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Rediscovery of Self After Counseling for Female Survivors of Intimate Partner Violence

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Walden University
2018

Abstract

Rediscovery of Self After Counseling for

Female Survivors of Intimate Partner Violence

by

Tiffany M. Crayton

MEd, University of Central Oklahoma, 2008

BS, University of Central Oklahoma, 1996

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counseling Education and Supervision

Walden University

December 2017

Abstract

Researchers have indicated that survivors of intimate partner violence (IPV) have lost a sense of self while being with their abuser. But little or nothing has been published on the rediscovery of self after counseling among female survivors of IPV. The purpose of this phenomenological study—which helped to guide the research question and the method of the study —was to help bridge the gap in the professional counseling literature by exploring the rediscovery of self after counseling from the perspective of female survivors of IPV. The research question for this study examined the lived experiences of 7 women who discussed the process of rediscovery of self and how their relationship with their counselor impacted this journey of rediscovery. This process was explained through the theoretical lens of feminist theory because of feminism's focus on empowerment and advocacy. Data were taken from semistructured, face-to-face interviews and analyzed for emerging and clustered themes. The women believed because their counselor met them where they were, listened without judgement, and provided them with the tools to empower themselves, they were guided to the path of rediscovery of self. They also believed that spirituality was a contributing factor to reclaiming their sense of self. In continued efforts to work towards social change, the results of this study may help mental health professionals meet the needs of survivors of intimate partner violence. By building strong, self-assured individuals this can create strong self-assured families, that result in strong, self-assured communities.

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Dedication

I dedicate this writing to my Lord and Savior Jesus Christ as without Him this would not be possible. I also dedicate this project to my family for every second you sacrificed in pursuit of this academic accomplishment. This research project is also dedicated to the women who shared their experiences of triumph over pain. For the women who sacrificed their inner soul and succumbed to IPV, I will continue to advocate for you.

Acknowledgments

I want to first thank God for placing in me the desire to conquer an academic milestone that I have desired to attain since I was 5 years old. To my daddy Rafie, thank you for your encouragement and always believing in me. To my loving husband, Kevin, thank you for being my hero, my knight in shining armor, who constantly reminded me that I can overcome any obstacle. I just have to put my mind to it. Thank you, Caleb and Cameron, for the sacrificing you have made by understanding your mother's goal of completing a doctoral program. To my sister Michelle, for requiring me to move forward and always holding me accountable. To my classmates, Chelsea Sharpe and Dr. Dana Matthews for talking me off the dissertation ledge many of times and encouraging me to continue to press through the many obstacles of dissertation completion. To those that did not believe in me and thought I would not finish. Thank you for giving me the fuel I needed to keep pressing toward my goal.

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To the seven vibrant participants who had the courage to tell their stories. Thank you from the bottom of my heart. I could not have done this without you!

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Chapter 1: Introduction to the Study

Introduction

Violence inflicted on women is a phenomenon that is well recognized as a public health problem and human rights violation worldwide (World Health Organization [WHO], 2015). IPV is considered one of the most common types of violence against women that exists in all societies; its reach extends beyond race, socioeconomic status, and educational levels (Cho, 2012). IPV has been identified with various labels, such as domestic violence, domestic/intimate violence, batterer and wife abuse. However, violence against women encompasses multiple kinds of abuse directed at women and girls over their lifetimes (Montero et al., 2011). IPV can be exhibited in various forms too: physical violence, psychological aggression, stalking, and sexual violence (Centers for Disease Control and Prevention [CDC], 2014). For this study, IPV is the term that addresses the behavior that is inflicted upon the women who have survived this phenomenon.

Researchers have examined the complex dynamics of IPV (Burge, Becho, Ferrer, Wood, & Talamates, 2014). These include perceived changes of self (Song, 2012), the process of leaving abusive relationships, and the reconstruction of self after abuse (Baly, 2010). Upon completing a thorough literature review, I did not find a peer-reviewed, published study that explored the lived experiences of female survivors of IPV and their perception of self after counseling. This dissertation will contribute to the literature as it explores the experiences of women who have experienced a loss of sense of self and how their experience in therapy has contributed to the process of reclaiming their self-identity.

Background

In looking through a feminist theoretical lens, according to Lawson (2012), IPV is an expression of gender-based domination of women by men. Feminist theories treat the problem of partner violence as an issue fundamentally related to gender and specifically to the patriarchal domination of men over women.

This study explored the lived experiences of female survivors of IPV. It sought to understand those women who had experienced a loss of sense of self and how their experience in counseling contributed to the process of reclaiming their self-identity.

Research was conducted on the impact violence has on a woman's health (Bonomi, Anderson, Rivara, & Thompson, 2009; Cerelli, Humphreys, Poleshuck, Raimondi, 2011; Veale & Chin, 2010). Victims of violence have more problems with mental health than women who have not experienced violence (Wong & Mellor, 2014). For example, some symptoms exhibited by women are anxiety, depression, dysthymia, posttraumatic stress disorder, and phobias (Black et al., 2011). Researchers have also explored the long-term health concerns that continue beyond the term of abuse, which may include physical symptoms, mental illness, and poor social functioning (Montero et al., 2011).

The consequences of violence manifest themselves through various health problems in women. Some of the frequent consequences are symptoms of physical trauma, psychological problems, and reproductive-sexual health problems (maternal mortality, sexually transmitted diseases, HIV/AIDS, repetitive urogenital infections, urogenital traumas, undesired pregnancies, preterm labor, perinatal death, abortions,

curettage [voluntary termination of pregnancy], menstrual irregularities, premenstrual syndrome, sexual dysfunction, depression, etc.) (Ersoy & Yildiz, 2011). IPV has multiple physical and psychological consequences, to include: increased incidences of asthma, diabetes, irritable bowel syndrome, frequent headaches, chronic pain, difficulty with sleeping, and limitations in activities compared to women who do not experience violence in their intimate relationships (Black et al., 2011).As for the psychological effects,, researchers have found a correlation between high rates of IPV traumatic events and depression among women (Hirth and Berenson (2012). These traumatic events can have other severe consequences for women's mental health, including posttraumatic stress disorder (PTSD) that can persist well beyond the period of abuse (Craparo, Gori, Petruccelli, Canella, & Simonelli, 2014). PTSD can cause women to withdraw from their normal daily activities and support systems and increase hypervigilance. The withdrawal itself can affect physical health and well-being which is a condition that is often a comorbidity of depression (Oquendo, Brent, & Birmaher, 2005). I was unable to locate any study that explored the lived experiences of survivors of IPV and their rediscovery of self after counseling has not been documented.

The findings from this phenomenological study may make a significant contribution to literature. this research gives counselors the opportunity to gain a greater understanding of how they can assist women in moving towards empowerment from their exposure to IPV. The type of information obtained from the participants stories may help in recognizing the stages a woman might go through as she rediscovers herself after counseling. I expect that the study's findings will have valuable implications for

counselors who work with IPV survivors, though there are published studies that have similarities to my topic. For example, Lynch (2013) conducted a study on how violent relationships impact a woman's sense of self. A study by Song (2011) discussed how mediation empowers a woman's perception of self. There is also a historical research that examined how survivor's reflections helped. They were helped through recovery involving them being reconnected within themselves and others, rejecting patriarchal beliefs. This was the beginning of Mongolian and Australian women remaking themselves after IPV (Oke, 2008). Studies on the accessibility of resources and how this impacts a woman's sense of self has been explored as well (Baly, 2015; McLeod, Hays & Chang, 2010). However, no literature has described the lived experiences of female survivors of IPV and the impact of counseling on how they reclaim their self-identity. Themes that surface across participants narratives may inform the field of counseling on how counseling professionals could better meet the needs of women who have survived IPV.

The remainder of this chapter will provide information on how IPV, as a social problem, has adversely affected society and how the mental health system, specifically counseling, has responded to IPV. This chapter will also address the theoretical framework exploring the lived experiences of the survivors, in addition to the problem statement, purpose of the study, research question, nature of the study, assumptions, limitations, scope and delimitations and significance of this study.

Problem Statement

Current literature indicates there is a strong negative correlation between partner violence and self-esteem. According to Lynch (2013), it is obvious that one's perception of self is altered through abuse; but how a woman perceives herself after surviving IPV and receiving counseling services has not been explored. Other qualitative studies support Lynch's. finding (Baly, 2010; Lynch, 2013; Oke, 2008; Song, 2012; Thomas, Levack, & Taylor, 2014). Qualitative research documenting the lived experiences of female survivors of IPV and their understanding of self after counseling appears to be vacant from the literature.

During my review of the applicable literature, I discovered a gap in the research on the lived experiences of female survivors of IPV and their perception of self after therapy. The aim of this study was to provide a greater understanding of the counseling needs of female survivors of IPV in their journey towards empowerment and reclaiming or finding a new meaning of self. Throughout the context of this writing, the broader literature focused on the self (e.g., self-concept, identity, self-in-relation to perception) therefore, the words are used interchangeably (Lynch, 2013). The discovery process informs mental health professionals who provide services to female survivors of IPV and points to necessary resources that may help empower survivors of abuse.

Purpose of the Study

The purpose of this phenomenological study was to help bridge the gap in the professional counseling literature by exploring the lived experiences of female survivors of IPV and their perception of self after counseling. Past studies emphasized the impact

of IPV on a woman's self-identity (Baly, 2010; Lynch, 2013; Oke, 2008; Song, 2012; Thomas, Levack, & Taylor, 2014), but there appears to be no research available that discusses the lived experiences of a woman who has survived IPV and their perception of self after counseling. I sought to gain more knowledge on how their counseling relationship has impacted their perception of self. The semi-structured interview approach documented the various experiences these women have overcome and how counseling impacted their self-discovery. This information may be helpful to the counseling profession in strengthening a counselor's self-efficacy in working with IPV survivors.

Research Questions

I sought to learn about the experiences of participants, relative their counseling experiences and how counselors have impacted and/or can impact the process of self-discovery after surviving IPV. The research question steering this study was as follows: What are the lived experiences of female survivors of IPV and their perception of self after therapy?

Theoretical Framework

Feminist theory, the theoretical lens used for this study, treats the problem of partner violence as an issue fundamentally related to the patriarchal domination of men over women (Lawson, 2012). The focus of feminist theory has always been advocacy and empowerment in addition to providing a platform to explain and reduce violence against women (Gelles, 1993). The work of Dobash and Dobash (1979) was introduced through their studies of violence against women. The authors provide extensive research in a

multifaceted manner to depict the depth of violence among acquaintances. According to

Lawson (2012), their work has been cited in nearly all sociological writings on IPV

theory, feminist or otherwise. Their innovative work helped shape many studies of

violence against women, and it provides a measure of the progression in terms of how

society responds to women who have been victims of abuse. This has occurred since their

research has been published. Their work is a beneficial resource for my study because it

provides a standard to follow to help find resolve for this social problem.

Building on the perspective of Cearly (1998), the practice of feminism is not

unique in the use of techniques, but in the use of interventions. The interventions used in

the practice of feminism are designed based on the lens through which the client

formulates reality and how the helping relationship also teaches the practitioner. Hess-

Biber (2014) stated that "feminist researchers are particularly interested in uncovering the

often-hidden experiences of participants, allowing researchers to access the voices of

underrepresented and marginalized populations to advance scientific knowledge," (p.

126). Feminist theory provides ongoing empirical support for the idea that patriarchal

measures and gender inequity are the roots of violence against women.

Intersectionality feminism, which is particularly relevant to this study, (Glass et

al., 2011; Adams & Campbell, 2012; Dickerson, 2013). was built upon the assumptions

that individuals are positioned within social structures that influence power relationships.

The theory identifies interactions between different social identities—for example, race,

gender, and class—that have multiplicative adverse effects on health and well-being

(Chavez, 2009). Feminist intersectionality is driven by the pursuit of social justice. And

seeks to explain the processes by which individuals and groups in various oppressed social positions—such as gender, race, ethnicity, class, age, sexual orientation, disability status, and religion—result in inequitable access to resources. Which in turn results in societal inequities and social injustice (Crammer & Plummer, 2009). In sum, feminist theory reinforced the idea that women are impacted by their experiences of IPV. Using this lens, the assumption was made that women who survive IPV are adversely impacted, and their perception of self improves after counseling.

Intersectionality operates on two levels: (a) as a tool for analyzing structural oppression, and (b) as a framework for understanding the ways in which individuals' intersectional identities shape their lives (Syed, 2010). The application of intersectionality to IPV involves examining the ways structural inequalities permit and foster IPV and examining the influence of impoverished social identities on women's responses to IPV—which are inherently related to the responses of helping professionals and social agencies to women experiencing IPV (Crammer and Plummer, 2009). These theories help explain the lived experiences of women who have survived IPV and their perception of self after counseling. They are discussed in more detail in Chapter 2.

Nature of Study

This study used a qualitative approach to explore the responses of women to IPV and their counseling experience. The aim of this phenomenological, hermeneutical, qualitative study was to explore experiences and meanings and "to capture as closely as possible the way in which the phenomenon was experienced within the context in which the experience takes place" (Giorgi & Giorgi, 2003, p.27). Obtaining rich descriptions or

narratives of participants' experiences illuminated their lived worlds (Wang, 2015). In using this approach, I could see women's perceptions of self and therapy. The goal was to capture, through semistructured interviews, a woman's lived experiences starting from the abuse and moving through her growth in the counseling experience. I sought to gain a greater understanding of the process of moving from oppression to empowerment.

The definition of empowerment is complex and authors have described it as multi-layered. Empowerment at its core reflects the degree to which an individual feel that she can indeed articulate her own goals for herself and move toward them with the support of others (Cattaneo & Chapman, 2010). Empowerment has also been described as having a positive attitude toward one's own self-efficacy, being a master of one's environment, and having the ability to take individual or collective action to confront oppression and discrimination (Adams, 2003; Chadiha, Adams, Biegel, Auslander, & Guitierrez, 2004), and the potential to influence the outside world.

Growth is demonstrated in three common domains: (a) changes in perception of self, (b) transformation in relationships with others, and (c) a changed perception of life that encompasses a deeper appreciation of life along with new order and priorities (Tedeschi & Calhoun, 1996). In a study conducted by Song and Shih (2010), these changes were discovered in women who survived IPV; these women demonstrated an increased sense of self, affirmation of self, and advocacy and realization of self. My study is interested in the process of growth and rediscovery of self within a woman's counseling experience.

Operational Definitions

Feminism: Feminism prescribes a "critical examination of the individual and collective choices that shape women's lives" and suggests "that barriers to the realization of the full and unique human potential of women can and must be challenged and changed" (Bricker, Jenkins & Hooyman, 1986, p. 8). Put concisely, "[f]eminism is the struggle to end sexist oppression" (Hooks, 1984, p. 26) and may involve imagining a society in which men and women are free to be and act in ways that are not controlled by gender stereotypes (Hooyman & Cunningham, 1986). Furthermore, feminism may involve an exploration of the role of patriarchy in gender inequality (Vakalahi & Starks, 2010). Having a sense of awareness of the issues that directly impact women, being attuned to how these issues have transformed the lives of women and what continues to challenge sexism are central to the viewpoints of feminist theory (Charter, 2015).

Feminist theory: Feminist theory recognizes that knowledge is socially constructed (Campbell & Bunting, 1991; Gross, 1992). Feminist theory focuses on women's experiences as an origin of knowledge that has been generally overlooked or marginalized (Haymore, Morgan, Murray, Strack, Trivett, & Smith, 2012). Feminist theory along with research seeks a gendered based framework for discerning and interpreting women's experiences in a manner that look for ways to help achieve gender equality (at el. Haymore, 2012).

Gendered Justice: Gendered justice is a form of justice within most societies that is structured by a patriarchal organization of society. Patriarchy is the organization of a society which power and dominance is possessed by the males of the family. The

patriarchal structure is designed to thrive on gender inequality and continued to oppression of women (Garcia & MacManimon, 2011).

Identity: Identity is presumed to be a product of social interactions with others (Lynch, 2013).

Intimate partner violence (): is defined as violence committed by a current or former boyfriend, girlfriend, spouse, or ex-spouse (Ali & Naylor, 2013). The definition of IPV endorsed by the World Health Organization is behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, and psychological abuse and controlling behavior (WHO, 2010). Controlling behavior can consist of behavior that involves a pattern of violent and nonviolent tactics (e.g., isolation, monitoring activities) aimed at dominating and controlling one's partner (Hans, Hardesty, Hasleschwerdt, & Frey, 2014).

Reclaiming self: The journey or migration of identity that has been fragmented by trauma (Oke, 2008).

Self-Concept: Self-concept has been defined as a theory of self including thoughts and feelings, or "a collection of images, schemas, conceptions, prototypes, goals, or tasks" (Hattie, 1992; Markus & Wurf, 1987, p. 301).

Self: Self specifically relates to women's sense of self and affirms that individuals describe their self through their relationships with others (Lynch, 2013). Women develop their sense of self through the process of creating and maintaining close, connected relationships over their lifetime (Lynch, 2013).

Assumptions

This study was guided by a few assumptions and limitations on the research participants. Participants were asked to aid in this study from a considerable large Midwestern metropolitan area in the United States. In conducting interviews, I assumed women would be transparent in the description of their lived experiences of surviving IPV and their perception of self after counseling. I assumed that counseling contributed favorably to women reclaiming their self-identity.

Limitations

All research projects have design limitations that should be acknowledged. These limitations include, but not limited to, geographic, cultural, and temporal limitations. Put another way, projects depict the world at a given time and place, within a specific cultural context (Given, 2015).

A limitation of this project was that women who participated were self-selected (volunteers) from cooperating social service agencies whose mission is to serve survivors of IPV. Therefore, the lived experiences of the women who participated in the study may not be indicative of all female survivors of IPV and their perception of self after counseling.

Scope and Delimitations

This phenomenological study explored the lived experiences of adult female survivors of IPV by a male partner—who were no longer in abusive relationships and had completed between 3 and 18 months of counseling—and their perceptions of self after counseling. The rationale for this time frame was as follows: It allowed the participants to

grieve the loss of the therapeutic relationship (McLeod, 2003) and to recall critical events within that relationship (Webster & Mertova, 2007). I considered only women who had received counseling because their experience as a client was vital to this study. Seeking only participants who had an established relationship with a counselor excluded the experiences of women who may have established a professional relationship with other mental health professionals, such as a psychiatrist, a psychologist, a licensed professional counselor, or a social worker.

Positive Social Change

Studies (, 2013) have proven that abuse is clearly a violation of a woman's sense of self (Lynch, 2013; Oke, 2008; Song, 2012) and has an impact on women's health (Montero et al, 2011). Women who have been victimized view themselves as being unhealthy and having more physical and emotional distress than women who have not experienced IPV (Brokaw, Fullerton-Gleason, Olsen, Crandall, McLaughlin & Skylar, 2002). The violence has health consequences that persist beyond the period of the abuse (Sutherland, Bybee, & Sullivan, 1998) and may include physical symptoms, mental illness, and poor social functioning (Bonomi, Thompson, Anderson, Reid, & Rivara, 2006).

Due to the absence of qualitative research studies in counselor education on IPV, the process of rediscovery that elicits empowerment has been dormant in the literature. Shedding light on how a woman rediscovers her self-identity could help clinicians identify phases of personal identity development and provide a platform of awareness in the field of counseling. It is also believed that if clinicians can help women become

psychologically and emotionally healthy, they may make healthier choices that may result in healthier lives, families, and communities. By offering an opportunity for women to participate in this study, I gave women a voice as they explained their experiences. In explaining their experience, they created the opportunity for others to learn and gain insight into their process of rediscovery of self. Through that process, a theme may be discovered that will improve the interaction between a clinician and the women who have survived IPV.

This research can contribute to social change by informing the counseling profession of the re-discovery process women survivors of IPV go through. It was my goal to also empower women survivors of IPV by affording them the opportunity to share their lived experiences so that others can learn and understand the process of rediscovering who they are after IPV. I also intended to use the results of this study to provide guidance for professional counselors who work with women who have survived IPV.

Summary

IPV is a well-recognized disturbing social, public health, and human rights problem worldwide. Women exposed to IPV suffer from a broad range of negative physical and mental health concerns (Wong & Mellor, 2014). Prior to this study, there had not been any qualitative studies to explore the lived experiences of female survivors of IPV and their perception of self after counseling. This study was constructed to illustrate the lived experiences of a sample of female survivors of IPV who have received counseling.

Chapter 2 is a review based on current published literature that records findings from quantitative, qualitative and mixed method studies related to IPV and sense of self. The literature review will explore the phenomenon of IPV and the oppression it has on women as well as risk factors.

Chapter 3 will provide a detailed description of the qualitative method of inquiry, the phenomenological approach, and a summary of how the study's data was collected and analyzed.

In Chapter 4 I will provide a detailed description of the research setting, demographics, and the data collection process. I will also provide an analysis of the data, the results, and a summary.

In Chapter 5, I will provide a detailed description of the interpretation of findings, limitations of the study, recommendations and implications of the study.

Chapter 2: Literature Review

Introduction

Violence Against Women Act (VAWA): This act was introduced in 1994. The Violence Against Women Act, addresses domestic violence, dating violence, sexual assault, stalking, and human trafficking (Office on Violence Against Women, 2011, www.justice.gov, 2015). The reauthorization process of VAWA every five years gives policymakers, special interest groups, and the general public time to reflect about the current need for legislation. On February 12, 2013, the Senate passed a new VAWA bill, which added the following amendments: provisions targeting human trafficking, provisions ensuring that child victims of sex trafficking are eligible for grant assistance, provisions for lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals, and provisions for Native Americans living on reservations (Modi, Palmer & Armstrong, 2014).

IPV has adversely impacted the lives of women throughout the United States. In 2010, interpersonal violence was ranked the 12th leading cause of years of life lost (U. S. Burden of Disease Collaborators, 2013).

Women in abusive relationships had more medical conditions, such as asthma, diabetes, irritable bowel syndrome, frequent headaches, chronic pain, difficulty sleeping, and activity limitations (Burge et al., 2014) compared to women who did not experience such abuse. The lived experiences of female survivors of IPV and their perception of self after counseling is a new area of research. The purpose of this hermeneutical phenomenological study was to explore the lived experiences of female survivors of IPV

and how they can reconnect with their sense of self after counseling. Theorists have proposed that partner violence damages women's sense of self by way of an ongoing process of physical and psychological abuse. IPV devalues women's self-perception, needs, and capacity to operate effectively (Dutton & Painter, 1981, 1993; Graham & Rawlings, 1991; Mills, 1985). According to Lynch (2013), women do not focus on their needs, but on the needs of their partner in hopes of preventing violence. As a result, they experience a shift in their sense of self. There continues to be limited research exploring the loss of a women's sense of self associated with IPV. This phenomenological study explored the process through which women rediscover themselves after their therapeutic counseling experience. The comprehensive literature review presented in this chapter supports the importance of this study and could empower women and give an added voice to literature and to women who have survived IPV. In this chapter I will provide an overview of the research strategy, theoretical foundation, and the conceptual framework. I discuss briefly the history of IPV and why IPV has been viewed as a social problem. I also review prominent topics on physical and mental health problems associated with IPV, perceived changes of self as a survivor of IPV, and an overview of IPV literature. The chapter concludes with discussion of the scope of the study, the gap, and a summary.

Literature Search Strategy

For the literature review I searched the following databases over the course of 5 years: such as EBSCOhost, PsycINFO, PsycARTICLES, Academic Search Premier with Full Text, ERIC, ProQuest, PubMed, Sage Premier, SocINDEX with Full Text, Google, and Google Scholar. There was a plethora of information on IPV; therefore, a narrow

search was conducted to discover information on women who had survived IPV and who had rediscovered themselves after counseling.

In conducting this search, I used the following keywords: *intimate partner violence,* relationship, *domestic violence*, *perception of self, self-efficacy, self-perception, self-esteem, reinvention of self, rediscovery of self, sense of self, counseling, counselor, clinician, qualitative, phenomenological study, feminism,* and *feminist theory.*

Terms previously mentioned were combined in various ways to help broaden the literature search. *IPV* and *perception of self,* did not provide favorable results. Limited results were found utilizing this combination of words. The word combination, *domestic violence* and *perception of self,* yielded better results with a combination of other words which provided a broader range of literature in the research database.

The research database searches provided several results when seeking specific areas, for example, *domestic violence*. *Domestic violence* generated thousands of results; however, *domestic violence* and a combination of another term word, such as *self-image*, would not provide any results. Because of the challenge in obtaining literature results, this led to a much broader scope of term-combinations such as IPV, battered women, battered females, and abused women. Utilizing more narrowed terms provided literature that conjointly identified IPV in a bigger category with the usage of key terms such as, *IPV* and *self*.

During this scholarly search, several studies were found depicting a woman's mental and physical well-being after suffering from IPV (Montero et al., 2010; Cerulli, Poleshuck, Raimondi, Veale, & Chin, 2012; Wong and Mellor, 2014; Craparo, Gori,

Petruccelli, Cannella, & Cimonelli, 2014; Burge, Becho, Ferrer, & Wood, 2014). I also found studies on IPV and the self (Baly, 2010; Lynch, 2013; Song, 2012). The search, however, did not reveal any studies on women's post-counseling process of rediscovery after surviving IPV. This was the conclusion after an exhaustive search of scholarly articles that began to repeat previous search results.

Historical Lens of IPV

IPV has been a social problem for many years. In the 1780s a man could legally physically discipline his wife with a weapon as long as the weapon was not thicker than his thumb. This became known as the rule of thumb (Garcia & McManimon, 2011). In 1824, the courts ruled a husband had the right to physically chastise his wife in moderation (Boston Public Health Commission, 2009). It was not until 1914 that a unique measure to separate spousal abuse from existing criminal jurisprudence occurred. This is the year the Psychiatric Institute of the Municipal Court of Chicago began to adjudicate cases involving domestic violence, combining short jail terms with psychiatric treatment as well as social services for victims of domestic violence (Dobash & Dobash, 1992). Prior to the 1970s, law enforcement, specifically police officers, and judges saw wife beating as an insignificant offense (Kim, 2013). Mental health professionals saw wife beating as a pathology of the poor or of individual women (Clark, 2011). It was not until the 1970s that the social construct of U.S. society began to shift in terms of acknowledging a woman's disclosure of abuse, and the issue became widely publicized as a social problem. Feminism was an intricate concept that represents a movement, a standpoint, a theoretical perspective, an activist stance, and an identity (Seymour, 2012).

Feminism was recognized as having a vast impact within and beyond social policy and institutional change. In the 1970s feminism revealed all women were abused by men despite their social status. Feminism clearly defined wife beating as a man's effort to dominate women (Clark, 2011). Feminism continues to evolve as today feminist seek to empower marginalized people of both genders, different races, classes and sexual orientations (George & Stith, 2014).

Researchers used feminist theory to illuminate a fundamental, ethical, and political framework with which to view abuse and victimization (Goldner, 1998). Feminist theory established the moral compass of a zero tolerance for violence and a long commitment to safety accountability, and equity for women and gave a voice to all impacted by this complex problem (George & Stith, 2014). Feminism connects to the history of IPV as it has been the theoretical perspective mostly used in interventions of female survivors of partner violence (Dominelli, 2002; McNamara, Tamanini, & Pelletier-Walker, 2008, Petrectic-Jackson et al., 2002; Tutty & Rothery, 2002).

The Physical Impact of IPV on Women

According to Alhabib, Nur, and Jones (2010) violence against women was a major public health concern. Violence endured by women was an important focus for those who advocated for the survivors of IPV, such as theorists, researchers, and those providing social services and clinical interventions. In 2010, 45.4 million injury related visits were reported at U.S. hospital emergency departments (Center for Disease Control and Prevention, 2012). It was believed the impact of IPV on women's health was devastating and resulted in poor reproductive and psychological health that continues

long after the survivor has left their abusive environment (Garcia-Moreno & Watts, 2011). Women who had experienced IPV are more likely to suffer from acute physical injuries and require medical care for their injuries (Black, 2011). They may also suffer from chronic physical conditions (e.g., frequent headaches, chronic pain, insomnia, gastrointestinal problems; Black et al., 2011).

Indirect Impact of IPV

Researchers have found that women experiencing IPV may engage in activities that would further damage their physical health such as, smoking, substance use, physical inactivity, and high-risk sexual behaviors (Breiding, Black, & Ryan, 2008; CDC, 2008). These health-compromising behaviors are known risk factors for many chronic illnesses such as cardiovascular disease, diabetes, and asthma (American Heart Association, 2012). According to Stockman, Hayashi, and Campbell (2015) a wide range of reviews evaluated the physical health consequences of IPV reported numerous health outcomes including chronic pain, fibromyalgia, joint disorders, facial and back pain; cardiovascular problems, gastrointestinal disorders, stomach ulcers, appetite loss, abdominal pain, digestive problems; and neurological problems, severe headaches, vision and hearing problems, memory loss, traumatic brain injury. Many injuries and conditions are difficult to diagnose. These are sometimes referred to as *functional disorders* or *stress-related conditions* such as, irritable bowel syndrome/ gastrointestinal symptoms, fibromyalgia, various chronic pain syndromes and exacerbation of asthma (WHO, 2012). An estimated $5.8 billion was spent annually because of medical and mental health costs and loss of productivity associated with IPV (CDC, 2013). The most obvious and severe health

concern of IPV was homicide. According to Beyer, Layde, Hamberger, and Laud (2013), when a woman was murdered by her intimate partner it was referred to as *intimate partner femicide* (IPF). In the United States, intimate partner homicides consist of 45% of all femicides; 94% of women who were killed by men who they were acquainted, 65% were killed by a spouse, ex-spouse, or current intimate partner (Violence Policy Center, 2012).

The Psychological Impact of IPV

IPV had become a global issue of concern that adversely effected individuals beyond the initial harm incurred through physical injury (Giridhar, 2012). Researchers addressed the mental health effects of IPV on female survivors had reported the most prevalent psychological problems was depression, posttraumatic stress disorder (PTSD), and anxiety (Cavanaugh et al., 2012).

Researchers had found depression to be one of the dominant adverse effects of a woman surviving IPV (Wong & Mellor, 2014). Depression adversely impacts sleep and causes distressing changes in appetite, energy level, and the ability for a woman to function (Karakurt, Smith, & Whiting, 2014). Depression has the potential to lead one to suicidal ideations or suicide attempts. Traumatic stress was thought to be the main mechanism that explains why IPV may cause subsequent depression and suicide attempts (Wong & Mellor, 2014). Exposures to traumatic events can lead to stress, fear and isolation, which, in turn, may lead to depression and suicidal behavior (WHO, 2013). The feeling of learned helplessness was also thought to be a contributor of suicidal attempts in survivors of IPV (Devries & Seguin, 2013). Martin Seligman first proposed his theory of

learned helplessness in 1975 (Seligman, 1975). According to this theory, helplessness may result from the anticipated lack of control over the outcome of a situation. An individual teaches themselves how to behave helplessly in certain situations after believing they had little or no control over their abuser or over their life (Walker, 2009). The theory of learned helplessness predicts that trauma forfeits an individual's ability to perceive their effectiveness in being able to control what happens to them (Walker, 2009). This perception was quite similar to a person facing a terminal illness. Many victims of IPV may believe their partner will eventually kill them, and so they choose to kill themselves instead (Devries & Seguin, 2013).

One of the most concerning psychological outcomes associated with IPV exposure was suicidal behavior, including ideation, gestures, attempts, and completions (McLaughlin, O'Carroll, & O'Connor, 2012; Rees et al., 2011). Afifi et al. (2009) found that women exposed to IPV were 7.5 times more likely than those not exposed to IPV to experience suicidal ideation, adjusting for sociodemographic variables, any psychiatric disorders, and childhood physical and sexual abuse. Moreover, Devries et al. (2011) found that the prevalence of lifetime suicide attempts ranged from 0.8 to 12.0% among women with IPV exposure. The stress response, and the ongoing fear and isolation that can result from experiences of physical, sexual and psychological violence, can increase feelings of hopelessness and helplessness and biological responses that often precede suicidal behavior (Yoshihamna & Kamano, 2009). Devries and Seguin (2013) found that violence increases the odds of an incident suicide attempt, lending support to the idea that violence from intimate/dating partners is causally related to subsequent suicidal behavior.

Researchers had determined PTSD was another commonly reported mental health issue for women who experienced IPV (Lagdon, Armour & Stringer, 2014). PTSD was recently reclassified as a form of stress and trauma related disorder in the DSM-V (American Psychiatric Association, 2013) PTSD was a well- recognized reaction of trauma exposure and of women who had survived IPV (Lagdon et al., 2014). This disorder was characterized by re-experiencing symptoms (e.g., involuntary memories about the trauma), avoidance symptoms (e.g., effortful attempts to stay away from trauma reminders), negative alterations in cognitions and mood (e.g., exaggerated negative beliefs about oneself or the world), and hyperarousal (e.g., easily startled; American Psychiatric Association, 2013). The development of PTSD involved exposure to traumatic stressors, such as violence, followed by fear for one's safety and a sense of helplessness to control the situation (Karakurt et al., 2014). Some women who had survived IPV and experienced PTSD maybe more attuned to cues of male aggression (Moser et al. 2015). These cues often manifest as nonverbal dynamic gestures that intimidate, and that are unpredictable and grow in intensity to suggest escalation of threat or impending violence (Moser et al. 2015). PTSD was characterized by difficulties in emotion regulation particularly when new experiences remind patients of aspects of their trauma (Moser et al. 2015). It was believed that IPV was linked with particularly deleterious mental and physical health outcomes when compared to non-intimate violence, such as stranger assault, and/or non-interpersonal trauma, such as disasters (e.g., DePrince, Zurbriggen, Chu, & Smart, 2010; Goldsmith, Freyd, & DePrince, 2012). In addition, comprehensive research had documented the factors linking IPV to PTSD

symptoms. Such factors included perceived social support, socioeconomic status, coping style, and the presence of additional psychopathology, including depression and peritraumatic dissociation (Lilly & Graham-Bermann, 2010; Taft, Resick, Watkins, & Panuzio, 2009).

A limited but growing body of work had investigated mechanisms underlying the relationship between trauma, psychological distress, and physical health (Cody & Beck, 2014). Tansill, Edwards, Kearns, Gidycz, and Calhoun (2012) assessed sexual victimization history and physical health in a college sample that consisted of 970 young women. These researchers found that trauma-related mental health symptoms, which also included PTSD mediated the relationship of sexual victimization and poor physical health. Eadie, Runtz, and Spencer-Rogers (2008) also found posttraumatic symptoms to partially mediate the relationship between sexual assault history and physical health outcomes. Tansill, Edwards, Kearns, Gidycz, and Calhoun (2012) further discovered that trauma linked mental health symptoms, along with symptoms of PTSD connected the relationship between one's physical victimization and poorer health.

Theoretical Foundation

There is significant research to address IPV, one of the most common types of violence against women in all societies (Craparo, et al., 2014). Feminist research was described as reflexive, women centered, the deconstruction of women's lived experiences, and the transformation of patriarchy and corresponding empowerment of women (Fonow & Cook, 1991, pp. 2-6). Feminist theory was the theoretical framework

used to examine the impact of the lived experiences of female survivors of IPV and their

perception of self after counseling.

Feminist Theory

   The theoretical approach utilized for this dissertation was grounded in feminist

theory. Feminist theory targets oppression and privilege, through a gendered lens (Wood,

2015). Feminist theoretical perspectives are often used in interventions with female

survivors of partner violence (Dominelli, 2002; McNamara, Tamanini, & Pelletier-

Walker, 2008; Petrectic-Jackson et al., 2002; Tutty & Rothery, 2002). A feminist theory

supports the idea of eliminating gender privilege of men having a patriarchal position

over women (Renzetti, 2010) and replacing social injustice by advocating non-violence

and social justice (George & Stith, 2014). Patriarchy, referring to the "power of the

fathers" (Kesselman, McNair, & Schniedewind, 2008, p.10), is "the grand narrative that

influences us all, often invisibly" (Dickerson, 2013, p. 102). Researchers have found that

patriarchy continues to have an important position in understanding the complexity of

some types of IPV (George & Stith, 2014). According to Basile, Hall, & Walters (2013)

IPV is more likely to occur among men who have been socialized or instructed by

society, their communities, families-of-origin, and peers to positively promote the use of

violence in close relationships, maintain malicious attitudes toward women, and imitate a

traditional male (i.e., "macho") sex-role orientation. Society has created these

inequalities, therefore it should be the responsibility of society to create and or restructure

the images for women and men, as well as, girls and boys. In order to further understand

how patriarchy continues today it is important to understand how feminism and this view of patriarchy began.

History of Feminism

The birth of feminism as a theoretical framework in addition to a social movement was thought to have occurred going back to early Christianity, the Middle Ages, the Renaissance, and the Reformation (LeGates, 2001; Lerner, 1993). *Feminisme* was first coined in France in the 1880s, it spread through European countries in the 1890s and to North and South America in 1910. The word feminism was combined with the French word femme for woman and -isme, to give reference to social movement or political ideology (Freedman, 2002). Feminism in the United States was thought to have developed as early as the mid-18th century. Feminism was thought to have re-surfaced in waves over time, a metaphor used to regard the evolving of ideas. It was thought the first wave of feminism occurred in the 18th century amongst women leaders who were considered upper and middle class white women with women of color who were seeking to abolish slavery, gain voting privileges among other political rights (Kesselman & McNair, 2008). The second wave of feminism was thought to have occurred during the 20th century when the voice of women was heard advocating for civil rights and ending violence against women. Kesselman et al. (2008) stated the tensions that were rising in the lives of women during the 1950s and 1960s were not just concerned with working outside of the home; women wanted to stop the devaluation of their everyday life, sexual objectification, the violence against women that penetrated society, and the thought of a woman's only purpose was to meet the needs of men. Because the second wave did not

intersect race, women of color did not feel a part of the second wave of feminism. As a result, the third wave of feminism was inclusive of marginalized people of both genders, different classes, races, and sexual orientations (Crenshaw, 1991; Kesselman et al., 2008; Taylor, 1998).

Feminist theories are a compilation of related theories that share several common principles (Renzetti, 2010). The first common principle was gender. Gender was socially composed with the expectations on the attitudes and behaviors of women and men, typically referred to as femininity and masculinity (Renzetti, 2010). Despite efforts to create equality amongst men and women, the underlying western cultural image was masculinity representing a man as being rationale, protective, aggressive, and dominating, while femininity portrays the image of a woman being emotional, receptive and submissive (Mari & Thomson- Salo, 2013). Secondly, feminist theories believe in patriarchal sexism, this was described as the valuing of men and their masculinity over women and femininity systematically excluding or marginalizing a group (Scott, 2007). A third fundamental principle of feminist theories was to evaluate victimization of women, criminal offending, and how the judicial system responds to violent acts against women (Belknap, 2014). The fourth fundamental principle of feminist theories attempts to explain criminal offenses, victimization, and how criminal justice processing occurs in conjunction with theory to help develop more equitable solutions to the problem of crime (Chesney-Lind & Pasko, 2013).

Applications of feminist theory. Feminism is an ideology and is the current foundation of the feminist movement that initiated in the early 1970s and continues to be

one of the predominant theoretical models of IPV (Ali & Nabor, 2013). Several female

advocates believe IPV is a societal issue and only effects women and for this reason this

issue should be examined and written from a woman's perspective (Randle & Graham,

2011). There are authors that would not agree with this stance. Corbally (2015)

conducted a biographical narrative with a social constructionist theoretical framework to

examine the lived experiences of men being abused by female partners. The rational for

not using a feminist perspective was due to few narrative research studies on male

victims of IPV (Allen- Collinson, 2008, 2009a, 2009b; Migliaccio, 2001, 2002) in

comparison with studies of victims who are female. In addition to the potential

knowledge gap on IPV from a masculine perspective. Since feminist theory has given

voice to liberation from oppression and has given a woman a sense of autonomy and self-

determination, this theory has been the theoretical framework for other studies. One

example, Adams and Campbell's (2012) qualitative study addressed the experience of

undocumented women and IPV. Feminist intersectionality theory was the theoretical

foundation of their work. Intersectionality theory contends that gender, race, ethnicity, as

well as, cultural differences and the alienation felt by female immigrant's compounds

each other and becomes important criteria or the social construction of identity and

marginalization (Glass, Annan, Bhandari & Fishwick, 2011). The utilization of this

theoretical lens helped the researchers to greater understand that oppressed groups and

individuals who live at the margins of society with inequitable access to resources result

in experiencing inequalities and social injustice along with their immigration status

(Adams & Campbell, 2012). These researchers concluded from their study that

immigrant women without legal documentation were more vulnerable to IPV and access

to fewer resources than documented women (Moynihan, Gaboury, & Onken, 2008). In an

attempt to explain the causation of IPV, researchers George and Stith (2014) also utilized

feminist theory as their theoretical framework. This study found that more needed to be

done from an intersectional, anti-oppressive viewpoint in an effort to address the

multifactorial causes of violence along with the many victims of violence (George &

Stith, 2014). The single cause of IPV was not patriarchal views. Their work was based on

a layered and complex model that "seeks both to hold the violent partner accountable and

to intervene to change couple interaction" (Stith, McCollum, & Rosen, 2011, p. 10).

Seeking this understanding helped with both treatment options and feminism forms. More

than a decade ago, Goldner (1998) stated the feminist perspective brings to the table a

fundamental, ethical and political framework with which to view abuse and victimization

(p. 267). With gender perspectives evolving from the gender equality movement and the

Lesbian, Gay, Bi-Sexual, Transgender, Queer (LGBTQ) community, researchers like

Cannon, Lauve-Moon, and Buttell (2015) are re-theorizing IPV through feminism as IPV

is known to also impact this community. The utilization of this theory in this body of

research provided emphasis on social justice and advocated for the elimination of existing

practices that blamed patriarchy as the primary cause of IPV. In this body of research, the

focus is on embracing the various explanations and treatment options for individuals and

couples in violent relationships. This study supports my body of research as it is seeking

new ways to address the phenomenon of IPV and its physical and psychological

aftermath.

How feminist theory is applicable to this study. The motivation for using feminist theory as the theoretical framework for this study stemmed from a desire to empower a marginalized population. It speaks to anti-oppressive, nonviolent and social justice for not just women; however, inclusiveness of everyone. This study explored the lived experiences of female survivors of IPV and their perception of self after counseling. This theory provided the researcher with the understanding of how clinicians and women put their self-worth in perspective and seek what is needed to be free from such an oppressive act of violence. Findings, given a feminist theory lens helped to answer the research question: What is the lived experiences of female survivors of IPV and their perception of self after counseling. The next section addresses the method and scope as used in the literature.

Literature Related to IPV and Sense of Self

Lynch (2013) designed a qualitative phenomenological study exploring how IPV impacts a woman's sense of self. In this study, the aim is to create a series of open ended questions to explore women's sense of self in relationship to partner violence in order to gain a more advanced understanding of the complexity and dynamics related to a woman's sense of self and partner violence. The researcher conducted a semi-structured interview with 13 women who had been in relationships with violent partners. Eleven of the women with violent partners provided narratives, indicating they had lost a sense of themselves, specifically on how their partner contributed to their loss of self. According to the narratives their partners contributed to their loss of self by causing the women to shift their focus to their partner to prevent future abuse. A significant finding in this study

is the negative self-perceptions and the confusion about knowing themselves outside of various roles they held, i.e. employee, mother, and friend. According to the narratives shared by the female participants the control of their partner played a significant role in how they referred to their loss of self and their uncertainty about the validity of their perception. Although this study offered potential new contributions some of the limitations of the study did not address women who were in violent relationships and unemployed, lack a post-secondary education and relationship types. The theoretical framework of this study was self-in relation theory as this study was seeking to find how IPV effected a women's sense of self. These theorists imply women develop their sense of self based on the connection they had with their partner (Lynch, 2013). This study was connected to my research because I was seeking to learn how women rediscover their self-worth after surviving IPV. Most importantly, how their relationship with their counselor impacts this process. Theorist have proposed IPV adversely effects a women sense of self (Dutton & Painter, 1981, 1993; Graham & Rawlings, 1991; Mills, 1985); however, the emerging researcher has not found a study that discusses how the relationship between a survivor of IPV and her counselor impacts her rediscovery of self. This study did not provide information to assist the mental health professional in strengthening their work with survivors of IPV. This researcher may contribute to the field of counseling by adding information that empowers women to be equipped with necessary skills to identify potential abuse, whereby preventing them from entering unhealthy relationships because they understand what it truly means to be a healthy and whole individual.

Baly (2010) conducted an interpretive phenomenological study in gathering data by interviewing six women who had left their abusive relationship. Potential participants made the decision to be dropped from the study before their interview because they did not feel emotionally stable to speak about their abusive relationship. Ideally, the researcher would have liked at least 12 to 15 participants; however, he was not able to have the desired number of women for his study. He aimed to learn how women reconstructed themselves after leaving an abusive partner. The author used semi-structured open-ended questions covering the following topics: the main issues in how the participants dealt with their abusive relationship, how did they react when problems occurred in their relationship, how did they cope with their situation, how did they feel about their coping, and what were their future plans. Despite the number of participants, the researcher could collect what he believed to be sufficient data with more than 40,000 words to help him identify important themes. The recorded and transcribed data was analyzed by using an extensive version of discourse analysis used in social psychology (Edwards & Potter, 1992; Potter & Wetherrell, 1987). This analysis considers how people shape their identities and the world around them as they engage in communicating or "interactive discourse." Discourse analysis focused on how people manage the elements of their interaction in speaking to others, and shared resources (known as "interpretive repertoires") they attract when constructing their identities (Baly, 2010). The researcher indicated the results gained from this study accounted for wider cultural and social discourses that influence how abused women address their abusive relationship. The interpretive repertoires by participants, led to the existence of a few discourses that may

keep women in their abusive relationship and other discourses that helped them to walk

away from their abusive relationship. The ability to understand these discourses help to

explain why women remain in abusive relationships as well as explaining why women

construct themselves in a particular manner. According to Baly (2010) it is important for

women to be able to reconcile with their perceptions of their relationship and cope with

the abuse to protect themselves from the social stigmatization in the event others learn of

their abuse. The limitations of this study are that it is descriptive in nature and the number

of participants is smaller than the number of participants you would normally find in a

study of this type.

Oke (2008) conducted a narrative research project based on a feminist and

narrative perspective. This research consisted of a cross-cultural narrative analysis of 11

Mongolian and 11 Australian women seeking their lived experiences of survival,

recovery and the remaking of self, following IPV. These women were recruited by

personal recommendation or through an agency. The ages of the women in this study

ranged from 23 to 47 years of age. Each woman was interviewed a total of three times

over a two- year period. The researcher identified the most common themes as followed:

women's stories of childhood, the naïve self; violation of survival, the divided self and

the lost thread of meaning; breaking down and breaking through, the lost self and the

finding of new meanings, the beginnings of recovery; reconnecting in the context of

family, friends and acquaintances; legal issues; their encounter with the criminal justice

system; women's interaction with medical and social service professionals; women

connecting within groups; reconnecting with self through writing, reading, connecting

with spiritual and philosophical practices; commonality among the women in terms of work, travel, relationships; and personal reflections. The researcher discovered through her project the commonalities of both culturally different women involved the importance of reconnecting within themselves and with others and dismissing the old mindset of patriarchal beliefs. Each woman lost her personal narrative of self or her sense of continuance of self, due to the overwhelming nature of anxiety, depression, confusion and blaming of self. Several women in this study experienced a sense of leaving self while trying to find ways to cope with the overwhelming emotional pain or threat of extinction, inhibiting the ability to recover self. Only when women were faced with the possibility of being killed or contemplating suicide did they seek to find strength to begin a journey away from their abuser. Once limitation of this study was that it consisted of only Mongolian and Australian women participants. It is possible their cultural lens maybe different than those of American woman depending on environmental factors. Instead of using a narrative method, a qualitative method could explore the relationship between a mental health professional and how this relationship impacted their sense of empowerment.

Gap in the Literature

There is a plethora of research that indicates IPV is a significant problem for women (Baly, 2010; Oke, 2008; Song, 2012; Eckstein, 2010; Lynch, 2013; Barner & Carney, 2011; George & Stith, 2014; Ali & Naylor, 2013).

As recognized in the literature, IPV impacts the mental health and physical well-being of women who are survivors of this phenomenon (Cerulli, Poleshuck, Raimondi,

Veale, & Chin, 2012; Modi, Palmer, Armstrong, 2014; Montero, Escriba, Ruiz-Perez,

Vives-Cases, Martin-Baena, Talavera, Plazaola, 2011; Wong & Mellor, 2014). There are

studies that clearly demonstrate a woman's sense of self being impacted by IPV (Baly,

2010; Eckstein, 2011; Lynch, 2013; Oke, 2008; Rice, Enns, & Nutt, 2015). Rice, Enns, &

Nutt (2015) conducted a qualitative study to examine the experiences of women of

marginalized groups through illustrative case studies. The intent of the researchers was to

gain helpful perspectives and techniques to help them become more effective and

knowledgeable about working with diverse groups of women in a therapeutic setting. It is

the belief of these researchers that the field of psychology and its practitioners

understand, appreciate, and put into practice the complexities of working with groups of

women and girls who embody and live with multiple layers of diverse identities. An

intersectionality theory is used as the theoretical framework of their study. The

limitations of this study are that it only sought psychologist that were seeking to enhance

their gender and cultural sensitivity towards women and girls from all social classes,

ethnic and racial groups, sexual orientations, and ability/disability statuses in the United

States. Another limitation is the emphasis was on psychotherapy practice, but the study

was more applicable to psychological practices.

　　　　Eckstein (2011) conducted an online quantitative study utilizing a stages of

change model. The goal of this study was to examine 345 heterosexual IPV victims that

consisted of 239 women and 106 men and determine if victims' reasons for staying with

a violent partner differed according to sex and/or intended source of message.

Researchers investigate whether men or women stay with abusive partners based on what

they communicate to themselves or what others communicate to them. A primary limitation to this study is that it is limited to online participation. Those who have access are only those who are literate, have access to internet technology, and frequent message board sites or domestic violence/men's groups. Additionally, there is a greater number of female participants than males.

The present study addressed a gap in literature by examining how professional counselors can assist women in their process of rediscovery of self and what steps are gained during therapy that allow her to reconnect with her being. Exploring the lived experiences of female survivors of IPV and their perception of self after counseling was not an area that has been examined in research.

Summary

In summary, IPV continues to impact lives of women in the United States. Each year, 1.3 to 5.3 million women in the United States experience IPV (Modi, Palmer, & Armstrong, 2014). Several studies have documented the physical and mental impact IPV has on women who are fortunate to survive (Devries et al. 2011; Dichter et al. 2011; Fisher et al. 2011; Rhodes et al. 2009). IPV can also cause and or intensify mental health concerns, including but not limited to depression (Flicker et al. 2012).

Of the available studies researchers provide information on how women lose their sense of self after surviving IPV (Baly, 2010; Lynch, 2013; Song, 2012;) however, in conducting an exhaustive search of literature the search did not reveal findings addressing women survivors of IPV and the process of rediscovery of self after counseling.

This study may broaden the knowledge of how licensed professional counselors can help assist women, who have survived IPV, and move through the process of rediscovery of self. In conducting an exhaustive academic database search of the combined terms IPV, perception of self, and counselor relationship, each of these phrases did not provide results specifically to this topic. Prior to this study there was no empirical data yielding to this topic, therefore, there appeared to be a need for a qualitative study to explore the lived experiences of women who have rediscovered themselves after counseling. Chapter 3 will describe the methodology of the study in detail.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to explore the lived experiences of heterosexual women who have survived IPV and their perceptions of self after therapy. In this chapter I provide a comprehensive explanation of the research design, methodology, the role of the researcher, and concerns about trustworthiness. In the first segment of this chapter, I explain the research design and rationale. I clarify important concepts and discuss the selection of a qualitative design. The second segment of this chapter includes a discussion of the role of a researcher and ethical concerns, such as researcher bias. In the methodology section, I discuss the population, sampling strategy, and offer an overview of the procedures for collecting data. In the last section, I identify potential issues of trustworthiness and how research integrity can be determined. I also explore strategies that can be used that may increase credibility and trustworthiness.

Research Design and Rationale

The purpose of this research was to learn about the lived experiences of women who have survived IPV and their perceptions of self after counseling. The overall research question for this proposed phenomenological study was as follows: What are the lived experiences of women who have survived IPV and their perception of self after counseling?

I chose a phenomenological approach because phenomenology is concerned with individuals' lived experiences related to the identified phenomenon (Moustakas, 1994). More than a method, phenomenology demands an open way of being, an exploration of

human situations as they experienced are in everyday life, but typically go unquestioned (Finlay, 2012). According to Creswell (2009), phenomenological research is an inquiry strategy that allows the researcher to identify the very essence of the human experience of the phenomenon as conveyed by the participants. This design has strong philosophical support and typically involves conducting interviews (Giorgi, 2009; Moustakas, 1994). The primary purpose of this form of inquiry is to reduce individual experiences to a universal essence, or, as van Manen wrote a "grasp of the very nature of the thing" (1990, p. 177). In other words, interviewing helps the researcher gain knowledge and understanding of the lived experiences of others and the meaning they draw from those experiences (Seidman, 2006).

Qualitative Research Tradition

According to Moustakas (1994), a hermeneutical phenomenological approach is an interpretive method that involves close reading of? participants' interview transcripts to understand the meaning they draw from the phenomenon. The idea behind this method is to provide an understanding through interpretation; the method endorses a process that clarifies the phenomenon of interest (Hein & Austin, 2001).

Phenomenology does not categorize or explain behavior, and it does not generate theory (Finlay, 2009). Many researchers who had studied IPV have used a phenomenological approach (Baly, 2010; Cerelli et al., 2012; Flasch, Murray, and Crowe, 2015; McLeod et al., 2010; Wood, 2015). The primary reason to use a hermeneutic phenomenological method in this study originated from the lack of information on the subject in recent literature, the concern for helping women reclaim their identity after

surviving IPV, and the flexibility that hermeneutic phenomenology provides.

Phenomenology was appropriate for this study because it allows me to describe and

interpret the lived experiences of women and the process involved in the rediscovery of

self after counseling. Furthermore, phenomenology was appropriate for this study

because I was interested in the lived experiences of more than one woman and was not in

pursuit of constructing a theory. What I hoped to gain from the study through a feminist

model was the sharing of participants' voices to improve counseling practices and further

social justice for women.

Role of the Researcher

According to Miles and Huberman (1994), the investigator's role as a researcher

was to gain a holistic view of the context of what was being examined in the research

study. It is the role of the researcher to gain the attentiveness and empathetic

understanding of the lived experiences of the participants. In doing so, I assumed various

roles. I acquired the role of the author, interviewer, observer, coder, and the analyzer of

themes and identified patterns. In this study, I conducted one on one interviews with

participants as supported by literature (Lindgren, et al., 2010). My intent

was to establish rapport with participants by helping them feel comfortable in conveying

their lived experiences as survivors of IPV.

Personal or Professional Relationship

My role in this study was one of participant and observer, recording the

experiences of those who have survived IPV. I did not have an established relationship

with any of the women participating in this study. None of the participants were prior or current supervisees of mine.

Researcher Bias

To help mitigate any biases or preconceptions I might have had as the researcher conducting this study, I used journaling to help process any feelings or reactions I experienced while interacting with the women participating in this study. Fine (1992) wrote of the importance of "positioning researchers as self-conscious, critical, and participatory analysts, engaged with but still distinct from our informants" (p. 220). This can be a daunting task (see also Haverkamp, 2005). As a survivor of IPV, there was potential for researcher bias; however, all interviews were audio recorded and notes were taken to help ensure the authenticity of the responses of participants involved (Creswell, 2009). I took additional measures to ensure I had accounted for researcher bias such as using audio taping and member checking with the dissertation chair (Lincoln & Guba, 1985). As a survivor of IPV, I identified biases and dealt with them if it appeared they could impede my ability to be neutral. The goal was never to allow my feelings to inhibit, or direct, the voices of the participants. Therefore, I was diligent in being objective during this study.

To deal with biases and assumptions that come from my life experiences or interactions with research participants, which may be emotionally charged, I attempted to approach this endeavor reflexively. Rennie (2004) defined reflexivity as "self-awareness and agency within that self-awareness" (p. 183). According to Morrow (2005), one of the most valuable activities for the researcher was to keep a self-reflective journal from the

inception to the completion of the investigation. According to Creswell (2013), journal entries help maintain honesty and trustworthiness of researchers throughout the interview process. The journal was used to help capture thoughts, personal reflections, and reactions to the responses from participants. The meditative focus of journal writing helps to refine the researcher's role as a research instrument (Janesick, 2011).

Member Checking

To help ensure that I was being objective and captured the essence of the participants' responses, each participant was provided a 1–2-page summary of the emerging themes by electronic mail. It was the researcher's responsibility to learn from the participants how well the researcher's interpretations reflected the participant's meanings (Morrow, 2005). During this time, the participant had an opportunity to provide clarification if I misunderstood the information conveyed during the interview.

Methodology

Participation Selection

The target population for this study was mature heterosexual women, 18 years or older, who had experienced IPV and who had received counseling from a licensed mental health professional for at least 3 months. At the age of 18, a person is considered an adult in the United States and can provide informed consent (Goldfarb, 2008). Participants had to speak English because I am not bilingual, and an interpreter was not available.

Sampling and recruiting. I used purposeful sampling for this study. Purposeful sampling is a technique widely used in qualitative research to identify and select information-rich cases (Palinkas et al., 2013). Finding information-rich experiences

involved identifying and selecting individuals or groups of individuals who are especially

knowledgeable about or experienced with the phenomenon of interest (Creswell & Plano

Clark, 2011).

To ensure that saturation occurred, it was important to involve a sufficient number

of participants in the study. Walker (2012) stated saturation was used as a tool for

ensuring that adequate and quality data are collected to support research. If a study does

not reach data saturation, it compromises the validity of the study (Bowen, 2008; Kerr,

Nixon, and Wild, 2010). Data saturation involved continual sampling within a study until

the repetition of the data set has occurred and no new information was being obtained.

Creswell (2013) suggests that for a phenomenological study, the sample size should be

anywhere from three to ten participants.

A purposeful sample of seven participants was accessed from a populous urban

area in North Texas with saturation being reached with four participants. Saturation again

is defined as the point at which the data collection process no longer offers any new or

relevant data (Dworkin, 2012). Another way to state this is conceptual categories in a

research project can be considered saturated ''when gathering fresh data no longer sparks

new theoretical insights, nor reveals new properties of your core academic categories''

(Charmaz, 2006, p. 113). I was unable to locate a study like the one being conducted and

therefore will follow the suggestion of Creswell (2013) for using three to ten participants

in a phenomenological study.

I recruited participants for this study by posting flyers in churches, counseling

agencies and local North Texas not-for-profit agencies serving women who have

survived IPV (See Appendix A). The flyer included a brief introduction of the study and

my contact information for an initial introduction and screening interview to ensure

potential participants meet research inclusion criteria.

Criteria for participation. Participants were required to be at least 18 years of

age or older. Participants needed to be females who had experienced IPV and are no

longer residing with their abuser, have participated in therapy with a licensed

professional counselor for at least three months, and express a willingness to participate

and share their lived experiences as survivors and their journeys of rediscovery of self. I

obtained informed consent from the participants.

Informed Consent

Prior to participants engaging in this research, an informed consent form was

explained and signed. The reviewing of this document was in a safe, convenient,

mutually agreed upon public environment that promotes confidentiality and privacy. I

informed the participants of their right to withdraw from the study at any time they felt

uncomfortable without repercussion. I also provided a thorough explanation on

confidentiality and the manner in which the information obtained for this study would be

used to each individual participant. Discussing confidentiality at the outset is necessary

for acquiring informed consent and building trust with respondents (Crow, Wiles, Heath,

& Charles, 2006). To help protect the anonymity of each participant, they were informed

that I would use pseudonyms in explaining the data and the results of the study (Kaiser,

2010). Participants were made aware of the potential risks for participating in this study

and would understand their role as an active participant in this research. The potential

risk involved in this study included the discussion of past IPV and the experiences that

occurred during the process of rediscovery of self. It is possible the retelling of this

experience could be harmful to a woman's psychological well-being. The informed

consent document provided a summary stating the purpose of the research and its

potential risk. Again, participants were afforded the opportunity to determine whether

they would like to participate or voluntarily withdraw from the study at any time.

Participants had an opportunity to ask any questions they had on their role in the study.

Each participant was provided a copy of their signed informed consent, while I kept a

scanned copy on a password protected computer file located at my home. The university

requires all data collected from participants be kept for five years. Because survivors of

IPV are considered a vulnerable population, I provided a resource list of local mental

health agencies (Appendix G) to each participant in the event they experienced any

distress from discussing their experiences. If data collection for a participant needed to

stop temporarily due to distress I provided an immediate referral. If a participant wanted

to resume their participation in the study I provided them an opportunity to do.

Instrumentation

The literature states that interviewing, along with field observations and document

analysis, is one of the major ways qualitative researchers generate and collect data for

their research studies (Gubrium & Holstein, 2003; Kvale & Brinkmann, 2008; Rubin &

Rubin, 2006; Seidman, 2006). Qualitative researchers rely on face-to-face interviewing

when conducting semi structured and in-depth interviews (Chriseri-Strater, 1996).

Creswell (2007) asserts that while there are several kinds of data, all data falls into four

basic categories, "observations, interviews, documents, and audiovisual materials" (p. 129). Researchers may use various techniques, but at the soul of qualitative research is the desire to expose the human part of a story (Jacob & Ferguson, 2012). A data collection instrument that was used in this study included a participation eligibility sheet (Appendix B). Additional instruments I used to gather data were a semi structured interview schedule (Appendix C) and an observation sheet (Appendix D) for documenting nonverbal and emotional behavior during each participant's interview. I also kept a journal as mentioned below in the section of trustworthiness to document personal reflections as well as behavior of participants. The information documented in this journal was a part of my data analysis. This viewpoint is described in greater detail below.

Interviews

Data for this study was obtained by conducting semi-structured interviews with women who survived IPV. Interviews were in person or by phone for those who cannot conduct an interview face to face. Interviews conducted face to face were in a mutually agreed upon location that was private and allowed for confidentiality. All interviews were audio recorded with the permission of each respondent as well as documented with handwritten notes. It was recommended that written notes be taken along with audiotaping in the event the recording equipment malfunctioned (Creswell, 2009). After each interview, I transcribed the audio recording verbatim and ensured identifying information was protected by not using real names during the recording to help protect the anonymity of participants.

Participants were asked to complete a demographic questionnaire (See Appendix E) to help provide general background information on the participant, such as their name, age, gender, educational level, ethnicity, marital status, educational level, socioeconomic status, employment status, how long they experienced IPV, and how long they had been in counseling. This information was important as it provided demographic data for the research and a time frame for their IPV relationship and counseling experience. Each interview began with open-ended questions; after each interview, closed-ended questions were asked to ensure the stories of each woman interviewed was accurate. I asked probing questions if I lacked an understanding of the participant's responses. This helped in gathering additional information for clarification of meaning.

The length of each interview was approximately 90 minutes. According to Seidman (2012), the primary purpose of conducting an interview is to allow the participant to reconstruct their lived experience. Seidmann (2012), states that for giving the participant time to construct their lives, and reflect on its meaning, "anything less than 90 minutes is too short" (p. 20). All interviews were conducted in a setting that promoted a sense of privacy with limited distractions. After participants' interviews, I e-mailed the emerging themes to the participants for them to review.

Data Analysis

According to Leech and Onwuegbuzie (2007), one of the most important steps in qualitative research is data analysis. Data analysis is a systematic search for meaning (Hatch, 2002). Pietkiewicz and Smith (2014) recommended a three-stage process of analyzing data for this hermeneutical phenomenological study. The three stages consist of

(a) multiple readings and notetaking, (b) identifying emerging themes, and (c) seeking relationships and clustering themes.

I read the transcriptions several times as well as listened to the audio recordings of the participants' interviews. Pietkiewicz and Smith (2014) state each reading and listening to audio provides new insight, and this also helped the researcher to immerse themselves in the data. I wrote notes in the margins to capture viable insights, reflections about the interview, and comments of significance (Pietkiewicz and Smith, 2014). During the second stage, I focused on notes rather than the transcription to identify emerging themes. While searching for themes, it was important to compare the parts to the whole and the whole to the parts (Pietkiewicz and Smith, 2014). The final stage, stage three, consisted of evaluating all the themes, understanding the relationships among the themes, and clustering the themes. I coded continually during interviews until saturation was reached.

I had participants review themes as a second opportunity during a 30 to 60-minute meeting to check for accuracy of their interviews. When participants had provided their feedback, I documented any commonalities and variances in the concluding analysis.

Issues of Trustworthiness

It was important as a researcher to gain the most authentic responses from participants and be thorough in the approach. According to Cope (2014), accurate data collection and fieldwork are essential when conducting qualitative research. Credibility is achieved through detailed, rich, thick descriptions of the experiences of the participants (Creswell, 2007; Lincoln & Guba, 1985). In reporting participants' responses, they were

verbatim. I did not add comments or delete from their commentary. I did not ask leading

questions to facilitate the desired response. To establish rapport with participants, and

accurately capture responses intensive interviews occurred. Researcher strategies that

facilitate this process included prolonged engagement, persistent observation, and

reflexivity (Houghton et al., 2013; Lincoln & Guba, 1985). I promoted this process by

allowing adequate time in collecting data and obtaining an understanding of the people

and phenomenon of the study. Prolonged engagement provides scope; however,

persistent observation (the researcher's attention to the feelings or emotions of the

informant or situation being studied) provides depth to the study (Lincoln & Guba, 1985).

Member checking occurs, to authenticate participant's feedback and feelings or emotions.

Participants were asked to evaluate the results to ensure that I accurately interpret their

responses (Rudestam & Newton, 2007). The chair of this study checked the results and

was able to validate the conclusions, and I accurately interpreted the data to help reduce

researcher bias (Cope, 2014).

     As a woman who has survived IPV and has experienced the difficulty of the

rediscovery of self, conformability is achieved through self-reflexivity. Self-reflexivity is

the activity of self-disclosure. Reflexivity is often viewed as the process of a continual

internal dialogue and critical self-evaluation of a researcher's position as well as active

acceptance and definitive recognition that this position may affect the research process

and outcome (Bradbury-Jones, 2007; Guillemin and Gillam, 2004; Pillow, 2003;

Stronach et al., 2007). Self-reflexivity is often confused with self-reflection. Chriseri-

Strater (1996) made the distinction between reflection and self-reflexivity, by noting that,

reflection does not require an "other," whereas reflexivity "demands both and some self -

conscious awareness of the process of self-scrutiny" (p. 130). Self-reflexivity

acknowledges the researcher's role (s) in the construction of the research problem, the

research setting, and research findings, and highlights the importance of the researcher is

becoming consciously aware of these factors and thinking through the implications of

these factors for her/his research (Pillow, 2010). I accomplished this task by maintaining

a journal capturing not only how I responded to the data collected, but also my responses

to the women participating in this study.

Ethical Considerations

In addition to synthesizing all scholarly information in this study, it was my

responsibility to anticipate the ethical issues that may arise and the importance of

protecting participants (Hesse-Bieber & Leavey, 2006). I adhered to all research

requirements and ethical guidelines outlined by Walden University's Institutional Review

Board (IRB) and the Code of Ethics of the American Counseling Association (ACA,

2014). Discussed in detail are the procedures used to protect participants in this study and

the treatment of data. The IRB approval number for this study is 08-08-17-0295161.

Treatment of Participants

The first ethical procedure was receiving approval from the Institutional Review

Board at Walden University. Additional steps that were taken to protect participants was

the avoidance of perceived coercion and providing participants with a list of local mental

health resources (Appendix F) during the debriefing that occurred after their interview.

An example of addressing perceived coercion was excluding any current clients and

supervisee's from participating in this study. During the debriefing process (Appendix

G), participants received a list of local mental health resources in the event they

experienced distress after the conclusion of their interview. Participants had an

opportunity to end the interview at any time they felt the questions were causing them

distress.

Due to the sensitivity of this topic, it was possible that some participants may

select to withdraw from this study. Because of the potential of participants withdrawing, I

anticipated additional interviews would occur. I analyzed and coded data in between

interviews and this allowed me to know when saturation was reached before additional

interviews were conducted.

Treatment of Data

Semi structured interviews were conducted face-to-face or by phone, recorded,

and transcribed. The transcriptions of participants were identified by using pseudo names

to protect the anonymity of each participant. All data collected in the form of audio

recordings and transcriptions was saved on a portable flash drive with a protected

password. Any documents used to manually track results of coding were kept in a locked

confidential file cabinet and were destroyed after completion of the study destroyed.

<div style="text-align:center">

Summary

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In this chapter, the researcher described the methodology of this qualitative study

by explaining the research design, participant sample, informed consent, ethical

considerations, data collection process, data analysis, and trustworthiness. This study was

exploring the lived experiences of women who had survived IPV and how their

counseling process helped them with the rediscovery of self. By using a

phenomenological strategy of inquiry, it allowed the researcher to gain knowledge about

the very phenomenon being explored through the essence of the human being it was

impacting (Al-busaidi, 2008).

In Chapter 4 I continue the discussion of the analysis of the data and provide the

setting of the study, demographics, evidence of trustworthiness and the results.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to explore the lived experiences of heterosexual women who have survived IPV and their perceptions of self after therapy. The goal of the study was to learn how clinicians can better meet the needs of women who have lost their sense of self due to the degradation of IPV. In this chapter I discuss the research setting, demographics, and the data collection process. I will also provide an analysis of the data, the results, and a summary. During the study, I used a qualitative inquiry to interview 11 female survivors of IPV. Of the 11, 4 withdrew from the study, stating reliving their past abuse would be too painful. Thus, the final study sample consisted of 7 participants. Data were collected by asking interview questions to solicit responses on their counseling experience and how their relationship with their clinician helped them rediscover their sense of self. I coded the semi structured interview responses to understand the process of how women rediscover themselves through their counseling experience based on the following research question: What are the lived experiences of women who have survived IPV and their perception of self after counseling?

Research Setting

The setting of the semistructured person interviews was a mutually agreed upon location. Eleven women participated in an informational phone meeting; however, when contacted to confirm their participation for the interview four women made the decision to withdraw from the study. The four women that withdrew from the study indicated their IPV experiences were too painful to relive. I conducted the remaining seven participant interviews in person, at a mutually convenient and comfortable location and time. The face to face, semi-structured interviews were conducted in a private office at the Hope Center designated for this study. This location was chosen because of its close proximity, its privacy location and the ability to maintain confidentiality.

Participant Demographics

All participants ranged from the ages of 40 to 59. Two participants identified themselves as African American/Native American, six participants identified themselves as African American, one participant as multiracial, and two participants identified themselves as European American. All 11 participants had graduated from high school. Three participants had a minimum of a high school education. Two had some post-secondary education at least 2 years, six participants had earned their master's degrees. All participants were from the North Texas areas. The table below reflects the basic demographics on each participant by pseudo names. Table 1 below illustrates the participant's demographics.

Table 1

Data of Participants Demographics

Participant	Gender	Age	Marital Status	Education	Employed	Race	SES
Deidra	F	54	Married	Graduate	Yes	Multiracial	Middle
Jean	F	55	Married	Some College	Yes	AA	Middle
Chasity	F	41	Single	Graduate	Yes	AA	Middle
Taraji	F	45	Married	Graduate	Yes	AA	Middle
Stacey	F	40	Married	Graduate	Yes	AA	Middle
Nina	F	46	Married	Graduate	Yes	AA/NA	Middle
Susan	F	48	Divorced	Some College	Yes	AA	Middle
Diana	F	59	Single	Graduate	Yes	AA	Middle
Debbie	F	41	Single	H. S Graduate	Yes	Multiracial	Middle
Lori	F	42	Divorced	H.S. Graduate	Yes	European American	Poor
Mandy	F	40	Single	H. S. Graduate	Yes	European American	Poor

Note: SES=Socioeconomic Status, AA=African-American, NA=Native American

Data Collection

After obtaining Institutional Review Board (IRB) approval for the study on

August 8, 2017, recruitment for participants was advertised on August 9, 2017 flyers

posted by me at a local church and domestic violence center. The invitation to participate

listed the criteria for participation in the study; contact information for the researcher, and

a request to share this information with others they may know would be interested or fit criteria for participation. Although saturation was reached after the first four interviews, I completed the seven scheduled interviews over a 4-week period. This initial advertisement in both locations yielded a total of 11 participants. All participants made their initial contact with me by phone. Each informational phone call with me lasted at least 30 minutes which at this time potential participants agreed to continue with the interview process. During the initial phone conversation, an interview time was made and I obtained their contact information which included an email address. For their convenience, I provided the potential participants an approved IRB consent form, an informational letter, and a participation eligibility form. All participants were comfortable in participating in the study at the time their interview was scheduled; however, I had four potential participants' cancel their interview and withdraw from the study because they felt reliving their abuse was too traumatic. My appreciation for these women considering to be participants was expressed and I understood their reasoning for withdrawing. I provided them a list of resources and the opportunity to reach out to me in the future, if needed. Of the seven women that agreed to participate in the study, I went over the informed consent face to face and answered questions prior to them signing. Obtaining consent is an interactive process between the researcher and the potential participant consisting of a conversation on disclosure and understanding of a proposed research activity and freely expressing a desire to participate (Huang, O'Connor, Ke, & Lee, 2017). During this communication, I also discussed using pseudonyms in place of their names to protect their privacy and maintain confidentiality. The participants

appeared comfortable with this interaction and signed their consent form without hesitation. Some participants were eager to learn about my motives for conducting this research and expressed their gratitude for allowing them the opportunity to share their lived experiences. These discussions occurred either prior to the signing of the consent form or prior to the beginning of their interview.

Saturation was reached after 4 interviews. I continued to interview participants because their interviews were scheduled, and I thought it was important for them to share their lived experiences. Although saturation was reached after 4 interviews it is believed the women's lived experiences contributed by giving insight to the phenomenon being studied. As in any qualitative study, the crucial factor is not the number of respondents but rather the potential of each person to contribute to the development of insights and understanding of the phenomenon (Thomas, 2006). Despite reaching saturation after the first four interviews, 3 additional participants contributed to this study. These women were given an opportunity to share their experience with rediscovery of self. Allowing each scheduled interview to take place empowered all participants the opportunity to have a voice despite reaching saturation.

The primary data collection instrument for this study was individual, semi-structured face to face interviews. In all, I conducted seven interviews in person and each interview was audio recorded, manually transcribed, and analyzed for emerging themes. A time and location of was determined by what was comfortable and convenient for the participants. The duration of each interview was ninety minutes. The composition of the interview provided participants ample time to describe their experiences and a reasonable

opportunity to ask to follow up questions to allow for depth and clarity for each

individual experience. None of the participants showed any visible signs of undue stress

as a result of discussing their lived experience during or after their interviews. What was

demonstrated was a sense of empowerment and declaration of freedom from entrapment.

Each interview was manually transcribed verbatim. Although, this is a lengthy

and tedious process in comparison to using a software application or utilizing an agency,

I believe the process of manually transcribing provided a valuable experience which

allowed me to immerse myself in the data. According to Saldana (2015), data on paper

and writing codes in pencil give the researcher more control over the data and ownership

of their work.

Data Analysis

For data analysis, I used Pietkiewicz and Smith (2014) three-stage process of

analyzing data for this hermeneutical phenomenological study: (a) multiple readings and

notetaking, (b) identifying emerging themes, and (c) seeking relationships and clustering

themes.

Multiple Reading and Notetaking

The initial step is reading the manually transcribed transcriptions and listening to

the audio recorded interviews multiple times. According to Saldana (2015), it is

recommended that for first-time studies it is better to manually code your data instead of

using a computer software. There is something about manipulating qualitative data on

paper and writing codes in pencil that give you more control over and ownership of your

work. During this tedious process, I was able to immerse myself in the data, and by doing so, I worked intently with the data and was able to identify emerging themes.

Identifying Emerging Themes

The second step consisted of identifying emerging themes. To identify emerging themes, I had to review all seven interview transcriptions and note themes that surfaced across data obtained from each interview. The reporting in this document is rich with direct quotes from participants. I believe I have captured the very essence of the women's voices, rather than providing an interpretation of what the participants shared. I was intentional in my approach, protecting their voice, and at the same time wanting what they said on their lived experiences to be clear.

Seeking Relationships and Clustering Themes

Seeking relationships and clustering themes are the final step of the three-stage process. This stage consists of finding a connection between themes and grouping them according to their similarities. Once they are grouped together a descriptive label is provided for the clustered themes.

Once all interviews were completed and transcribed the coding process began. Transcriptions were coded manually one at a time. I would not begin coding a transcription of another participant until the previous one was completed. With each participant, unique experiences emerged, and collectively a variation of the women's lived experiences were described. From these experiences, codes were identified and represented as major themes. The experiences within these emerging themes were coded as clustered themes.

I identified a total of seven emerging themes. (Table two provides a list of these themes). I discuss these themes further in the interpretation of the results in chapter five.

Table 2
Emergeing Themes and Cultured Themes

Emerging Themes	Clustered Themes
Experiences with IPV	Surviving IPV included physical, emotional and psychological abuse
Experiences with Counselor	Counselors provided coping strategies, unbiased feedback, active listening skills, non-judgmental patience
Loss Sense of Self	Feelings of low self-esteem and lack of self-worth
Bondage	Emotional responses to IPV included enslavement, fear, and degradation
Empowerment	Counseling experience increased confidence and personal voice
Family	Immediate family was a source of strength and happiness
Independence	Increased self-actualization, strong independent woman

Emerging Themes Identified Through Each Participants Response

Each participants response reflects the emerging themes from Table 2 in the following order: Experiences with IPV, Experiences with Counselor, Loss Sense of Self, Bondage, Empowerment, Family, and Independence. The participants responses embody the experiences, the challenges, the support, and the rediscovery of self. The clustered themes provide clarification and a vivid depiction of each participants account of their situation. Deidra gained a sense of hope and empowerment through the working relationship with her counselor. When discussing how her experience with IPV affected her sense of self she stated,

> I wasn't always a strong person. I put up many walls. I was more of an introvert but have slowly begun to experience life. I have since learned to be strong and sometimes opinionated without worrying about the aftermath of me standing out.

Deidra was able to find her voice and gain a sense of confidence about herself because her counselor helped her discover her worth. Deidra describes how her counseling experience affected her sense of self by stating,

> It always helps me to have someone allow me to speak and be heard. My counseling experience allowed me to really focus on who I am deep inside and remove the scarring from how that partner made me feel. Always second guessing myself or thinking if the things I was doing was going to make him mad or be displeasing. My counselor never told me what to do or how to feel…which was different for me. My counselor spoke in a way that made me open up or reveal

elements of myself that expressed what I was really feeling. It was pure genius of

her.

In describing her counseling experience, Deidra found a safe place to express herself

without judgement. She described her experience as having a counselor who was

unbiased and listened.

My IPV counseling experience began scary and rocky because of the old me, but I

began to realize that this person had no other motives or expectations of me.

Rather unbiased and listened to me without judging me…even when I thought I

wanted to go back to the partner. I slowly realized that she was on my team and

whatever I wanted to talk about or needed to say she was there to listen.

Deidra expressed she felt connected to her counselor and believed that she had her best

interest at heart and there were no strings attached. Deidra further described, that all she

owed her counselor was her honesty and the fact that she was being true to herself. For

once she said, "she felt she did not owe anyone anything for being transparent. There was

no penalty for honest communication." When discussing how she sees herself or how she

feels about herself following IPV, she stated:

Well, a lot of times I still see myself as the old abused person and frequently need

reassurance. This can be a bad thing, I quickly catch myself feeling sorry for

myself, and I go and exercise or run a few miles to clear my head. The running

makes me feel free and I regain the confidence and reflect on the strategies my

counselor gave me. I'm better now. I think before I speak and that seems to help

reorganize the way I feel about myself varying situations. I also changed my

name. I use my middle name instead of my first name in order to bury my past

and past experiences. Every time I heard my first name, I would associate it with

the person that I did not like (my partner and the person my partner created in

me). I also moved from the state that reminded me of depression and backward

ass thinking. I started to do things with a fresh start, fresh attitude, and fresh start

at being the newly recovering me. Each day was a new day, kind of like being a

recovering alcoholic. The thought of the prison was there but I had to will myself

to think differently.

In thinking about when she lost her sense of self while with her partner, Donna recalls it

was early on,

About the first month of living together is when I had to check to see if I could do

anything. Or make sure I was home before him, or not gone to the store for more

than the regular amount of time to get food. Or if I was on the phone and he

walked in and I had to quickly hang up or explain for hours who it was or was

not. When it was easier to just stay home instead of going to visit my friends or

family. When he made me feel guilty for having friends or even laughing at a TV

show. He would ask questions as if I was referring my laughter or comparing the

characters to him or our life together. Through this behavior is when I discovered

I no longer knew who I was.

Not knowing oneself or lack of positive identity development requires one to respond

differently. One responds in a more controlled submissive way (Lynch, 2013). Deidra

described her experience as one of bondage. Not being free to think or simply just to be

who she was born to be. In concluding my interview with Deidra, I asked her if there was anything else she would like to tell me about her experience with surviving IPV? She responded by saying, "Nope. I'm better now and wish there was help for girls in high school to help circumvent the road to this crappy type of relationship." Deidra further explains, she believes that if she would have recognized some of these abusive traits while she was in high school or simply knew what signs to look for while in high school, she would not have ended up in such an unhealthy relationship.

Participant 2: Jean

At the time of this study, Jean was fifty-five years of age and working full-time. She is currently married to her second husband; however, they were separated at the time of the study for reasons unrelated to the topic of this study. Jean experienced IPV for 20 years and received individual counseling for three years. Her first abusive incident with her intimate partner occurred at the age of 30. The interview took place at a mutually agreed upon location. Jean presented to the interview as cooperative and eager to share her lived experience. When she did not understand a question, she would as for clarification. When describing her experience as a survivor of IPV, Jean responded by saying, "My experience with my partner was more mental abuse. Derogatory, negative talk always. Everything was always my fault." In describing how IPV affected her self-esteem, Jean stated:

> I did not have any self-esteem. I felt lost and I lost myself in my children because they helped me cope with the mental abuse that I was enduring. I felt trapped, I felt like I was in bondage. I felt worthless for the lack of a better word.

In describing her counseling experience as a survivor of IPV, she responds by saying,

> It was slow in the beginning, because I did not want to talk about it. After we divorced and um and I moved on I just did not want to revisit it I did not want to rehash it up again, but through my religious experiences I learned to take that hurt and turn it into something positive. Because I needed healing, I needed to heal. I could not parent, grandparent, or be the friend I needed to be if I kept suppressing it. So, during counseling sessions like I said started slow, but as I found this new-found strength in me then it went better. Because I was able to talk about it. The counselor was able to give me tools, you know homework, things to do to take baby steps to healing. Through the healing process. My counselor, met me where I was. She was unbiased and listened.

When discussing with Jean what influences how she sees herself, she stated, "I would say I did not want to go crazy or anything like that. Spending time with my children and my grandchildren was another reason why I needed to leave that relationship. He was the negative. He was the ball and chain. My children and my grandchildren made me happy so I that is what influenced how I see myself. Jean found herself and her happiness in her family. During the session Jean asked to stop the recording for just a second. It was to gather her thoughts as discussing her past experiences with IPV became emotional for her. I offered to stop the interview; however, Jean wanted to continue as she wanted to contribute to the study. After approximately 5 minutes, Jean resumed the interview. Jean was very candid when she described what it was about her relationship with her counselor that helped her rediscover her sense of self, she stated the following:

One she was patient. In the beginning, I would not talk. I just cried. I tried to talk but nothing would come out. She just listened. She was supportive and just really listened. I would say the homework she gave me to do. I enjoyed those because it helped me to be who I am today. She gave me the tools that when I hear certain things it wouldn't make me feel like he would make me feel or a smell, cologne, or things that would remind me of him. I would not be anxious or nervous. She taught me how to work through that. I did not suppress she taught me how to work through it. She gave me tools. I believe allowing me to find my voice in expressing how I feel was a great part of my delivery from this bondage. She allowed me to talk, uninterrupted. She allowed me to get everything out I wanted to say. When something made me angry, sad, or frustrated, she worked through that with me to discover why that particular thing ignited such a response.

Participant 3: Chasity

At the time of the study, Chasity was forty-one years old. Chasity had experienced IPV for 4 years and received individual counseling 2 years and 6 months. Her first abusive incident with her intimate partner occurred at the age of 24. She presented as a confident woman, a woman who is determined to fulfill her purpose. When we began to discuss her lived experiences as a survivor of IPV, the strong relentless woman I was observing began to reveal a sensitive, vulnerable side of herself. We met for an interview and she began to share with me how her experience with IPV affected her sense of self. She responded by saying,

My experience helped me to define who I am as a woman and as a parent of a

daughter. It taught me to value myself worth and not to allow a situation like that

to happen to me again or take over my life to a point that I felt that I could not get

out. In both cases, the men were what I thought to be loving and charming only

later to realize they were manipulative. I allowed love to blind my judgment and

keep me in one unhealthy relationship that led to another. Now, I have tools to

stand my ground and eliminate those things that I don't accept in a relationship to

occur. Chasity attributes much of her growth to her professional counselor. In

describing how her counseling experience affected her sense of self she responded

by saying, "I just mentioned tools. Counseling provided me the tools needed to

find my inner strength, girl power. Counseling gave me the techniques needed to

identify and express my emotions appropriately, to be strength focus not just with

my life but my family and to change my negative cognitions to positives to pull

me through my tough days.

When Chasity began to discuss her counseling experience further, she spoke with passion

and gratitude. Chasity described her counseling experience as a "good one." She spoke

very highly of her counselor and mentioned her counselor was "welcoming, engaging and

very supportive. My experience was liberating." When I asked for Chasity to give

clarification in what she meant by "liberating," she responded by saying, "for the first

time I felt free. Free to choose, free to live, and free to be me." Chasity attributes who she

is today due to her counseling experience as well as being a survivor of IPV.

When asked what influences how she sees herself or how she feels about herself

post IPV, Chasity stated, "The experience itself influenced me to want better, have better,

and get better. If I had not endured this experience I may not be the strong independent woman that I am today." In addition to her counseling experience Chasity attributes her faith to helping with her rediscovery of self. Faith is what helped her cope with the abuse she endured from her partner. Chasity stated, "My faith in God got me through until I had the courage to seek professional counseling.

Participant 4: Taraji

At the time of the study Taraji was 45 years old and working on her second master's degree. Taraji experienced IPV for five years and received individual counseling for four years. Her first abusive incident with her intimate partner occurred at the age of 22. Taraji was interested in learning about my motivation for the study and if I had experienced IPV. This comfortable conversation exchange helped build rapport between participant and researcher. Taraji presented as soft spoken and appeared at ease to discuss her lived experiences of IPV and how her relationship with her counselor helped her with her rediscovery of self. When discussing how her experience distorted her sense of self she discussed how surviving IPV effected other areas of her life. She stated, "it was difficult for her to trust others and become vulnerable, to be vulnerable to me meant I was being weak. I became aggressive because that is what being in a physically abusive relationship taught me. This is what I had to be to survive."

Taraji believes this learned behavior impeded her development of conflict resolution skills. When discussing how she survived IPV she shared the following:

> I kinda consider it as a rebirth. I did get to the very bottom to the point where I
> took an overdose of over the counter pills. I wrote letters to all my family

members that I felt needed an explanation and I prayed before I went to sleep and said Lord if I wake up in the morning than I know that you have a different plan for me, but I can't take it anymore. I woke up the next day and I was just like God said I'm here because he wants me to be here and so that means that I am someone special no matter how I have been treated and I am going to do what thus said the Lord and that's how I got there. Taraji acknowledges that surviving IPV affected her sense of self in a negative way; however, she contributes this experience as a part of growth. It really opened my eyes to who I really am and made me explore that more than I probably would have if I had not gone through that. Just because when I was trying to pick up the pieces I had to know Taraji, I had to know this is who I am, this is what I stand for, this is what I won't tolerate. It's like you are so lost that you have to go back and redefine everything you are forced to rediscover every part of who you are. Because it has been broken. It wasn't until the movie 12 Years a Slave came out and I actually saw what they did to break black people and enslave them mentally, it's not about the physical enslavement it about the mental enslavement, right, so when I saw how they broke the main character in the movie, who was low socioeconomic and African American decent, and brought him down to finally being obedient, it wasn't until I saw that I really understood or liken my experience to something. That's what it was it was like being a slave.

When Taraji discussed her counseling experience it was with enthusiasm. She stated that following:

My counseling experience was good once it was individual. Initially it was couple

counseling and just the stress of having him there and the consequences were

going to be for being honest was not helpful. Individually, it was good. I could

speak freely and he provided me with the tools needed to help increase my self-

esteem for example, he encouraged me to write in a journal, post positive

statements about myself where I could see them, positive self-talk, and self-care.

My counselor without hesitation attributed to me being able to work through my

faults and rediscover myself.

Participant 5: Stacey

At the time of the study Stacey was transitioning into a new position and was

excited about this new chapter in her life. Stacey experienced IPV for seven years and

received individual counseling for three years and six months. Her first incident of abuse

with her intimate partner occurred at the age of 25. She was 40 years old at the time this

research project was conducted. We had one face to face interview that was

approximately ninety minutes in length. Stacey is a very outgoing woman who is

passionate about helping others. In explaining her love for others and the enjoyment it

brings her to be able to improve their quality of life was refreshing. This candid

conversation was very comfortable for both of us and allowed for great rapport building.

It was very difficult to understand how someone could intentionally hurt someone who

displayed such a genuine concern for others. When we began to discuss the abuse, she

endured her demeanor changed. She became more reserved and intentional in her

responses. I did not observe an individual that was full of life it was as if a different

persona was emerging. When I inquired about how IPV has impacted her sense of self, she responded by saying, "My self-esteem was extremely low. I gained weight and simply did not love the person I would see in the mirror. Many times, I felt lifeless." Reflecting on her feelings on the abuse she endured by her abuser she compared it to being in bondage. She described her desire to be free. She wanted to be free like the birds that are free. Free to love and exist and simply be Stacey. "I often would feel like I was having an out of body experience. I so much wanted to be free. I needed to be rescued. I call myself black bird. I felt as though I had to die to be reborn again."

When describing her counseling experience and how her relationship with her counselor impacted her self-image, her disposition changed again. I witnessed a woman that was confident and passionate about who she has become. She spoke with confidence and a resilient spirit. She described her counselor as followed:

> My counselor met me where I was. She did not judge me for choosing to marry a man that was abusive. Although I felt like a coward. She helped me find my vertical position in life. She gave me hope. Oh, my gosh, she was a great listener. She helped me find my voice and she gave me tools to help me maneuver in life and prevent myself from surrendering who Stacey is again. She helped me become confident in who I am as a woman and I feel she helped me discover my purpose in life.

Participant 6: Nina

At the time of the study Nina was 46 and pursuing a graduate degree in the field of mental health. Because of her knowledge of the field her narrative naturally provided

insights that accumulated through her reflexivity. Nina experienced IPV for 12 years and

received individual counseling for 55 years. Her first abusive incident with her intimate

partner occurred at the age of 20. I met with Nina face to face to conduct a semi-

structured interview. She was very poised and eager to learn about my motivation for this

study. Through this collaborative conversation rapport was built and both the participant

and the researcher were comfortable in moving forward with the interview.

Nina was very candid when she described the impact IPV had on her sense of self. She

expressed her daily struggles of reinventing herself. Nina stated in a resounding voice,

"Oh wow! While in my forties, I am still trying to discover who I truly am. I find it

difficult to communicate with others in the workplace specifically because I view them as

a position of authority. Nina went on to say,

> Many times, I find it easier to cower down so that I do not cause a conflict or I
>
> may be on the defensive thinking they are always seeking fault. It is a constant
>
> battle trying to recover from the abuse suffered for so many years. So, I vacillate
>
> in demonstrating a no nonsense I am a woman mentality to a young girl that has
>
> no sense of self and is just submissive to whoever is demonstrating any sense of
>
> authority.

She compared the previous statement similar to how she viewed her abuser. Nina

continued to state,

> Being a survivor of IPV stripped me of confidence and any piece of me that I
>
> thought I had. It is amazing how fear can be so crippling. I was reminded the
>
> other day of something while watching my dog. She is placed behind a gate all

day and when I open the gate you would think she would run out with excitement

because she is finally free, but no she stays behind an invisible gate as though she

is trapped and not soon to experience freedom.

When Nina was prompted to explain in more detail, she responded by saying:

For me I think it was because I know what I will endure if I stay captive, but I

didn't know what I would have experienced if I chose to be free. It is the fear of

the unknown. Even though I am no longer with my abuser there are times that I

still feel captive. Living with an abuser for all those years altered my sense of self.

I have to remind myself daily of who I am and seek positive resources to help me.

Your mental state is broken, just like horses are broken or even slaves. The

aftermath of this abuse is quite impactful. Living with an abuser breaks your spirit

and breaks you down as a human being. You are simply broken. However,

through great counseling you can be equipped with the tools to take back your

identity.

As degrading as Nina describes her experience with IPV she expresses her gratitude for

her counseling experience and how it affected her sense of self:

My counseling experience was a process. It provided me the tools to help me

become a stronger individual and recognize my worth. I believe counseling for

me will be ongoing for a while as I have not reached the level of confidence that I

am okay today even if I am not enough in someone else's eyes. My counseling

experience was validating. Because I was willing to do the work it afforded me

the opportunity to grow and discover my self-worth. I attribute the process to the

counselor meeting me at the point I was in my life and requiring me to face my fears and walking with me every step of the way. I never felt alone. I never felt judged. I was supported throughout the entire process.

Nina said that her counselor was a "God send" She elaborated:

She met me where I was at the time and was patient; however, at the same time helping me to understand why I made the choices I did and how I can move forward. She assigned very compelling homework that required me to really think deeply about my experience and how I can pick myself up and move forward.

Nina was able to share her lived experience with a sense of relief. She mentioned talking about her past does not evoke any feelings of shame or fear any longer and with her sharing her story during this study she believed it had helped her realize how much she has grown since the last time she shared her story. During her interview, she identified her faith being a source of strength for her. When asked how she sees herself post-counseling, she responded by saying:

My children. I think it is important that despite what I went through they see me as a fighter and someone willing to do what I need to for them. I think my faith demands me to see myself the way God sees me. This is not always easy. I have to constantly remind myself of who I am in Christ daily. This process can be very uncomfortable but necessary because it is a part of growth.

Participant 7: Susan

At the time of this study Susan was 49 years old working full-time and raising two of her grandchildren. Susan experienced IPV for 8 years and received individual

counseling for 2 years. She recalls her first incident with her partner occurring at the age

of 16. I conducted one face to face semi-structured interview that took place at a mutually

agreed upon location and lasted approximately ninety minutes in length. Susan presented

to the interview neatly and appropriately dressed and enthusiastic about being able to

share her lived experience in hopes of helping others. Prior to beginning her interview,

she was interested in learning more about my motivation for conducting a research

project on this topic. After a comfortable interchangeable dialogue on my motivation for

this study and her desire to contribute to this field of work we began the interview.

Susan expressed her experience freely and with great passion. Susan was positive

throughout the video and unusually forgiving for what her abuser did to her. She

attributed much of her liberating spirit to her faith and to her counselor. When I inquired

about how her experience of IPV affected her sense of self, she responded by saying:

> I had no sense of self at all. I was constantly told I was not worthy of being in a
>
> relationship with anyone else. I was ugly. I did not have anything to offer the
>
> world. I was uneducated and what would anyone want with an uneducated
>
> woman. I was constantly being told that I was not worth anything. Sometimes he
>
> would spit on me to degrade me even more. Constantly hearing words that break
>
> the human spirit you begin to believe what you are being told. You assume the
>
> identity of what you are being told you are by your abuser.

Susan stated she that lived a defeated life for so long because she was always told she

was nothing. She became tired of being unhappy and decided to do something about it

despite how she was raised. She was taught as a young a child that you did not tell others

your business, that counseling was not for the African-American family. But when she

reached the lowest point in her life, she reached out to a mental health professional. She

described her experience as follows:

> Oh, I cannot say enough about my counselor. She did not judge me. She allowed
>
> me to cry about the pain I endured. She was very patient and allowed me to take
>
> my time through the grieving process of losing myself. I remember being very
>
> angry about what I had lost in myself, but she did not allow me to stay there and
>
> mope about what I no longer had. She gave me tools to help me work on myself
>
> and rebuild a better me. My counseling helped me renew my spirit as well as my
>
> belief in God. I was able to trust again. Throughout the interview, Susan
>
> expressed her gratitude for her counselor contributing to her life in such a
>
> phenomenal way. However, she also discussed her faith and how her belief in
>
> God has been very impactful in her process of rediscovery of self.
>
> I would read scriptures that would read I am fearfully and wonderfully made and
>
> that I was made in God's image. All the negative words that were said about me
>
> from my abuser was replaced with words to build me up. My faith taught me how
>
> to forgive and once I let go and decided to no longer live in bondage, I let go and
>
> let God do the rest.

In summary, each participant attributed their rediscovery self to the connection

established with their counselor. Their ability to be heard and provided the tools

necessary to empower themselves and become the women they were intended to be. In

conjunction with their counselor, their faith also provided them with a source of strength

to help them overcome the adversities they experienced being in an abusive relationship. Although each experience was unique each person's life was impacted by the relationship they had with their counselor.

Evidence of Trustworthiness

As previously discussed in Chapter 3, trustworthiness in a study is transparent in the rich descriptions of the lived experiences of the participants as it relates to the methodology and the results of the study. In this research project, I attempted to introduce steps in the methodology to help reduce subjectivity and increase authenticity, as it relates to both the qualitative research design and the methodology of the phenomenological approach being used. Studies grounded in feminist theory measure the trustworthiness of a study by the caliber of the integration of feminist principles specifically concerned with injustice, discrimination, and oppression (Bui, 2013). I administered this study to adhere to the criteria put in place in the research design to construct rigor and trustworthiness.

Credibility

Credibility is achieved through rich, thick descriptions of the experiences of the participants (Creswell, 2007; Lincoln & Guba, 1985). The data collected was rich in description, generating themes and subthemes to help provide a good sense of the participants lived experiences.

I kept a journal for the duration of the research project to capture report writing, analysis, and reflexivity. I found reflexivity to be of great importance because it kept me alert to my own biases and influence on study results. Keeping a journal kept me

accountable as a researcher as well as kept my feminist lens clear as I focused on those areas sensitive to the approach of this study related to power differentials and privilege between me and the women who participated in the study. As mentioned in Chapter 3, I am a survivor of IPV, reflexivity helped me to maintain internal dialogue and critical self-examination in my position as a researcher. Results for this study were validated through dissertation chair review. A dissertation chair can validate the conclusions and accurately interpret the data to help reduce researcher bias (Cope, 2014). In addition to having my chair review my data, I also completed member checking by providing each participant a 1 to 2-page summary of the emerging themes by electronic mail. It was the researcher's responsibility to learn from the participants how well the researcher's interpretations reflected the participant's meanings (Morrow, 2005). Based on the recommendation of the IRB I did not have the participants read their transcriptions as the IRB indicated this could place an undue burden on participants.

Transferability

Transferability demonstrates one's ability to apply the findings to other contexts (Lincoln & Guba, 1985). Given the delimitations in this study, results will not be transferable to all populations. I described the research background, nature of the study, and theoretical framework for future researchers to be informed about transferability of the results as it relates to applicable populations of interests. I also identified assumptions, limitations, and delimitations that were important to the study. It will be to the discretion of future researchers to decide whether it makes sense to transfer the information to a new potential study.

Dependability

Although saturation was reached after four interviews, data collection continued at the completion of seven interviews allowing for additional lived experiences. Interviews were at least 90 minutes in length. This allowed for rapport building, sufficient time in exploring each participant lived experience and gaining clarification in understanding their lived experience. Each interview was audio recorded. Each audio recording was of good quality allowing for reliable transcriptions of data. All interviews followed the approved IRB research question and the interview questions submitted to help ensure the research question was answered.

Confirmability

Confirmability of the study was achieved through a detailed description of the methodology and practical implementation. A description of any deviations or shortfalls in using the methodology were explained. The process of my study consisted of (a) identifying participants, by advertising my study in facilities that may attract potential participants who are survivors of IPV, (b) explaining informed consent which is provided in detail in the appendix, (c) a semi-structured interview, the specific questions asked in this study can be found in the appendix, (d) and the process of data analysis, which was previously described in this study.

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Summary

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The guiding question for this study was as follows: What are the lived experiences of female survivors of IPV and their perception of self after therapy?

 Seeking to gain information on the lived experiences of women who have survived IPV and their perception of self after counseling in addition to using sub questions to focus on targeted areas of interest based on the literature review. The feminist theoretical lens guided the inquiry to examine concerns related to oppression, societal inequalities, and social injustice. Participant stories described their lived experiences as female survivors of IPV and their rediscovery of self after counseling. The data analysis produced seven emerging themes; experiences with IPV, experiences with counselor, bondage, loss of sense of self, and empowerment and seven clustered themes.

The experiences shared described a long healing process for women to rediscover themselves after surviving an abusive relationship. They all experienced degradation, isolation, a loss of sense of self; however, they also described how their faith helped them endure many challenges with IPV and how their relationship with their counselor helped restore much of what had been lost during their unhealthy relationship. Common threads running through these themes of intersectionality were enslavement and power differentials by gender. I discuss these underlying themes in greater detail in Chapter 5. In Chapter 5 I also interpret the study results, address the limitations of the study, make recommendations for future research and discuss how social change is derived from the study results.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this phenomenological study was to understand the rediscovery of self after counseling for female survivors of IPV. In the literature review, studies addressed how women lose their sense of self in the process of surviving IPV (Baly, 2010; Lynch, 2013; Song, 2012). However, there was no published research on women survivors of IPV and their rediscovery of self after counseling.

The lived experiences of the participants point to the importance of a positive client–counselor relationship: This factor was beneficial to the women's rediscovery of self. The participants offered similar stories on their survival of IPV and the feelings caused by those traumatic events. What most participants shared about their experience with their counselor was her or his ability to listen without judgment, give them tools to work on self, and to simply meet them where they were in their recovery. The participants experience with their counselors helped them regain their sense of self by participants reclaiming what was stripped away throughout their volatile relationship. Through the rapport established with their counselor, they were able to gain a sense of empowerment and strength.

What this study shows is that women between the ages of 40 to 59 have taken a considerable amount of time to rediscover themselves from the degradation they experienced while in an abusive relationship—a process that takes place each day. The results of this study inform counselors about how their ability to connect with survivors of IPV can be helpful in their rediscovery of self. The study results also suggest that

counselors should consider a client's spirituality as a source of strength. The participants in this study attributed their relationship with their counselor as important to the rediscovery of self, but also their faith and family.

Interpretation of the Findings

Participants in this study discussed their rediscovery of self after counseling as female survivors of IPV. Upon examining transcribed data from seven semi structured interviews, I identified a variety of themes. Each emerging theme resulted from responses to interview questions aimed at identifying the process of rediscovery of self. The interviews gave voice to a small group of women, who expressed the importance of a collaborative relationship with a licensed professional counselor in their process of rediscovery of self.

The conceptual framework of this study was feminist theory because of the oppressive nature of the phenomenon being described and the desire to empower this marginalized population of women. This study gave voice to the women who survived IPV and provided significant information for the licensed professional counselors who serve this population. How a licensed counselor assists in the rediscovery of self-process had not been previously explored. This study demonstrated the importance of a counselor listening to clients without imposing judgment; their ability to meet the survivors where they are; and equipping them with tools to help them think more positively.

Women who have been in abusive relationships have lost their sense of self while trying to shift their focus to their partner to prevent future abuse (Lynch, 2013). Research conducted has described the loss of sense of self in survivors of IPV (Dutton & Painter,

1981, 1993; Graham & Rawlings, 1991; Mills, 1985); however, the need to assist these women, in the rediscovery of self has not been explored, therefore this research is needed and can contribute to the field of counseling.

The findings in this study were consistent with studies found across the literature. One of the previously mentioned studies was written by Baly (2010). In this study, Baly (2010) identified women's ability to leave their abuser based on their cultural and social discourses in how they dealt with their abusive relationships and how they constructed their sense of self. The purpose of this study was to explore how abused women constructed their situation and themselves in a particular way, but the study also provided insight into the processes the women followed in how they dealt with their abusive situation.

Another study that was consistent with the findings of this investigation was that of Oke (2008). Oke (2008) supports the conclusions of my study in that women lost their sense of self or continuance of self due to the overwhelming nature of self-blame and fear of being harmed. Their sense of self diminished as they were attempting to find ways to cope with the immense emotional pain or threat of extinction, inhibiting their ability to recover self. Because Oke's study focused on Mongolian and Australian women who had survived IPV, the researcher implied the perception of an American woman might be different than her participants depending on environmental factors. I found the perception of American women was the same concerning their feelings of degradation and loss of self despite the difference in geographical areas.

Limitations of the Study

The intent of the information gathered in this study was for the purpose of gaining knowledge on the rediscovery of self after counseling for survivors of IPV. Because this was a qualitative study it inherently has limitations on generalization. The findings of this study focused on a small sample of women who lived in North Texas who were between the ages of 40 to 59 limiting generalizability to these findings to age and geographical location. Some women who may have qualified to participate may have chosen not to do so because of their fear of reliving the trauma they endured from their abuser.

Another limitation that may have impacted the results of this study was researcher bias. Being a survivor of IPV, I kept a journal to document my emotional responses when conducting interviews to help monitor any personal effects I may have because of hearing other women's lived experiences. To help address this concern my dissertation chair reviewed the transcription of each interview participant for accuracy by examining the data for emerging themes.

Although limitations exist, the results reveal this study contributed to addressing the gap in literature by identifying how women who survived IPV rediscovered themselves after counseling.

Recommendations

Recommendations for future research would include broadening the age range of participants. Although this study was open to women 18 years and up those who participated were between the ages of 40-59. Gaining the lived experiences of women who are younger and at a different developmental stage in their life may provide a

different perspective. Another consideration would be to explore the examples of

relationships that survivors of IPV have experienced. For instance, what type of

relationship did they witness between their parents or other significant relationships in

their life? This information may be helpful to license professional counselors in helping

them explore the meaning of love and what a healthy relationship looks likes to them.

Counselors may find the very things survivors are seeking in a relationship may not be

the type of relationships they have witnessed. Another consideration would be the

inclusion of spirituality as a component in counseling survivors of IPV. Many of the

participants referred to their faith as being a part of their rediscovery process. Chasity

stated, "My faith in God got me through until I had the courage to seek professional

counseling." Another participant, Taraji, who attempted suicide because of partner

violence stated, "I believe I survived this attempt because God wants me here. It is my

faith that sustained me." This was a common theme across the participants interviewed;

as a result, it is believed counselors should consider a spirituality component when

working with survivors of IPV.

Implications

The findings of this study will promote social change by impacting the lives of

women who have survived IPV and the counselors that assist them in their journey of

rediscovery of self. When a woman has left her abuser, and has lost her sense of self it is

important that she gain the tools necessary to cope and regain stability in her life.

The findings from this study will benefit social change by impacting the lives of

women and their families. Equipping women with the tools necessary to rediscover their

self- worth and the power within themselves to believe and hope for a better existence. When licensed professional counselors help instill hope through strength based interventions and understand the power of spirituality when working with survivors of IPV a healthy and whole individual is restored.

The results of this study are important to social change because they may assist counselor educators and supervisors by informing counseling departments of the importance of incorporating spirituality with counseling techniques when working with women survivors of IPV.

Meeting with each participant individually allowed each woman in this study to share her lived experience. It gave the women an opportunity to share the sense of empowerment they had gained and reflect how far they had come in their growth.

Deidra stated, "Being a part of this study allowed me to share my story to hopefully help other women. I am better now, and I wish there was help for girls in high school to help circumvent the road to this crappy type of relationship." The age of the women in this study was limited to those between the ages of 40- 59 if the researcher was able to interview women from the age of 18 to 30; the perspective of the participants may be different.

This study may have implications at a familial level due to the theoretical framework grounded in feminist theory. The participants in this study were able to verbalize their inner strength as a result of knowing their true self as women. They were able to demonstrate how a sense of empowerment related to counseling techniques implemented by their professional counselor. Their counseling experience equipped them

with tools to help them think differently about themselves in a healthier way. They no longer perceived themselves to be "broken." Their counselor helped them gain a stronger sense of self. When you are a whole and healthy individual you can incorporate this healthy lifestyle within a family unit. The existence of a secure family unit was a critical factor in women having a strong sense of support and the willingness to press through their knowledge of rediscovery of self.

There are also potential organizational and societal implications that may stem from licensed professional counselors in having a greater understanding of the process of rediscovery of self after surviving IPV. Understanding their emotional, psychological and spiritual needs would greatly benefit the individual as well as the relationships they establish with others. Because of my vested interest in working with survivors of IPV, it is possible programs could be developed to help reduce incidences of domestic violence by educating all genders on healthy relationships. Healthy relationships could potentially impact families, which would have a positive impact on communities. The implication for counselor educators is knowing the formation of connecting with the survivor of IPV is vital. Realizing their unbiased listening helps to meet the survivor where they are in their process of rediscovery, and acknowledging the spiritual component with survivors as part of their rediscovery process.

Conclusion

Each participant in this study experienced a loss of self due to the trauma they experienced as survivors of IPV. Many of the women described their experience as a feeling of entrapment and likened there experience as being enslaved. Each participant

had to learn ways to cope with the aftermath of IPV and discovered through their spirituality and their connection with their licensed professional counselor this led to their rediscovery of self.

The relationship established between a survivor of IPV and a licensed professional counselor can have a negative or positive implication. For the women who participated in this study, it was clear their relationship with their counselor was crucial in their process of rediscovery of self. Themes that emerged from this study were the importance of counselors listening without judgment, meeting the women where they were in their process of healing, spirituality being a source of strength and, understanding the physical, emotional and psychological scars of surviving such trauma, which was likened to the breaking down of one's spirit. Taraji described it as "being enslaved mentally." She went on to say,

> You can't have pride. You can't have dignity. You can't be driven. You can't have joy. You can't have any of the things that make you a happy person or make you feel good about yourself. If you exhibit any of those things, they are gonna make sure they take that away from you to make sure you are put back in your place.

Through this study, there was an increased understanding of the value of the relationship between counselor and survivor. The connection between the clinician and survivor of IPV is a crucial component in helping IPV survivors in discovering their worth through not only listening but requiring them to identify and express their emotions appropriately.

Strength based-counseling interventions helped the women shift from negative to positive cognitions, assisting them to survive the most difficult times in their life.

Participants also reported spirituality giving them the strength they needed to endure their abuse as well as their faith being a significant element in their process of rediscovery of self. Many of the participants attributed their spirituality and the relationship with their counselor as being contributing factors in their process of rediscovery. Participants reported it was through their relationship with their counselor and spirituality that helped them reconnect with their inner being to promote an overall psychological well-being.

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Appendix A: Advertisement for Participation

Participants Needed

ARE YOU A SURVIVOR OF INTIMATE PARTNER VIOLENCE?

Research is being conducted to explore the lived experiences of women who have survived intimate partner violence and how their counseling experiences has helped with their rediscovery of self. Participation requires a face to face interview.

- ➢ Are you female and 18 years or older?
- ➢ Have you participated in individual counseling for at least 3 months?

If your response is yes to the above, you may be eligible to participate!

If you are interested or would like more information, please contact
Tiffany Crayton*

Phone: 405-921-8128
Email: Tiffany.Crayton@waldenu.edu

*Tiffany Crayton is a Doctoral Candidate at Walden University. This study is being conducted in partial fulfillment of the requirements for the degree of a Ph.D. in Counseling Education and Supervision.

Appendix B: Participation Eligibility Sheet

Name_____

How old are you presently? _____

What is your sexual orientation? _____

Do you currently reside with the abuser? _____

What type of abuse did you experience while with your

partner?_____

_____

How long did you receive individual counseling with a licensed mental health

professional? _____

Are you willing to share your lived experience regarding IPV? _____

Are you willing to participate in an interview that will be audio recorded for no

compensation? _____

What day and time would be most convenient for you to participate in an

interview? _____

Appendix C: Interview Schedule

1. Tell me about your experience as a survivor of Intimate Partner Violence?

2. How has your experience of IPV affected your sense of self?

3. How has your counseling experience affected your sense of self?

4. How would you as a female survivor of IPV describe your counseling experience?

5. What influences how you see yourself or feel about yourself post IPV?

6. At what point while with your partner do you think you lost your sense of self?

7. Describe what you did to cope with the abuse endured by your partner?

8. Explain what support you wish you would have had that might have been helpful?

9. Is there anything else you would like to tell me about your experience with surviving IPV?

Appendix D: Observation Sheet

Emotions observed:

Non-verbal behavior/non-emotional behavior observed:

Other notable observations:

Appendix E: Demographic Questionnaire

Name: _____

Age: _____

Gender: _____

Marital Status: _____

Race/Ethnicity: _____

Educational Level: _____

Employment Status: _____

Socioeconomic Status: _____

How long did you experience IPV? _____

How long did you receive individual counseling after leaving your partner?

_____

Appendix F: Local Resources for Participants If Needed for A Crisis

The Women's Center
1723 Hemphill
Fort Worth, TX 76110
817-927-4040
Free Counseling Available
Crisis Hotline: 817-927-2737

The Family Place
P. O. Box 7999
Dallas, TX 75209
Free Counseling Available
Crisis Hotline: 214-941-1991

Genesis Outreach
4411 Lemmon Avenue #201
Dallas, TX 75219
Free Counseling Available
Crisis Hotline: 214-946-4357

Appendix G: Debriefing Handout

Thank you for taking time to participate in this study. Your participation in this research project is greatly appreciated as you have given of yourself to tell your story. Your participation will help strengthen the field of counseling.

Sharing your lived experiences of surviving IPV and your rediscovery of self after counseling could cause distress and revisited feelings regarding the trauma you survived. It is possible, that feelings of anger, sadness, anxiety, and trouble sleeping could surface. If you experience any responses that inhibit your ability to function and they do not subside within a short period of time, you may need additional assistance to help address what you are experiencing. You may want to consider referring to your insurance plan directory for counselors in your network or use the local list of providers included with your consent form.

Thank you again for your participation.

Tiffany Crayton
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