBM Questions

Within this study, I also addressed four HBM questions:

HBM 1: Benefits or receiving advocacy and counseling services through the shelter.

HBM 2: Barriers that might have prevented a victim from seeking advocacy and counseling services.

HBM 3: Perceive risk of being a victim of domestic violence.

HBM 4: Severity of being a victim of domestic violence.

HBM Results in Relation to the Literature

As stated earlier, the purpose of HBM of the study is to explore domestic violence victims’ perceptions of risk factors associated with being re-abused and their perceptions of the services (counseling and support programs) received. Within the first theme of HBM 1: An equal response of eight participants believed that advocacy and counseling services helped them feel safe and understand that the abuse they received

was not their fault. Within the second theme of HBM 2: All the participants acknowledged that their husband or boyfriend was the biggest barrier that would have prevented them from seeking advocacy and counseling services. In the third theme HBM 3: All the participants were able to recognize and perceived their risk as being a victim of domestic violence. All the victims suffered from emotional and physical abuse from their abuser. Lastly, in HBM 4: Seven participants experienced physical and emotional abuse and were aware of the severity of being a victim of domestic violence. However, only one participant experienced emotional abuse. However, the severity of emotional abuse she endured was just as traumatic as physical abuse. In chapter 2 literature review, the HBM was used within the study to theorize the perceptions of domestic violence victims to risk factors associated with being re-abused and their perceptions of the services (counseling and support programs) received. The hypothesis and assumptions of HBM are that victims will seek advocacy and counseling program services and change their behavior. However, the abused must first believe, understand the benefits, understand the barriers, and determine what causes them to seek help. However, the abused must first, 1) believe they have been victimized, 2) understand the severity of the problem, 3) understand the benefits of advocacy and counseling programs, 4) understand the barriers of seeking help from advocacy and counseling programs, and 5) The cues of action that

caused victim seek help. The assumption of the HBM within this study is that the abused will take the necessary actions to seek help.

Evidence of Trustworthiness

Trustworthiness

Trustworthiness was established through internal validity, external validity, reliability, and objectivity (Patton, 2002). The trustworthiness in qualitative research was established through the research credibility, dependability, confirmability, and transferability. The concept of trustworthiness with the participants was obtained with purposive which helped to negate researcher bias. Triangulation was established through different resources. For example, methodological triangulation were established using a screening eligibility questionnaire to identify women who have sought help at domestic violence shelter and utilized shelter services (see Appendix A). Also, triangulation was established through the research questions which allowed the participant's experiences to be compared against other participants. Lastly, triangulation was established by the researcher using two methods of data collection such as NVivo and handwritten interview logs for the same phenomenon to confirm the validity of the data.

Credibility (Internal Validity)

The credibility in the study data was established through triangulation. There are four main types of triangulation, source, methods, researcher, theories (Patton, 2002). As

stated in Chapter 3, the verification and validation of triangulation may involve checking for data consistency within the sources and findings using different data collections (Patton, 2002). The procedure I used for collecting data consisted of semi-structured in-depth interviews with women who have used domestic violence shelter advocacy and counseling services. An audio digital recorder and a handwritten log were used to capture the participants' experiences. After each interview, I reviewed the participants' responses for clarity and additional information. I found it easier to establish a log of the participants' responses, so I could compare each participant against each other to establish which interviewee would need a follow-up interview. As the researcher, I was solely responsible for all data collection and analysis. For each research question, I used NVivo 10 allowed to code the interview data based on emergent themes. I handled discrepant cases by the interview I quickly reviewed their responses and asked for clarity on any question that needed further information. A follow-up interview was not necessary to clarify any discrepancies.

Transferability (External Validity)

This study achieved a substantial description of the findings that can potentially apply to future research or theory. Transferability of qualitative methods seeks to discover an adequate description of a precise phenomenon (Creswell, 2007). This transcendental phenomenology study explored the in-depth experiences of the victims

and through their words they were able to share their knowledge, awareness, and perceptions of the services they received. The limitation of transferability is that the study results may not be useful in future qualitative or quantitative studies. Also, this study could be limited based on the small sample associated with qualitative study versus quantitative data which were expressed in higher numbers.

Confirmability

As stated in Chapter 3, confirmability is an unbiased measure that is established when the study can demonstrate trustworthiness, fittingness, and adaptability (Lincoln and Guba, 1985). As the researcher, I was solely responsible for recording the data collection, interpreting the findings, and reporting the results. Confirmability was established through audits of the data results and interpretations. The data analysis in transcendental phenomenology is reduced into significant statements and then combined into themes (Creswell, 2006). Also, the themes were able to develop a textural description of the participants' perceptions and a structural description (context of the experiences) will convey the essence of the participants (Creswell, 2006).

Dependability (Validity)

Dependability were established by making sure the data analysis was consistent with the research findings. As stated earlier, dependability in qualitative research is an audit trail that provides a detailed reference of how data is collected and analyzed

(Bloomberg and Volpe, 2012). The reliability in an interview can be obtained from detailed field notes, and having additional coders who will analyze the transcript data (Creswell, 2007).

Summary

Chapter 4 presented the study outcomes, the four research questions and themes that emerged from the participants' interview responses. For each research question, NVivo 10.0 allows the researcher to code the interview data based on emergent themes or ideas. The principle of using NVivo 10 is the researcher must first look for "recurring regularities in the data" (Patton, 2002, p. 465). The recurring regularities will determine what patterns to place into categories (Patton, 2002). The themes generated an overall perception of the participants' responses to the interview questions. RQ1: Most of the women reported not knowing anything about advocacy and counseling services until they had to seek shelter; RQ2: All the women were pleased with the services they received at the shelter; RQ3: Most of the women reported that no improvement was needed with advocacy and counseling services they received at the shelter; RQ4: All the women believed that advocacy services could prevent further abuse. Also, the study results of the health belief model were presented in the chapter. Chapter 5 will present the study's findings, interpretations of findings results in relation to literature, and health belief

model results concerning literature. Also, chapter 5 will conclude with a discussion of the social change implication, conclusion, and recommendation.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this phenomenological study was to explore the perceptions of victims of DV about advocacy and counseling programs that provide women with safe refuge, prevention education, mental health, treatment, and other services. The study explored the risk factors for being re-abused as a domestic violence victim.

Phenomenology was the most appropriate qualitative design, I believe, to explore the in-depth and lived experiences of domestic violence victims. The phenomenological approach was important to this study because it gave a more in-depth understanding of human behavior and focuses on understanding the reasons for behavioral patterns. Also, phenomenology was an appropriate study approach to explore the in-depth experiences of domestic violence victims and helped encourage the abused through their own words to share their knowledge, awareness, and perceptions of the services they received.

All the participants were recruited and interviewed in September and October 2015. All participants lived in Ohio and had used the state's domestic violence shelter advocacy and counseling services. All the participants agreed to share their perceptions and experiences with advocacy and counseling services they had received at a DV shelter. Eight prominent themes emerged from data analysis (see Table 1). These were (a) awareness of advocacy and counseling service prior to their abuse, (b) victims'

perceptions of advocacy and counseling services improvements, (c) victims' perceptions of advocacy and counseling services improvements, (d) DV victims on the role that advocacy and counseling services play in preventing further abuse, (e) HBM - benefits of receiving advocacy and counseling services through the shelter, (f) HBM - barriers that might have prevented a victim from seeking advocacy and counseling services, (g) HBM - perceived risk of being a victim of domestic violence, (h) HBM - perceived risk of being a victim of domestic violence, and (i) HBM - severity of being a victim of DV.

Key Findings

The purpose of the research questions was to explore the perceptions of women who have received services from domestic violence advocacy and counseling programs. Support services are empowerment tools that provide victims with resources and options to deal with their current situation (Goodman & Smyth, 2011). In their study, Allen and Wozniak (2011) stated, "During their lifetimes, over half of all women will experience some form of physical abuse within a domestic violence relationship" (p. 38). Despite the fact that there are many advocacy and counseling programs, little is known about women's perceptions of these services. All participants said they had had good experiences using shelter services. The participants stated that advocacy and counseling services helped them understand that the abuse was not their fault and that the services they received could help them from being further abused.

Table 1

Study and Emerging Themes

Study questions	Emerging themes
RQ1: What was domestic violence (DV) victims' awareness of advocacy and counseling service prior to their abuse?	1) Most of the women reported not knowing anything about advocacy and counseling services until they had to seek shelter
HBM 1: Benefits or receiving advocacy and counseling services through the shelter	HBM 1: Shelter protection against further abuse
RQ2: What are domestic violence victims' experiences of advocacy and counseling services that they have received?	2) All the women were pleased with the services they received at the shelter.
HBM 2: Barriers that might have prevented a victim from seeking advocacy and counseling services.	HBM 2: Partner prevented victim from seeking advocacy and counseling services
RQ3: What are domestic violence victims' perceptions of how advocacy and counseling services could be improved to better serve their needs?	3) Most of the women reported that no improvement was needed with advocacy and counseling services they received at the shelter
HBM 3: Perceive risk of being a victim of domestic violence.	HBM 3: Lack of awareness on domestic violence

RQ4: What are the perceptions of DV victims on the role that advocacy and counseling services play in preventing further abuse among domestic violence victims?

HBM 4: Severity of being a victim of domestic violence.

4) All the women believed that advocacy services could prevent further abuse.

HBM 4: Overall wellness for those being abused

Interpretations of the Findings

In this study, there were various responses to the themes that emerged from the victims' responses to their perceptions of advocacy and counseling services used within the domestic violence shelter. Five themes emerged in relation to the research questions (see Table 1). Advocacy and counseling services were able to support the participants with increased awareness of what negative signs to look for in a relationship. Staffers at these services were also able to offer supportive and protective services to victims (see Table 1). Also, three themes emerged from the HBM questions: partner prevented the victim from advocacy and counseling services, lack of awareness of domestic violence advocacy, counseling services, and overall wellness for those being abused (see Table 1).

The themes that emerged from the research questions indicated that some of the participants were aware of the counseling and advocacy services offered at the shelter, and some had a lack of knowledge about counseling and advocacy services at the shelter. The themes created from the HBM questions indicated that participants believed that

advocacy and counseling services helped them feel safe and understood that the abuse they received was not their fault. The second research question theme indicated that all the participants acknowledged that their husband or boyfriend was the biggest barrier that would have prevented them from seeking advocacy and counseling services (see Appendix F).

In the third theme, all participants said they were able to recognize and perceived their risk as being a victim of domestic violence (see Appendix F). All the victims reported suffering from emotional and physical abuse (see Appendix F). Lastly, seven participants had experienced physical and emotional abuse and were aware of the severity of being a victim of domestic violence (see Appendix F).

Many of the participants said the staff and counselors did a great job or were helpful with other support services (see Table 1). Also, most of the participants agreed that no improvements needed to be made to advocacy and counseling services (see Table 1). Being a victim of past abuse many of the participants know what to look for to avoid further damage (see Table 1). The themes that emerged from the HBM indicated that many of the participants believed that advocacy and counseling services helped them feel safe and understand that the abuse they received was not their fault (see Table 1). All the participants acknowledged that their husband or boyfriend was the biggest barrier that would have prevented them from seeking advocacy and counseling services (see Table

1). All the victims suffered from emotional and physical abuse from their abuser. Lastly, only one participant experienced emotional abuse while the others experienced physical and emotional abuse. However, all were aware of the severity of being a victim of domestic violence (see Table 1).

Results in Relation to the Literature

RQ1: What was domestic violence (DV) victims' awareness of advocacy and counseling service prior to their abuse?

In the first question, participants were asked to identify their awareness of advocacy and counseling service before their abuse. Half of the participants were not aware of the counseling and advocacy services offered at a domestic violence shelter before their stay. Also, the remaining half of the participants had knowledge of counseling and advocacy services within the shelter but knew little about the services provided. In chapter 2; Grossman et al., (2010) believed that shelters are more likely to offer counseling and advocacy that meet the needs of the abused and continue to help women after they leave. The involvement of advocacy, as a support service in shelters is important because it serves as a social support network within the community to give individuals a sense of emotional and physical comfort that they belong to a community of people who care about them and value how they feel.

RQ2: What are domestic violence victims' experiences of advocacy and counseling services that they have received?

The second question relates to the participants' experiences of advocacy and counseling services they received within the shelter. Half of the participants that thought the services they received at the shelter were excellent. A half of the remaining participants thought the services they received from counseling services helped. In chapter 2; domestic violence advocates play an important role in helping women overcome the emotional and physical scars inflicted on them by their abuser. Advocacy is important to victims of DV because it improves self-efficacy through empowerment, and helps the abused determine how to better their situation through support services (Ramsey, 2010). According to Pyles (2008) advocacy is important because it focuses on personalized services tailored to the abuse needs, and provides safe shelter and access to community resources. Also, Hays et al., (2007) believed that counselors are responsible for educating the abused on DV and how they may be at potential risk for continued and more severe violence. The most critical part of counseling is the initial visit when counselors can help promote the safety of the abused by helping them identify escape routes, safe places to go, making an escape kit (money, keys, phone numbers etc.) just in case the abused choose not to return to counseling (Hays et al., 2007).

RQ3: What are domestic violence victims' perceptions of how advocacy and counseling services could be improved to better serve their needs?

The third question relates to the victims' perceptions of how advocacy and counseling services could be improved to serve better their needs. Seven participants' agreed that the services needed no improvements or had no unmet needs. However, one participant preferred to have received counseling services twice a week. In chapter 2, the study findings indicated that women who received shelter obtain more of the shelter resources than women who choose not to seek shelter (Grossman & Lundy, 2011). Also, those who obtain shelter services were more likely to receive legal advocacy to help with criminal charges and protection orders than those who choose not seek shelter (Grossman & Lundy, 2011). In addition to chapter 2, current research studies indicated that counseling services as a support service is an unmet service for the abused. In a cross-sectional study, researchers Dichter and Rhodes (2011) administered a self-report questionnaire to ($n= 173$) women. The data collected indicated that 38.6% used counseling services; 57.9% were interested in counseling services; 62.5% see it as a current need, and 56.6% believe it help them feel safer. Based on the study findings it can be stated that counseling is a needed service to help the abused feel safe and to promote self-empowerment.

RQ4: What are the perceptions of DV victims on the role that advocacy and counseling services play in preventing further abuse among domestic violence victims?

Within the fourth question, the participants was asked the role that advocacy and counseling services had in preventing further abuse. In chapter 2, domestic violence advocates play a major role in helping women overcome the emotional and physical scars inflicted on them by their abuser. Advocacy is important to victims of DV because it improves self-efficacy through empowerment, and helps the abused determine how to better their situation through support services (Ramsey, 2010). There was 1 participant that said the advocate helped them see the whole picture. In chapter 2, according to Allen, Larsen, Trotter and Sullivan (2012) women who worked with advocates had an “improvement in mental health outcomes, reported less violence, and greater quality of life” (p. 4). The remaining 7 participants said that after receiving advocacy and counseling services, they knew what to look for to prevent further abuse.

Implications

The social change implication of this study is that greater awareness of how women view advocacy and counseling programs and their perceptions of the risk factors for reabuse could provide helpful information for implementing new programs to help victims of domestic violence. This study can make a significant contribution to the knowledgebase literature related to domestic violence advocacy and counseling programs

based on the perceptions of the participants on how they viewed advocacy and counseling programs and these programs actually help survivors of domestic violence, and ways in which these programs could be improved to serve unmet needs. As stated earlier, the goal of domestic violence shelters is to provide services and programs to all women and men whether they have been abused or not. This study was able to present exploratory data from the participants' perceptions based on the research questions as to how the victims viewed advocacy and counseling services they received at the shelter. Also, the participants' responses could contribute to the knowledgebase related to the role advocacy and counseling services provide to the abused, and what role readers play in eliminating domestic violence. Finally, the social change implication on the perceptions of how domestic violence victims viewed advocacy and counseling services they received at the shelter is significant because it may increase awareness of how victims see advocacy and counseling programs and could help to inform larger studies through knowledgebase literature. Data collection using in-depth interviews captured the lived experiences and perceptions of the abused through emerging themes identified in analyses. Data analysis helped to determine if advocacy and counseling programs, as services, are helping the abused. The goal of domestic violence shelters is to provide services and programs to all individuals and survivors.

Recommendation

The impact of this study suggests that it can have a positive social change among domestic violence shelters, coalitions, advocates, and counselors. The recommendations include establishing a google page for domestic violence shelters, which will contain the title and description of the study and a link to the published dissertation. A simulation of the results on a Google page outlining this study could help domestic violence shelters to understand better how they could serve victims and meet their needs. Grossman, Lundy, George and Crabtree-Nelson (2010) reported that shelters are more likely to offer counseling and advocacy that satisfy the needs of the abused and continue to help women after they leave. While there was only one participant who said; she would like to have an additional session with the counselor within her stay at the shelter, this finding suggests that there may be more victims who would like additional sessions. Nevertheless, the participant thought the services at the shelter met her needs, but she believed that an additional counseling session would help her mentally.

A quantitative study would be a logical next step to generate additional data regarding advocacy and counseling services received at domestic violence shelter and would be generalizable. Additional, interview questions would give a more in-depth understanding of the victims' childhood. These particular research questions established within another study would determine through a case study/s if there is a correlation

between what domestic violence victims have seen within their family growing up and the companion they select.

Limitations

As stated earlier, a limitation of qualitative research is the inability of exploratory data to be applied to the larger population. The main limitation of this study is the small amount of data due to the different counties and the limited number of participants recruited. Therefore, the findings from this study cannot be generalized. As stated earlier, the limitation of purposeful sampling is that the research will not be generalizable to all domestic violence shelters that have advocacy and counseling programs as services. Extreme challenges were working with shelters to obtain participants. For example, many shelters were contacted to participate in this study some expressed interest. Some shelters agreed to take part in the study but when the time came to seek participants the shelters never responded or could not help at that particular time. Selection bias can impact the trustworthiness the study data if the participants do not meet the selection criteria.

While, victims can receive services outside the shelters the main focus of the study is to interview participants who received services at the shelter. The limitation of purposeful sampling is that the research will not be generalizable to all domestic violence shelters that have advocacy and counseling programs as services. This limitation is acceptable in that the result will inform future research and larger studies. Respondent

bias is another limitation could be created study if participants are not honest during the interview. Also, in this study self-selection bias can occur when the participants are given the opportunity to decide if they want to participate in the research study. Respondent bias can be minimized by making sure the research questions are precise and clear. Self-selection bias can be reduced by making sure the participants are representatives of the population beings studied. Also, reasonable measures to address limitations within this study will be obtained through research credibility. The credibility in data quality was established and validated through triangulation. According to Patton (2002), the verification and validation of triangulation may involve checking for data consistency within the sources and findings using different data collections. Within this study purposeful sampling selected participants based on their use of advocacy and counseling services. Lastly, qualitative research is not generalizable but transferable in which information can be applied to other context and situations. Some of the themes that emerge from this study could stimulate larger primary data collections efforts of similar populations.

Conclusion

Many studies have explored the devastating effects of non-physical and physical abuse on the abused. However, this study explored the role of advocacy and counseling programs for victims of domestic violence. This study's findings can contribute to the

literature because not enough research on the perceptions of domestic violence victims has been studied related to advocacy and counseling programs that provide women safe refuge, prevention education, mental health treatment and other services.

As stated earlier, the objective of domestic violence programs is to educate society. Advocacy and counseling programs are the best levels of intervention to educate and eliminate domestic violence in the community (Johnson & Zlotnick, 2009). The research questions were developed to explore the victims' perceptions of advocacy and counseling as program services. Data gathered revealed that women victims of domestic violence were getting needed help from advocacy and counseling services they received at the shelter.

The social change implication of this study is that greater awareness of how women view advocacy and counseling programs, and their perceptions of the risk factors for re-abuse could provide helpful information for future research. The study's findings reflect that a majority of the women who utilize advocacy and counseling services are pleased with the services received. Participants who sought and received advocacy and counseling services had increased knowledge, improved decision making, safety, self-efficacy, and empowerment to rebuild their lives.

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Appendix A: Screening Eligibility Questionnaire

Thank you for participating in this study. The goal of this study is to collect information from your live experiences and perceptions on advocacy and counseling services at a domestic violence shelter. Please complete the questionnaire below by circling your response. All responses are anonymous and confidential.

Sex

1. Female (**required**)

Age

Required: potential participant must be 18 years or over in order to be considered for study.

2. Are you age 18 or older? Yes or No

Required: must have sought help at domestic violence shelter and utilized shelter services. If potential participant is unable to answer yes the questions below, they will automatically be disqualified from this study.

3. Have you sought help in a domestic violence shelter? Yes or No

4. Have you utilized services offered by the shelter? Yes or No

Appendix B: Interview Script

Thank you for agreeing to meet with me today. This interview will take approximately one hour. I want to reassure you again that whatever you say to me will be kept in the strictest confidence. This means that whatever you say to me will be kept in the strictest confidence. This means that what you tell me will help us understand what it's like to receive services as a shelter; no one will know that it was you who said these things.

1. Do you have any questions before we begin?
2. Please tell me how much you knew about advocacy services before you sought shelter?
3. What caused you to seek help from shelter services?
4. Now I would like to describe the services you received?
 - (a) **HBM:** What have been the benefits of receiving advocacy services through the shelter?
 - (b) **HBM:** What have been the benefits of receiving counseling services through the shelter?
 - (c) **HBM:** Did you perceive any barriers that might have prevented you from seeking help from advocacy services?
 - (d) If so, what are they?
 - (e) **HBM:** Did you perceive any barriers that might have prevented you from seeking help from counseling services?

(f) If so, what are they?

5. What knowledge did you gained through your involvement with advocacy services for domestic violence?

6. What knowledge did you gained through your involvement with counseling services for domestic violence?

7. Do you believe that advocacy services could help someone from being furthered abused?

(g) Why do you believe that advocacy services could help someone from being furthered abused?

8. Do you believe that counseling services could help someone from being furthered abused?

(h) Why do you believe that counseling services could help someone from being furthered abused?

(i) HBM: How did you perceive your risk of being a victim of domestic violence?

(j) HBM: Did you understand the severity of being a victim of domestic violence?

(k) If so how?

9. How could the advocacy services have served you better?

10. Did you have any unmet needs from advocacy and counseling services?

11. Describe to me how advocacy services could be improved to better serve your needs?

12. How could the counseling services have served you better?

13. Describe to me how counseling services could be improved to better serve your needs?

14. Is there anything else you would like to say or add in closing?

15. I will quickly review the responses and clarify anything that is not clear or anything I need more information on.

16. Closing

Thank you for your time and participating in this study.

Appendix C: National Institutes of Health Certificate of Training Completion



Appendix: D: Participants' Responses to Research Questions

RQ1: What was domestic violence (DV) victims' awareness of advocacy and counseling service prior to their abuse?

The participants' responses to the research question are as follows:

P5: I did not know anything about advocacy and counseling services until I had to seek shelter.

P6: I didn't know until an advocate picked me up and took me to the shelter that there were different programs available to help me and my children.

P7: I didn't know anything about advocacy and counseling services.

P8: I didn't know anything about advocacy and counseling services.

The second question addressed in the interview was "What caused you to seek help from shelter services?" Many of the participants sought shelter because they needed a safe place to stay. There responses are as follows:

P5: I was only looking for safety when I went to the shelter.

P6: I went to the shelter seeking safety from my abusive husband.

P7: I went to the shelter to escape my boyfriend. I was only looking for a safe place to stay for a few days.

P8: I just needed a place to stay.

A few of the participants never really stated why they went to the shelter, but they were unaware of the different services offered at the shelter:

P1: The shelter I stayed at offered so many different resources from education, to childcare, and to individual and group counseling.

P2: When I got the courage to seek shelter, I realize how little I knew about all the different services that were available to help me.

P4: The amount of services available to us at the shelter was endless.

There was one participant who knew about the shelter from a coworker who had previously stayed at a shelter after being a victim of domestic violence:

P3: I realize what I thought I knew about shelter services were not accurate at all.

RQ2: What are domestic violence victims' experiences of advocacy and counseling services that they have received?

Within this question, the Health Belief Model was used to exam the barriers that might have prevented a victim from seeking advocacy and counseling services. All the participants acknowledged that their husband or boyfriend was the biggest barrier that would have prevented them from seeking advocacy and counseling services.

In order to answer the research question, the participants were asked about their experiences they received with advocacy and counseling services they received at the shelter. The themes that emerged (see Figure 2) was "Great," "Helpful," "Safe,"

“Available” and “Support.” The experiences of the participants’ responses are listed below:

P1: I was very nervous going to the shelter because I did not know what to expect. But, the advocates and counselor at the shelter really made me feel safe.

P2: I am really happy with the services I received at the shelter. The advocates and counselors were all great.

P3: The counselor and staff within shelters were awesome.

P4: The advocates and counselor were very helpful.

P5: Everyone was great! They helped me understand my situation and not to blame myself.

P6: I am very pleased with the support they have given me.

P7: I have no complaints about the services and help I received at the shelter.

P8: The advocates were available anytime I needed someone to talk too. I was able to talk with a counselor at least once a week.

RQ3: What are domestic violence victims’ perceptions of how advocacy and counseling services could be improved to better serve their needs?

Within this question, the Health Belief Model was used to exam All the participants were able to recognize and perceived their risk as being a victim of domestic

violence. All the victims suffered from either emotional or physical abuse from their abuser.

All the participants except for one thought advocacy and counseling services did not need improved. The solely participant wanted an additional visit with the counselor throughout the week (see Figure 4, Part 1). The participants' responses are listed below:

P1: Everything was great, no improvements needed. I just wished I had sought shelter earlier.

I felt very safe and cared for by the entire staff at the shelter.

P2: I don't see where they would need to make improvements to their services. I am very pleased with the services I received.

P3: I am pleased with the services received at the shelter and don't believe any improvements are necessary.

P4: Nothing needs improved; I am very satisfied with the services I received. All the services

I received helped made me get stronger.

P5: They were always there for me when I needed them. I don't think they need to make any

improvements.

P6: No improvements needed. I thought everything was great! The staff at the shelter helped

me rebuild my confidence and I am very thankful for them.

P7: I have no complaints about the services and help I received at the shelter. Therefore, I see no improvements being made to the services.

There was only participant that said counseling services could be improved by offering more counseling sessions throughout the week.

P8: I wish they would offer counseling service twice a week. I really felt as though I needed

to talk to the counselor more often. I would have days when my spirit was up and other days when I felt as though I needed that extra visit.

RQ4: What are the perceptions of DV victims on the role that advocacy and counseling services play in preventing further abuse among domestic violence victims?

Within this question, the Health Belief Model was used to exam the severity of being a victim of domestic violence. Seven participants experienced physical and emotional abuse and were aware of the severity of being a victim of domestic violence. However, only one participant experienced emotional abuse. However, the severity of emotional abuse she endured was just as traumatic as physical abuse. The participants are listed below:

There were four questions that were used to answer Research Question 4, the first two interview questions would reveal research question 4, participants' perceptions on

whether advocacy and counseling could prevent further abuse. The emerging themes from the first two interview questions “Do you believe advocacy services could help someone from being further abused?” and “Do you believe counseling services could help someone from being further abused?” received an overwhelming theme of “yes.” The themes that emerged in Research Question 4, all had the common emerging themes such as, “recognized,” “helpful,” “helped,” for all the participants. The third and fourth sub questions revealed a more in-depth perception as to whether advocacy and counseling services could help someone from being further abused (See Figure 4, part 2). Below are the participants’ response to the interview question “Why do you believe that advocacy services could help someone from being further abused?” The participants’ responses are listed below:

P1: Shelter helped me recognize and see the others through their words and actions.

P2: Advocates helped me know what to look for if I was to ever get in another relationship

P3: They help me understand the signs and clues and what I should be looking for

P4: I know the red flags to look for. The advocates were very helpful they explained what actions to take against my husband legally to keep me safe.

P5: I know what signs and clues to look for. My advocate taught me how to protect myself and how to develop a safety plan if my boyfriend ever tried to harm me.

P6: The shelter advocate helped me understand the signs and I know not to excuse an outburst as he is just having a bad day.

P7: The services I received helped me see the red flags so I don't make the same mistakes all over. I know what kind of behaviors to not ignore and accept as being okay.

P8: I know what to look for and how to protect myself if I was ever to get in another abusive relationship.

The second part of Research Question 4 "Why do you believe that counseling services could help someone from being further abused?" The Participants' responses are listed below:

P1: During, my relationship with my abuser I dismissed a lot of things that should have been taken seriously. The counselor helped me see the mistakes I made and learn from them so I am never abused again.

P2: The counselor was very helpful, she helped mentally understand that the abuse was not my fault.

P3: The support I received at the shelter really helped me and my children.

P4: I am glad that there was someone was there to help me mentally.

P5: Counselor explained to me what red flags not to ignore.

P6: When I came to the shelter, I had no idea what to expect when I was sent to counseling. But the counselor really helped me understand that the abuse was not something I did, but a problem with my husband.

P7: The counselor at the shelter explained to me what to look for to prevent further abuse.

P8: I suffered emotional abuse from my partner and the counselor was able to help me understand how to prevent further abuse.