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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Denise White

Has been found to be complete and satisfactory in all respects, and that any revisions required by the review committee has been made.

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Walden University 2018

Abstract

Long-Term Survivors' Coping and Resiliency Strategies after Leaving an Abusive Relationship:

A Phenomenological Inquiry

by

Denise M. White

MS, University of Phoenix, 2010 BS, Mercy College, 2002

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Clinical Psychology

Walden University

June 2017

Abstract

Intimate partner violence (IPV) is a serious social problem and a noteworthy health issue internationally. In the United States, approximately 1.3 million women and 835,000 men experience a combination of cruel and violent treatment by an intimate partner. This phenomenological study used lived experiences from both men and women ranging in various ages from 40-70 years to understand their coping and resiliency strategies post-separation from an abusive relationship for 10 or more years. The conceptual framework was guided by Lazarus' transactional theory of coping and psychological stress and the theory of psychological resiliency, which is linked to understanding the ways long-term survivors are able to master, minimize, and tolerate the events of a stressful situation. Data were gathered on 15 participants through semistructured, in-depth interviews using a series of open-ended questions that captured the details of the participants' lived experiences, and provided a textural description to understanding their coping and resiliency strategies after leaving an abusive relationship. Interviews were analyzed using a phenomenological technique by extracting themes. The central themes that emerged based on the 6 interview questions were encounters of physical and emotional abuse, passive and submissive behaviors, supportive services, becoming self-sufficient, and developing their self-efficacy. The findings and recommendations from this study can advance positive social change and interventions for mental health professionals providing services and enhance the IPV survivors' ability to find a continuum of care that could be effective in keeping a positive change while shaping the outcome of future life events.

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Dedication

I dedicate this dissertation to all the survivors of intimate partner violence, who have shared similar journeys of restoration, and were able to overcome the daily challenges and struggles of their lived experiences. In addition, I dedicate this to all the late life-learners that continued to preserve and stay motivated to reach their goals.

Acknowledgments

I would like to acknowledge William Disch, and Chet Lesniak for giving me that consistent push towards the finishing line. In addition to this group, I add Rodney Ford; all three of you helped in making this goal a reality. My fellow colleagues and friends, I appreciated your continuous encouragement and support despite going through the same challenges. To my seven children, after raising all of you to become these successful ambitious individuals, it was only right for me to use the same tools to allow my dreams and goals to manifest and develop in my passion. For seven years I lived in a bubble, void of a social life and many of my life long friends and family members did not understand the reason for this late life endeavor but through the grace of God, I was able to find comfort. This journey can now be checked off of my bucket list of goals and I can now take this experience with me on my road to making a social change.

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Chapter 1: Introduction to the Study

Intimate partner violence (IPV) is common globally and results in serious public health and social problems (Bureau of Justice Statistics [BJS], 2013; World Health Organization [WHO], 2014). Annually, intimate partner violence accounts for 1.3 million physical assaults on American women and 835,000 physical assaults on American men (BJS, 2013; Tjaden & Thoennes, 2006). In the United States, intimate partner violence victimizations attribute to \$5.8 billion annually, with mental health and medical services accounting for nearly \$4.1 billion of the total cost (National Center for Injury Prevention and Control [NCIPC], 2010; Stockl et al., 2013). Many female and male victims first encounter or occurrence of abuse starts during childhood, with nearly 40% of incidence reported as childhood physical abuse and 9% reported as sexual abuse (Breiding et al., 2014; Etter, Gautier, McDade-Montez, Cloitre, & Carlson, 2013).

It is of great significance to understand the ways in which long-term IPV survivors are able to overcome their experiences and are able to heal from the aftermath of such stressful events because it will give hope and encouragement to other victims of intimate partner violence in their recovery process. Recovery from the effects of IPV does not happen overnight, and is instead a long and continuing process; surviving involves finding one's self and restoring one's physical and mental well-being (Goodman et al., 2014). Moreover, if a person remains living in a cruel and violent relationship for a long stretch of time, it is more likely that this victim will lose self-esteem and their self-worth and confidence will gradually deteriorate (National Center Against Domestic Violence [NCADV], 2014).

Background of Study

In the past 30 years, researchers have provided awareness about the social prevalence of IPV and the deleterious effects from relational abuse and how abuse can undermine the psychological health of victims (Goodman et al., 2014). Given the frequency of victimization, most people likely know someone currently coping in an abusive relationship or someone battling the psychological scars from their past victimization (Warshaw, Sullivan, & Rivera, 2013). Despite the many initiatives to reduce victimization, 30% of women and over 25% of men in the United States have at some point experienced a form of physical or sexual abuse in an intimate relationship (Black, 2011; Center for Disease Control [CDC], 2014).

For many IPV survivors, the psychological consequences of IPV can last a lifetime, affect all age groups, and cross generations. Moreover, the prevalence and intensity of short-term and long-term mental and physical repercussions continue to affect victims in a number of ways post separation. IPV survivors must continue to overcome and cope with the aftermath of the stressful situation (Haesler, 2013; Wozniak & Allen, 2012). During the cycle of violence, Walker (1984, 2000, 2009) noted that victims in battered situations develop detailed and life-saving coping and resiliency strategies.

Many victims describe their experiences as challenging, threatening, harmful, and having tremendous uncertainties, yet they continue to remain stuck psychologically (Wuest et al., 2015). There are limited explorations concerning the coping and resiliency strategies that are needed for long-term IPV survivors to continue transitioning from the

long-lasting psychological effects to a process of healing (Murray, King, Crowe & Flasch, 2015). Given the gap in the literature addressing coping and resiliency strategies of long-term IPV survivors (Young-Wolff et al., 2013; Zapor et al., 2015), this phenomenological study is needed in order to gain an insight of the coping and resiliency strategies a long-term IPV use to navigate the psychological effects and restore their motivation post separation.

Problem Statement

There is limited research about the coping and resiliency strategies of long-term IPV survivors who have left an abusive relationship for ten years or more. According to data from the WHO (2013), 70% of women worldwide experience some form of abuse during their life as an outcome of an intimate partner relationship. A study conducted by the Bureau of Justice Statistics (2013) found that 50% of American women and 44% of American men were victimized and suffered injuries from an intimate partner. In 2010, more than 39% of women murders resulted from intimate partner violence (Stockl et al., 2013). IPV survivors continue to be faced with the aftermath of the abuse, in addition to a compromise of their coping and resiliency strategies. Both physical scarring and psychological effects from IPV remain a serious concern nationally and internationally (WHO, 2013; Khanna & Sachdeva, 2015).

IPV victims describe the intense and long-term effects that the abusive treatment had on their mental health and well-being, as being traumatic and having a negative influence on their self-esteem, memory, and motivation post separation (Flicker et al., 2012). Consequently, after leaving their abusers, IPV victims are often prescribed

medication for anxiety, posttraumatic stress, suicidal ideation and depression. Some IPV victims continue to experience depression years after leaving the relationship (Dillion et al., 2013). The length and severity of the abuse influence the victim in increasingly negative way, which makes it difficult to maintain separation from subsequent abusive relationships and diminishes the survivor's ability to cope with having autonomy (Ansara & Hindin, 2011; Breiding et al., 2014; Wuest et al., 2015). In addition to other overwhelming problems, such as homelessness, joblessness, and navigating the criminal justice and social services systems, IPV survivors feel neglected by service providers after the crisis from the separation is over (Jacquier & Sullivan, 2014).

Although, coping and resiliency are normal, universal, and innate experiences, and there is a substantial amount of research relating to IPV, there is limited research on coping and resiliency strategies of long-term IPV survivors post separation for ten years or more (Matheson et al., 2015; Murray et al., 2015). A phenomenological qualitative study of this nature could be useful to gain understanding about the psychological processes of coping and resiliency within the essence of long-term IPV survivors' lived experiences.

Purpose of Study

The purpose of this phenomenological study was to explore the coping and resiliency strategies of long-term IPV survivors after leaving an abusive relationship for ten or more years. This study examined the basic components of the long-term survivors' lived experiences, in order to describe factors that influence the ways in which long-term

IPV survivors are able to minimize, tolerate, or master stress. Psychological stress plays a natural role in driving coping and resiliency behaviors, especially when a person is faced with traumatic difficult life conditions (Lazarus, 1984; Jacquier & Sullivan, 2014). This study's in-depth descriptive approach examined the essential qualities to understanding the long-term IPV survivors perception of their lived experience and, also broadened the understanding of the long-term IPV survivors' self-efficacy (Baker, Cobb, McNulty, Lambert, & Fincham, 2016).

Examining long-term survivors' coping and resiliency strategies along with their self-efficacy provided information about the ways long-term IPV survivors were able to overcome their challenges post-separation. This could potentially provide effective interventions to help in the healing process of newly victimized survivors (Arroyo et al., 2015). Subsequently, the information gained from participants may inform policymakers on how to enhance the Violence Against Women Act [VAWA, 1994], social workers, as well as mental health and medical professionals on the best ways to provide services.

In addition, this study could contribute to new knowledge for the mental health therapists currently servicing long-term IPV survivors. The shared results from the study could enhance the long-term survivor's ability to find a continuum of care that could ultimately be effective in keeping a positive change while shaping the outcome of stressful life events.

Research Questions

Based on a conceptual and theoretical framework consisting of the transactional theory of coping and stress and the theory of psychological resiliency, the following

research questions were posited. In phenomenology, the research questions should draw out the participants' ability to become aware, and it should provide a course and focus on the meaning of the experience under observation, while narrowing the purpose of the study (Vagle, 2016).

Central Research Question

How do long-term IPV survivors' describe their coping and resiliency strategies after leaving an abusive relationship?

Sub questions. How do long-term IPV survivors describe their coping and resiliency strategies post-separation for ten or more years?

Conceptual and Theoretical Framework

The conceptual and theoretical framework for this study was guided by two theories: Lazarus's (1991) transactional model theory and the theory of psychological resilience. Based on the stress and coping model of Lazarus' (1991) transactional theory, stress is viewed as a transaction between the individual and the environment. Stress results as an imbalance between demands and resources that occurs when the pressure exceeds the ability to cope (Lazarus & Folkman, 1984). This concept signifies that stress is viewed as a relationship between the individual and their environment. Stress and coping are valuable concepts to explore when researching the ways long-term survivors of intimate partner violence maintain and persist post-separation (Lazarus 1991, 1999).

The theory of psychological resilience is an additional theory that aided this study in conceptualizing the ways long-term survivors are motivated to restore their self-efficacy during the ten or more years post-separation from an abusive relationship. The

psychological resilience theory postulates that with a positive adaptation, individuals can withstand and thrive from the pressures faced in their lives (Fletcher & Sarkar, 2013). The concept of resilience further explores the process of coping with stress, adversity changes, or opportunities that result in identifying the protective walls (Fletcher & Sarkar, 2013). Both Lazarus' transactional theory of stress and coping, along with the theory of psychological resiliency informed the research question in terms of the ways that long-term IPV survivors describe their coping and resiliency strategies after leaving an abusive relationship. Both conceptual frameworks provided a better understanding on how long-term IPV survivors are able to cope in their environment, were not influenced by stressful events out of their control, and eventually had belief or faith in their ability to overcome the challenges from the abuse (Seligman, 1991; Walker, 2009).

Nature of the Study

The most effective research design for this qualitative study is phenomenology, because the nature of the study explored the lived experiences of the participants. A phenomenological approach gave the researcher the ability to examine the coping and resiliency strategies of long-term IPV survivors as it relates to their perception, in addition to bringing the shared phenomena under investigation into the self-consciousness of the participants (Vagle, 2016). A phenomenological approach worked best as a research method because the researcher was able to express accurately the description of the participants' lived experience in a real world setting by using interviews, documents, and observations to gain a descriptive narrative of the essence of

the phenomena being researched. Moreover, the data collection was naturally occurring and the data analysis maintained the uniqueness of each narrative (Yilmaz, 2013).

This phenomenological study examined the phenomenon of coping and resiliency from long-term intimate partner survivors' perspectives of their lived experiences. A purposeful sampling of participants with common phenomena was chosen. The purposive sampling consisted of 15 to 20 long-term survivors of IPV who accepted to take part in the study. This study was open to an inclusion of snowball sampling, in case there was difficulty in gaining the allotted amount of participants. This allowed participants to recommend other women or men who are long-term survivors of IPV and who are ten or more years post separation from an abusive relationship. Semi-structured interviews using a series of open-ended questions were asked in order to elicit a rich and detailed narrative of each participant's lived experience. The utilization of auto taping via face-to-face or electronic technology was used to assist in capturing the data verbatim (Yilmaz, 2013).

The phenomenological data from this study was clustered into themes or patterns based on common ideas. Ideas were given equal value but any repetitive statement was be removed. For data analysis, the researcher bracketed statements to keep personal biases from interfering with the development of both the textual and structural description. Therefore, through a proper interpretation of the themes and description, a meaningful final composite of the findings was generated to answer the research questions (Vaughn & Turner, 2016).

Operational Definitions

Building on the aforementioned historical context of violence against women, the following basic operational definitions are useful in understanding IPV.

Battered Women Syndrome: Reflects a construct introduced by the psychologist, Lenore Walker, in the 1970s called the battered woman syndrome, which has recently been conceptualized as a subcategory of posttraumatic stress disorder (Walker, 2009; Khanna & Sachdeva, 2015).

Cycle of Abuse: Reflects the social theory introduced by Lenore Walker in 1979, to explain common pattern of behaviors in the cycle of an abusive relationship. The four phases the cycle of abuse: tension building, acute violence, reconciliation/honeymoon, and calm (Dutton, 2009; Walker, 1979).

Domestic Violence Survivors: Is often applied to those who have experienced and survived intimate partner violence (CDC, 2010). It is recommended that health workers and advocates use it instead of victim because it is a more empowering term (NCADV, 2013).

Intimate Partner Violence: Is defined as actual threatened, physical, sexual, psychological, emotional, or stalking abuse by an intimate partner (Pravikoff, 2015). An intimate partner can be a current or former spouse or nonmaritial partner, such as a boyfriend, girlfriend, or dating partner. Intimate partners can be of the same or opposite sex (NCADV, 2013).

Long-term Women Survivors: Are women who have made a conscious decision to move from being passive victims to agents of personal change, who are more in

control of their lives (NCADV, 2013). They are individuals who have moved past simply reacting to life and have decided to shift through the many scattered and missing pieces of their personal identity to search for wholeness after living through intimate partner violence (NCADV, 2013).

Physical Violence: Is the intentional use of physical force with the potential for causing death, disability, injury, or harm (CDC, 2010).

Psychological/emotional violence: Reflects the following type of intimate partner violence: Psychological/emotional violence involves trauma to the victim caused by acts, threats of acts, or coercive tactics (CDC, 2010). Additionally, this term also refers to emotional intimate partner violence as abuse that continues at the current time (Nelson, Bougatsos, & Blazinz, 2012).

Sexual violence: This term reflects oppression at the individual level and reflects sexually violent behavior: abusive sexual contact. Threats of physical or sexual violence are expressed through the use of words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm (CDC, 2010).

Stalking: This term is often included among types of intimate partner violence. Stalking generally refers to harassing or threatening behavior that an individual engages in repeatedly, such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property (Tjaden & Thoennes, 2000).

Assumptions

The primary assumption for this qualitative phenomenological study was that the researcher would have access to a purposeful sample of 15-20 participants from the New Jersey area, who would provide in-depth descriptions of the phenomenon from their shared lived experiences, based on views from Patton (2002). Another assumption was that the potential participants' descriptions of their IPV experiences were constructed in a manner that was truthful and intimately interconnected, and this would provide adequate data for a conclusion, according to ideas and views of Yilmaz (2013).

There was also an assumption that the participants in the study accurately described their experience post-separation and had actually remained out of the cycle of abuse for a continuous ten years and had made substantial improvements in their lives. Literature on the post-separation period finds that IPV survivors will often return back to an abuser and have difficulty in defining specific periods of time they remained out of the relationship (NNEDV, 2013; Walker, 2009). Additionally, from approaching this research through a transformative lens, a philosophical assumption was that it would bring about a social change and liberate the participants from limitations or restrictions, based on Creswell's (2013) views.

Scope and Delimitations

The scope of this phenomenological study was that the participants met the following criteria: (a) currently living in the New Jersey area, (b) women and men survivors of IPV who have been out of a violent relationship for ten years or more, and (c) long-term survivors who enhanced their lifestyles. The selection of the 15 to 20

participants was from purposeful sampling along with snowball sampling, as recommended by Creswell (2013).

A delimitation of qualitative research is that the findings may or may not be generalized or transferable due to the small sample population (Patton, 2002). Rather than generalize, the goal of qualitative research is to accurately express in words the essence of the lived experience, in contrast to quantitative research, where the researcher tests a hypothesis and generalizes the results to the larger population. In phenomenology, the purpose and focus is to describe the common phenomenon of participants' experiences under study (Moustakas, 1994).

Limitations

A limitation of this proposed qualitative study, with respect to the research method, was that my personal views might influence the research process, including the formulation of the research questions, data analysis, and the research interpretation and findings (Jackson & Mazzei, 2012; Moustakas, 1994). The qualitative researcher's task is to demonstrate that personal interest will not bias the study and to recognize that no research project is without limitations or boundaries (Van Manen, 1990). In understanding this reality, it allowed me, the researcher, to make no excessive claims about generalizations or broad conclusions (St. Pierre & Jackson, 2014; Van Manen, 1990).

To diminish issues of bias, I listened attentively to the participants when describing their experiences, and I did not provide any input, except to probe responses. I also transcribed their interview responses word-for-word to avoid any personal

interpretations. Another limitation for this qualitative study was the subjectivity of the data, which made it difficult to determine validity and reliability. To make this study reliable and valid, I followed Chan et al., (2013) who advised that the researcher should become the learner and allow the participants to be the experts as they provide details about their personal experiences. By taking on the role of the learner, I reduced possible personal subjective inputs.

In qualitative research, sample size is a limitation, due to sampling small portions of the population. Small samples will not fairly represent the larger population (Van Manen, 1990). Sample sizes should be determined by using a balanced approach with the goal of achieving a depth of information (Patton, 2002). For example, the sample size should be large enough to collect data on a wide scope of experiences, in relations to the phenomenon, but small enough to manage details. To potentially resolve this issue, I took Creswell's (2013) advice and selected no more than 20 participants. This allowed for a representative sample size, while avoiding repetitiveness.

Significance of the Study

Nationally, IPV is a major social problem that affects victims in negative and harmful ways, and the unwelcomed influence of these effects are long lasting (NNEDV, 2013). Consequently, the physical scarring and psychological effects creates a considerable financial burden to families, communities, and governments (CDC, 2010; NNEDV, 2013). Puccia et al. (2012) described the unwelcome effects of abuse on damaging victims' physical and psychological health for several decades. There are

substantial long-term negative health consequences of posttraumatic stress disorder, depression, and substance use disorders, which can remain long after the abuse has ended (Dillion, Hussein, Loxton, & Rahman, 2013).

Historically, existing qualitative studies have focused primarily on the immediate needs, surrounding safety, and crisis management of survivors of IPV (Grych & Swan, 2012). Haeseler (2013) conducted a study on intimate partner violence survivors and found that as well as limited financial and social supports, survivors feel neglected by services providers after leaving the abusive relationship. Limited research examines what long-term IPV survivors need to facilitate coping and resiliency strategies from the physical and psychological effects of abuse (Murray, King, Crowe, & Flasch, 2015; Peters, Khondkaryn, & Sullivan, 2012). To narrow the gap, a this phenomenology study can create positive social change by supplementing the existing research by focusing on the ability to understand the lived experiences of IPV survivors that felt forgotten once they moved past the critical stages of post-separation.

Summary

Chapter 1 introduced the components of this phenomenological study that examined the coping and resiliency strategies of IPV survivors. The harmful effects of IPV continue to diminish the psychological and physical health of the victim in numerous ways (Hasler, 2013). Surviving and healing from the aftermath of IPV and overcoming the turmoil of the stressful event are long and continuous processes that require restoration of the victims' self-worth and psychological wellbeing (Goodman et al., 2014). In addition, IPV survivors often abuse substances as a way to cope with the

depression, post-traumatic stress, suicide attempts, and suicide ideation post separation (Nathanson et al., 2012). Moreover, IPV has substantial long-term negative health consequences, but limited research examines the coping and resiliency strategies of long-term IPV survivors after leaving an abusive relationship for ten or more years (Murray et al., 2015).

The research questions in this phenomenological study were guided by a conceptual framework of Lazarus' (1991) transactional model theory of stress and coping, along with psychological resiliency. Both conceptual frameworks helped to understand the phenomena under investigation, in addition to exploring how the long-term survivor was able to cope in an environment and not be influenced by the stressful events (Lazarus & Folkman, 1984). This chapter also included the nature of the study, definitions, assumptions, limitations, scope and delimitations, significance of the study, and the contribution this phenomenological study will make to promote social change.

Chapter 2 consists of a review of the literature, literature search strategies on the conceptual frameworks, current literature on prevalence IPV, post-separation period, health factors, importance of financial, stable employment and education, maintaining social support post-separation, coping and psychological resilience theory and post-separation, and a review of methodological literature.

Literature Review

Intimate partner violence is a widespread public health and problem that affects people in the United States (CDC, 2010; Tjaden & Thoennes, 2000). IPV is a social problem that people face worldwide and requires immediate attention (WHO, 2014). Historically, IPV was viewed as violent behavior against women, where males were the perpetrator, but evidence shows that men and women are victims and perpetrators of IPV (Khanna & Sachdeva, 2015; Tjaden & Thoennes, 2000). Intimate partner violence creates multiple effects across physical, personal, and social domains of the victims' life (Estrello & Loh, 2016).

The prevalence of IPV results in the spending of billions of dollars annually in providing mental health and medical services to victims (NCIPC, 2010). First encounters as a victim of IPV often occur during childhood either as physical and/or sexual abuse (Etter et al., 2013). IPV is a pervasive issue; most people are likely to know someone that has been victimized or currently in an abusive relationship (Warshaw et al., 2013). With the prevalence of victimization, this study is important to not only substantiate a gap in literature, but to gain knowledge about the coping and resiliency strategies of intimate partner survivors after leaving an abusive relationship for ten years or more. Given the historical context of domestic violence, Walker (1984, 2009) noted that victims would leave and return to the abusive partner many times before ending the relationship.

The process of leaving the abusive partner involves several factors: relocating from social support, leaving behind financial resources, and uprooting victims' children from their homes (Estrello, 2014). Despite the belief that intimate partner victims are

passive, individuals who leave an abuser are tenacious in trying to find strategies and ways to cope, while continuously holding on to their sense of identity and dignity (Estrellado & Loh, 2014). The following comprehensive literature review discusses the topic of the phenomenological inquiry, while informing and describing the inconsistencies of the current research on IPV, in addition to identifying the gaps in the literature and making an organized composition of findings.

Literature Search Strategy

As a researcher for this qualitative study, I used several different search strategies to complete the literature search. My initial approach to finding peer-reviewed articles came from the published work of seminal researchers on the topic of domestic violence. By using Google Scholar with date-specifiers (i.e. 2012 to 2016), I found current peer-reviewed articles applicable to the topic of IPV. By linking to Walden University's virtual library, I was able to access relevant peer-reviewed articles and journals from databases such as, EBSCO, PsyARTICLES, Psychology, Educational Resource Information Center (ERIC), SocINDEX full text, SAGE full text collection, and MEDLINE/PubMed. By typing relevant keywords and phrases like intimate partner violence, long-term survivors, domestic violence, battered women, abusive relationships, stalking, post-separation from an abusive relationship, coping and stress, self-efficacy, and leaving an abusive partner, I was able to find credible literature that made up the overall literature review section.

Prevalence of Intimate Partner Violence

Intimate partner violence affects both men and women and is a prevalent issue with severe consequences, the greatest of which is homicide (CDC, 2014; Tjaden & Thoennes, 2006). The Bureau of Justice Statistics (2013) conducted a study that found that 50% of American women and 44% of American men were victimized and suffered injuries by an intimate partner. Stockl et al. (2013) found that in the United Kingdom intimate partners committed 54% of women homicides. In 2013, 70% of women worldwide experienced some form of abuse during the duration of their life, as a result of an intimate partner relationship (WHO, 2013). According to Nelson, Bourgatas, and Blazina (2012), worldwide it is common for people to know someone who was murdered by an intimate partner.

In the United States, from 2002 to 2011, 4% of women victimized by an intimate partner were shot, stabbed or hit with a weapon, and 5% of women victims were hit with objects their partners held or threw (BJS, 2013; CDC, 2014). Moreover, 16% of women experienced a serious violent crime as the result of intimate partner violence (BJS, 2013; CDC, 2014). In the period of the aforementioned eight years, physical attacks against women victims of intimate partner violence increased from 62% to 72%, and in the United States physical attacks account for a considerable percentage of intimate partner violence against women (BJS, 2013; CDC, 2014).

In 2011, data from the National Intimate Partner and Sexual Violence Survey [NISVS] found that in the United States, 8.8% of women experienced rape by an intimate partner and 15.8% experienced some form of sexual violence. An estimated 78.7% of

women's first victimization of rape occurred before the age of 25 years, and 40.4% before the age of 18 years (CDC, 2014; Etter et al., 2013). In addition, the percentage of women stalked and victimized sexually and physically by intimate partners was 71.1% with their first experience occurring before the age of 25 years, and 23.2% occurring before the age of 18 (NISVS, 2011; Tjaden & Thoennes, 2000). Intimate partners have stalked, raped, or physical assaulted 3 out of 10 women in the United States (NISVS, 2011; Tjaden & Thoennes, 2000). Additionally, in a lifetime, intimate partners have stalked an estimated 15% of women and 6% of men (NISVS, 2011; Tjaden & Thoennes, 2000; Black et al., 2011).

In 2012, researchers at the Migration Policy Institute made great efforts to show that intimate partner violence has increased within immigrant communities, and data from this study included facts about the prevalence of IPV. In the United States, 12% of immigrant women will experience intimate partner violence unique to only the immigrant population (Batalova, 2012). Consequently, 48% of Latino and 60% of Korean women reported that since leaving their country and coming to the United States, they have experienced increased intimate violence (Batalova, 2012; Tjaden & Tjaden, 2000). Similar data were reported by Nava, McFarlene, Gilroy, and Maddox (2013), who noted that 51% of Latino immigrant survivors of intimate partner violence experience depression at a rate 14% higher than Caucasian women survivors of IPV, and an estimated 4 in 10 Black woman experience abuse by a partner in their lifetime (Lacey, Sears, Matusko & Jackson, 2015). In addition, intimate violence affects an estimated three quarters of same-sex couples (Stiles-Shields & Carroll, 2014).

Enactment of the Violence Against Women Act

The United States Congress enacted the Violence Against Women Act of 1994 [VAWA] in order to provide some relief from the negative effects and prevalence rates, while ensuring that victims and their families have access to services. With the establishment of a National Domestic Violence hotline, over 3 million calls have been answered. Over 22,000 calls are received every month, and 92% of the callers reported that it is their first call for help.

The U.S. has had some success in addressing IPV, due to changes in the criminal justice response to cruel and unjust treatment against women, mandatory arrests of abusive partners, and increased rates of prosecution, conviction, and sentencing. Since 1994, there has been a 51% increase in women reporting violent incidents, a 63% increase of nonfatal incidents, and a 24% decrease in incidents causing death (VAWA, 1994). The body of laws under the VAWA is a prerequisite of reducing IPV, decreasing victimization of women, and improving the overall well being of women. Advocacy for inclusion of new provisions to VAWA (1994) are still necessary in order to make a tremendous impact on the ways intimate violence is perceived in the United States (VAWA, 1994).

Women Who Move On From a Violent Relationship

The problem of leaving a violent relationship, as highlighted in the intimate partner violence literature, is controversial. Smith, Nunley, and Martin (2013) found that despite the abuse and danger, the victim ill endure the cycle of abuse for a mean of 6.4 years, after which the victim will leave the relationship permanently. A majority of

women deciding to leave the abusive relationship make a series of attempts before successfully ending the relationship. Research conducted by Jose and Novaco (2015) found that the relationship between the abuser and victim becomes enmeshed, making it difficult for the women to find autonomy. Subsequently, not all victims choose to leave, or are able to leave, and will instead remain in the relationship.

According to Giboe et al., (2015), one way to eliminate the social problem of IPV is for the victim to leave the abusive relationship. These authors also reported that leaving a violent relationship is not always the only way to attain freedom from intimate partner violence. Little attention has been given to what happens in victims' lives after separation from an abusive relationship and more research is needed. Yamawaki, Ochoa-Shipp, Pulsipher, Harlos, and Swindler (2012) examined what happened to women who left an abusive relationship and discovered that for many women the experience of ongoing abuse continued long after leaving the relationship through the shared responsibilities for the children.

In addition to the distress of continual abuse, some of the other anxieties for women leaving an abusive relationship are parenting, health issues, finances, employment, and housing (Estefan, Coulter, & Vandeweerd, 2016; Overstreet & Quinn, 2013). Thomas, Putnins, and Goodman (2015) examined the survivors' experiences after leaving the abusive relationship and found that women felt left out of the support arena once the initial stage of separation was over and they were no longer in crisis. Survivors are then faced with the barrier of unmet service care needs once leaving the abusive relationship (Ford-Gilboe et al., 2015).

Post-Separation Period

Murray, King, Crowe, and Flash (2015) studied women during the post-separation period and found how difficult it is to specify or define post-separation because many women leave and re-enter the relationship while the abuse and violence continues.

Leaving the abusive partnership requires a series of action, rather than a single act or decision and can take many months or years in which a victim of IPV becomes a survivor, and learns suitable coping and resiliency strategies (Murray et al., 2015). The post-separation period is the time in which the woman reclaims herself, fights against the aftermath of the traumatic experience, breaks free physically, never returns to the abuser, and moves on permanently from the relationship (Jacquier & Sullivan, 2014).

Alhalal, Gilboe, Kerr and Davies (2012) performed a study on 236 women survivors who reported that the moving-on stage was the most challenging and took the longest time to achieve. Similar data described the moving-on stage as a series of transitions from moving forward to a final journey (Alhalal et al., 2012). The final journey was described as the stage or moment when cruelty in the relationship had concluded and the decision to cut losses are decided (Estrellado & Loh, 2016). However, it is clear from the research on intimate partner violence survivor's experiences, survivors have a number of common concerns as they make the long process of personal change to rebuild their lives (Zapor, Clevenge, & Johnson, 2015).

Researchers have identified many challenges and life disruptions for IPV survivors during the post-separation period, including continuous abusive behaviors, joblessness, homelessness, and harassment (Dillion et al., 2013). Similar data from a

study by Gilboe et al. (2015) reported that after 20 months of post-separation from an abusive paramour, only 11% of the 309 women in the study reported no harassment or continued abuse. Continuous abuse and harassment has been connected with psychological and somatic health problems that create difficulties in the survivor's ability to maintain an independent life (McDonald & Dickerson, 2013).

Contrary to society's belief that many women will remain in an abusive relationship, either with their abuser or with other abusive partners, evidence substantiates that women do successfully leave abusive relationships (McDonald & Dickerson, 2013). According to the National Intimate Partner Survey (2010), 6% of women respondents who experienced intimate partner violence left an abusive relationship. Moreover, it has been determined that one in four women that receives welfare benefits received these benefits as a result of exposure to IPV within the past year, However, limited information is available about women's use of a broader span of services particularly after separation (Ford-Gilboe et al., 2015).

Health Disparities Post-Separation

After leaving an abusive relationship, women experience ongoing physical and mental health concerns, such as separation and social anxieties, and poor self-esteem from the separation of the abusive relationship (Haeseler, 2013). In addition to depression and post-traumatic stress disorder, IPV survivors often have somatic problems, such as migraines, stomach ulcers, and structure damage (Alhalal et al., 2012; Eshelman & Levendosky, 2012; Flasch et al., 2015).

With the change of family responsibilities, the physical and mental health of the women is frequently compromised (Dillion et al., 2013). Similar data from research by Gilboe et al. (2015) established that women who separated from an abusive partner suffered from greater health issues, and 82% of the participants confirmed at least one active medical diagnosis, 48% of women living with debilitating persistent pain, 73% having modest to excessive levels of depression, and 48% having constant indication of post-traumatic stress disorder.

Lacey, Sears, Matusko, and Jackson (2015) examined the short and long-term consequences of IPV on African-American women and found that physical and mental conditions are greater within this group than any other ethnic group. Moreover, African-American women are most likely to have a substance abuse disorders, post-traumatic stress disorders, mood disorders, and eating disorders. According to Lacey et al. (2015), there was a correlation between IPV and African-American women's vulnerability to poorer psychological health. Similar studies on Hispanic and Chinese women indicated that within these sample populations, depression was also a major contributor to poor mental health for these women survivors of IPV (Alfonso, Linares, Navarro, Ros, Echeburua, & Matinez, 2006; Wong, Tiwari, Fong, Humprey, & Bullock, 2011). Although women who experience psychological abuse will have a higher risk of depression than the general population, the severity of IPV has a direct relationship to mental health outcomes (Beydoun, Beydoun, Kaufman, Lo, & Zonderman, 2012; Flasch et al., 2015). Moreover, the repercussions of IPV affects the physical and psychological state of women worldwide, and current research still has not explored why women

survivors are not likely to use the support services or interventions after leaving an abusive relationship (Dillion et al., 2013).

Maintaining Social Support Post-Separation

Although, recent literature address the impact of social support in bringing structure and stability to IPV survivors' lives after leaving an abusive relationship, most resources are contingent on the IPV survivor relocating and keeping their disclosure anonymous (Schumacher & Holt, 2012). In addition to a significant decline in social support network as a result of embarrassment, humility, and intentional isolation, IPV survivors find it particularly challenging to regain their self-confidence (Sylaska & Edwards, 2014).

Thomas et al. (2015) noted that post-separation usually required the women to relocate, leave family and friends, and cope with the stigmas associated with intimate partner abuse that can create social exclusion and further isolation. Zapor et al. (2015) determined that regardless of the stage of change that survivors are at during post-separation, it was important for a victim to have the physical and emotional support after the transition. Hayes (2013) suggested that despite the negative feelings, the emotional resources that can resist these feelings are fearlessness, resilience, and confidence; because the mere act of separating from an abusive relationship and claiming independence will not restore the eroding sense of self-worth. Hayes (2013) stressed the need for additional research that would communicate women's stories from a position of strength and resilience. This would reflect the lived experiences of women survivors and

bring notice to the structural and cultural restrictions of women in intimate violent relationships.

Importance of Financial, Work, and Education Post-Separation

Much of the current peer-reviewed literature relating to IPV includes information about the sudden loss of finances and possessions after leaving a violent relationship, which is a common occurrence. Thomas, Putnins, and Goodman (2015) research examined the financial situation of a small sample of women receiving domestic violence services; 1 in 5 of the participants associated their financial instability to their inability to find employment, and the loss of employment. Johnson et al. (2015) observed similar data concerning the relationship between IPV and poverty; they concluded that the relationship between the two is complex, and the causes and effects run in both directions. Typically, women experience economic abuse while in the abusive relationship, and once out of the abusive relationship it becomes a challenge to maintain economic autonomy (Hayes, 2013).

Although some women find themselves at first reliant on welfare, many either return to work or school in order not to rely on benefits (Jacquier & Sullivan, 2014). Hetling and Postmus (2014) examined the financial literacy of survivors of IPV and found that within a sample population of 120 women, 69 of those women (57.5%) confirmed receiving some type of social service or public benefits. Services selected for survivors of IPV are offered by non-profit agencies specialized in serving survivors, but these agencies are not designed to offer support or financial literacy programs. However,

the study found that enhancing the financial knowledge and ability of an IPV survivor, empowered them economically (Hetling & Postmus, 2015).

Survivors of IPV continue to be victims of economic abuse and the cycle of abuse leads to poverty. This poverty will worsen and compromise her ability to remain separated. For many women, education and meaningful work are vital to restoring pride and self-esteem (Thomas et al., 2015). Consequently, post-separation becomes a financial struggle for survivors of IPV. Many survivors struggle to maintain economic self-sufficiency and to stay above the poverty line (Hetling & Postmus, 2014). Both Johnson (2015) and Thomas (2015) concluded in their research that changing the financial outlook of survivors will improve the coping strategies of the IPV survivor post-separation.

Conceptual and Theoretical Framework

Two theories emerged from the literature review to guide the conceptual framework for the study: the transactional model theory and the theory of psychological resilience. Lazarus and Folkman (1984) define coping as the capacity to deal successfully with something that is difficult. Lazarus and Folkman (1984) theorized that coping is "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p.141). Lazarus and Folkman (1984) elaborated more on coping, by concluding that problem-focused coping is attempting to change a situation that is producing stress, while emotional-focused coping is seeking to reduce emotional distress without necessarily changing the situation.

Lazarus's (1991) transactional model theory included information about how stress is viewed as a transaction between the individual and the environment. In Lazarus' transactional model of stress and coping, the idea of stress results as an imbalance between demands and resources that occurs when the pressure exceeds the ability to cope (Lazarus & Folkman, 1984).

There are dual concepts central to psychological stress: primary appraisal and secondary appraisal. Primary appraisal makes reference to the individual's well being, while secondary appraisal concerns the coping options (Lazarus, 1996; Lazarus & Launier, 1978). Coping is closely connected to the concept of psychological appraisal, and for this reason is related to the person-environmental transactions. Thus, coping is the cognitive and behavioral efforts used to master, tolerate, or reduce external and internal demands and conflicts (Folkman & Lazarus, 1980).

The transactional theory of stress and coping postulates that individuals' actions are guided by efforts when there is harm/loss, threats, and challenges, and an individual has the ability to persist or succeed with a task (Folkman & Lazarus, 1980). The transactional theory of stress and coping proposes a strategy to determine a person's belief regarding the power to change a situation (Folkman & Lazarus, 1980). In addition, coping abilities have a positive influence on self-efficacy (Folkman, 2008).

Psychological resilience, according to Leipold and Greve (2009), is characteristically the ability to endure and recover quickly from difficult situations.

Leipold and Greve (2009) explained that the psychological resilience concept is personcentered. This means that it expresses mere facts of an individual's quick recovery and

growth under significant adverse conditions, and can only be understood by making the coping processes clear. This implies that psychological resilience influences how well individuals manage difficulties and return to a normal state of mind following the adversary. Because of the potential stigma associated with intimate partner violence and the barriers survivors face post-separation, a goal of this study is to learn how the population overcame such negative stressful situations and built up the resiliency to maintain separation for a decade or more.

Coping Theory and Post-Separation

The coping theory provides a foundation to exploring the phenomenon of the ways long-term survivors of intimate partner violence were able to persevere over a decade or more after leaving the abusive relationship. Long-term survivors' ability to cope may be useful in the prediction of women maintaining an empowered lifestyle post separation from the abusive relationship (Hayes, 2013). Long-term survivors can achieve positive well being when faced with a stressful life event (Antonovsky, 1979; Lazarus, 1966).

Moreover, Lazarus and Folkman (1984) identified two types of coping strategies: emotion-focused and problem-focused. Emotion-focused coping strategies are when victims attempt to manage emotional responses to stressors. This attempt to manage emotional stressors could lead to a passive style of coping to avoid potential problems like, over-indulging behaviors. In contrast to emotional-focused coping strategies, problem-focused coping strategies are directed at dealing with the problem or stressor by learning new skills or removing barriers (Zeidner, Matthews, & Shemesh, 2015).

Dunn and Conley (2015), in a systematic review, examined the genetic influences on coping. They determined that people who have non-addictive genes are more likely to cope better when confronted with obstacles. Their ability to overcome challenges is not compromised when a stressful life event is present. In another study, Caldwell et al. (2013) postulated that non-additive genes have no effect on problem-focused coping, but do affect emotion-focused coping. Individuals have to build on their psychological abilities to master challenges and learn how to deal with stress (Caldwell et al., 2013). Both studies concluded that coping is fundamentally impacted by the person's psychological ability to handle stress (Caldwell et al., 2013; Dunn and Conley, 2015).

According to Lazarus and Folkman (1984), coping strategies were influenced by the individual's ability to change the environment's realities that cause negative stress and reduce a negative emotional state or change the demanding situation. With respect to a woman separating from her abusive relationship, accomplishing this achievement was based on the women's ability to cope. A study by Foster et al. (2015) suggested that having various coping approaches was the only way they were able to maintain their circumstances and survive each day. McDonald & Dickerson (2013) examined women's lives after leaving abusive intimate partners and found that establishing a personal environment that supports their needs for solitude and peace helped them to cope during their post-separation.

Psychological Resistance Theory and Post-Separation

The psychological resistance theory provides a secondary conceptual framework for understanding long-term survivors' ability to recover despite the challenges and

barriers associated with post-separation from an abusive relationship. Although, coping strategies have been shown to have a significant impact on the managing and balancing of the stressors association with intimate partner violence, in the face of barriers and adversities, women's coping, both in and out of the abusive relationship, is unique and complex (Leipold & Greve, 2009; Haeseler, 2013). In their research on resilience, Leipold and Greve (2009) found that factors, such as effective coping strategies and resiliency, led to a reduction in physical and psychological distress, thus reinforcing the need that both these constructs affect one another and are needed in order to overcome stressful events or situations.

In Fletcher and Sarkar's (2013) review of seminal research on resiliency, they found that the resiliency construct has often been closely aligned to coping. Women lacking resilient qualities would also have limited coping strategies to deal with a stressful event. Similarly, Lazarus, & Folkman (1984) noted that, resilience influences how an event is appraised, whereas coping refers to the strategies employed following the appraisal of a stressful encounter. Jose and Novaco (2015) research on social support and resilience emphasized that individuals who face adverse threatening circumstances rely on their resilience to adapt and achieve a positive outcome. Consequently, social support helps abused women establish their feelings of resilience

Conceptual and Theoretical Synthesis

Both theoretical frameworks were appropriate for attempting to examine the coping and resiliency strategies of IPV survivors after leaving an abusive relationship.

Lazarus & Folkman (1984) explained that coping and resiliency influences how stress is

minimized, tolerated, or mastered during a stressful event. Emotion-focused coping strategies suggest that victims will use a passive way to cope with their life stressors. Problem-focused coping suggests that learning new skills or removing barriers will help victims to cope better (Lazarus & Folkman, 1984). Both the coping theory and psychological resistance theory guided the phenomenon under investigation and assisted in the examination of how long-term IPV survivors are able to remove the barriers, cope in an environment free from the abuse and able to control situations (Lazarus & Folkman, 1984).

With an increasing prevalence rate, nationally and internationally, survivors of IPV continue to be faced with the physical scarring and psychological effects of the aftermath of abuse (WHO, 2013). Consequently, with the prevalence rate of victimizations, it becomes important to examine the coping and resiliency strategies of long-term survivors after leaving an abusive relationship for ten or more years. A combination of coping and resiliency constructs in the exploration of the lived experiences of long-term IPV survivors could provide a broader and enhanced view of the processes of restoring self-efficacy and self-esteem post-separation. Coping and resiliency theories were used as a guiding research paradigm that drove the research question by bringing the lived experience to the consciousness of the participants and capturing the essence of the phenomenon under investigation (Vagle, 2016).

Review of Methodology

Phenomenological Approach

Phenomenology, scientific research at a point in time, was limited to philosophical sophisticated reasoning (Cibangu & Hepworth, 2016). Relph (2014) stated that phenomenology gained acceptance in many disciplines, but became widely adopted as an approach in the social sciences. Phenomenology research studies the phenomena from the fundamental nature of knowledge, reality, and existence. The objective of the phenomenological approach is to understand the subjective experience from a social context as it appears to the consciousness (Connelly, 2015; Heinonen, 2015). In Wilson's (2015) guide to phenomenology research, she outlined the benefits for the researcher; a phenomenological approach allows the researcher to give real meaning to the person's lived experience without pre-conceived notions and assumptions about the experience. Phenomology is different from other methodologies because it offers a deeper way in which to develop and analyze the human experience in detail.

Cibangu and Hepworth (2016) stated in their review of the uses of phenomenology that selecting a phenomenological research approach would create the basic position from the human experiences, judgment, and perception of their inner truths. Henriques (2014) postulated that when a researcher is searching for collective experience and meaning, the phenomenological approach allowed them to understand the philosophical ideas behind human motivation and bring out the essence of the lived experience. In addition, this approach provided a structured, fluid, inductive way of describing the phenomenon obtained from the participant. The basic distinction of

phenomenology is the revealing of knowledge from meaning, which is opposed to empirical-analytical science.

Qualitative Empirical Reviews

Qualitative studies involve describing the participants' social world from their lived experiences, perspectives, and histories (Yilmaz, 2013). For example, Flasch et al. (2015) conducted a qualitative phenomenology study on the perceptions and experience of what long-term survivors felt about the recovery processes and restoration of self-efficacy. Based on this study, Flasch et al. (2015) concluded that a qualitative phenomenology study provided insight into the interpersonal and intrapersonal factors that contributed to the recovery and restoration of self-efficacy. The findings of the study emerged from the perspective and history of the participant. A similar qualitative study conducted by Matheson et al. (2015) focused on long-term survivors post-separation.

Matheson et al. (2015) found that developing economic self-sufficiency is a major barrier for IPV survivors, in addition to the transformation or restoration of self-esteem, self-identity, and mental well being after experiencing intimate partner violence. The physical injuries from the abuse can heal quickly, but the damage to self-esteem and self-identity will linger far longer.

Alhalal et al. (2012) focused on factors that predict a lack of resiliency and an IPV survivors' inability to maintain separation from an abusive partner. The researchers were interested in the intrusive factors that challenge IPV survivors during post separation from the abuser. The findings concluded that poor mental health plays a part in the continuous vicious cycle of abuse. Women who suffer from depression and

posttraumatic stress disorder lack the ability to manage the crisis and permanently end the abusive relationship. The researchers suggested that two factors would likely reveal a greater in-depth understanding of coping and resiliency strategies. One factor was qualitative research on health care professionals developing effective trauma-informed interventions, and the second factor was services to women in the transition stage of separation from an abusive partner.

Quantitative Empirical Reviews

Quantitative studies use statistical analyses to determine or explain the phenomena of interest (Yilmaz, 2013). The quantitative study conducted by Lokhmatkina et al. (2015) examined the problem-focused and emotion-focused constructs of coping and stress of female patients (15-70 years of age) using a cross-sectional survey. Based on their study's conclusion, women who experienced IPV employ ways of coping when it comes to dealing with a stressful situation. Most importantly, Lokhmatkina et al. (2015) emphasized the need for additional qualitative research on understanding the coping strategies of IPV survivors based on types of IPV severity, levels of traumatization, stages in an abusive relationship, and resource accessibility.

In a similar quantitative study, Zapor et al. (2015) examined the differences in social support experienced by women who are at varying points in the process of change. Regarding long-term survivors social support post separation, Zapor et al. (2015) suggested that all forms of social support were higher for individuals more engaged in the process of change. He offered a suggestion for future empirical research, and

recommended qualitative interviews, to understand the barriers that inhibit the process of change.

Both of the following quantitative studies (Zapor et al., 2015; Lokhmatkina et al., 2015) have shown that there is a need to allow the voices of long-term survivors to be heard in order to deepen the understanding of how to assist other survivors of intimate partner violence in the post-separation period. Quantitative approaches include developing hypotheses and proving theory and logic (Creswell, 2013), but the primary focus of this qualitative study was to explore a phenomenon in depth (Creswell, 2013). With an increasing number of women leaving IPV relationships, more qualitative research could lead to a better understanding of the unique needs of these women (Flasch et al., 2015).

Summary

Chapter 2 included an introduction about the prevalence of intimate partner violence in the United States (CDC, 2010) and the social problem worldwide (WHO, 2014). Intimate partner victimization affects both men and women, but most research is about women victimizations. In the past, IPV was viewed as violence against women and men carried out the act but evidence suggest differently (Khanna & Sachdeva, 2015). The worldwide prevalence rate of intimate partner victimization is higher among females, and the most severe consequence of this victimization is homicide (CDC, 2014). In the United States, the passing of the VAWA (1994) has helped women find some relief from the negative effects of victimization. Moreover, the research conducted by the Migration Policy Institute showed an increase within the immigrant communities (Batalova, 2012).

Although, the risk of danger from the abuse is profound, victims endure victimization before leaving the situation. Subsequently, women are more inclined to leave an abusive relationship, although there are many challenges faced post-separation (Smith et al., 2013).

The barriers to leaving an abusive relationship include many elements, like the lack of external and internal supports, health factors, parenting, finances, employment, and education. This lack of support exists in addition to the intensity of short and long-term, physical and mental effects that remain years after leaving the abusive relationship (Haesler, 2013). The post separation period is accompanied with a myriad of challenges, but it is important to understand how the survivor copes with the problem. Coping and resiliency are important factors in understanding how a victim is managing the external and internal demands during post-separation from the victimization (Lazarus & Folkman, 1984).

A review of the methodology showed that more qualitative phenomenological studies on the topic of intimate partner violence post separation is critical (Matheson et al., 2015). Therefore, the gap in the literature demonstrates the need for a better understanding of the coping and resiliency strategies of long-term IPV survivors post-separation for ten or more years. This phenomenological study extended the existing literature on intimate partner violence and the journey to healing for the victims.

Chapter 3 will describe the systems of methods used for this study, which includes the research design or the methods used in the collection of data, discussion on the target population that met the critieria of the study, sampling methods that recruited the

participants, data collection procedures of a qualitative study, the steps and process to the data analysis of a phenomenological study, and the ethical consideration that was given to the participants, along with the issues of trustworthiness of the research.

Chapter 3: Research Method

Intimate partner violence is so pervasive that 70% of women worldwide experience some form of abuse in their lifetime (WHO, 2013). In the United States, 50% of American women and 44% of men experience some form of IPV in their lifetime. The deleterious effects of IPV linger post-separation, and long-term survivors are continuously faced with the aftermath of the abuse. The barriers of post-separation include: health disparities, lack of social support, financial and educational resources, emotional support and lack of employment (Flasch et al., 2015).

This chapter describes the methodological approach used to gain a greater understanding of the lived experiences of long-term IPV survivors post-separation from an abusive relationship of ten or more years. Given the importance of the physical and psychological effects from the aftermath of abuse (Jacquier & Sullivan, 2014; WHO, 2014), it is imperative that this phenomenological study addresses the coping and resiliency factors that influence the ways long-term IPV survivors are able to minimize, tolerate or master their stress (Lazarus, 1994).

This chapter includes the research design and rationale, and a discussion of the ways that a phenomenological approach will lead to a better understanding of the lived experiences of the sample population. Other elements of this chapter include the role of the researcher, ethical protection of participants, criteria for selection of participants, data collection, protocol and procedures, data analysis, and coding procedures.

Research Design

A phenomenological design was suitable for this study because the research consists of features that focus on identification, nature, essence, and a common phenomenon shared by participants (Vagle, 2016). Phenomenology focuses on a descriptive account of a person's experience by making it informative and bringing the phenomenon alive (Giorgi, 2002). Since the purpose of this phenomenological study was to gain knowledge and understanding by using a descriptive composite of the long-term IPV survivors lived experiences, a phenomenological approach was appropriate to look at the phenomenon from the participants' perspectives (Walker, 2013).

In addition, a phenomenological approach is rooted in research questions that give focus to the purpose of meaning, while encouraging the interest and concern of the phenomena. The research question is different from the interview questions, so as to make certain to keep the question focus on a phenomenological inquiry (Gallagher & Francesconi, 2012). A phenomenological investigation allows the researcher to put aside their personal biases that could influence the study (Chan et al., 2013).

By using a phenomenological paradigm, data were collected through semistructured in-depth interviews, using a series of open-ended questions that will capture the participant's lived experience. In addition to face-to-face interviews, SKYPE and Facetime were alternatives in order to meet the needs of the participants. The utilization of auto taping assisted in capturing the data verbatim. A descriptive narrative of the lived experience was transcribed and examined for the meaning the experience holds. Then, the researcher performed a data analysis that captured significant statements that were textual and structural descriptions of the essence of the phenomenon (Khan, 2014; Moustakas, 1994).

Rationale

The rationale for a phenomenological design is to explore and discover lived experiences in search of the fulfillment of human nature. A phenomenological approach brings the lived experiences and reflections of the experiences to a deeper meaning, in order to understand the circumstance of the whole human experience (Henriques, 2014; Husserl, 1970; Wilson, 2015). The aim of this phenomenological study was to gain knowledge of the phenomenon of long-term IPV survivors' coping and resiliency strategies after leaving an abusive relationship for ten or more years, with a broader understanding of the long-term IPV survivors' self-efficacy (Zeidner et al., 2015). The results from this study could lead to a greater understanding of the phenomenon under investigation and provide effective evidence-based interventions to help in the healing process of both long-term IPV survivors and the newly victimized.

In addition, this study has the potential to inform policymakers, social workers, mental health professionals, and other medical professionals about the barriers and challenges that long-term IPV survivors continuously face post separation, while also contributing new knowledge and interventions for mental health professionals providing services to IPV survivors. The shared results from the study could enhance the IPV survivors' ability to find a continuum of care that could ultimately be effective in keeping a positive change while shaping the outcome of future life events.

Research Questions

The research question in a phenomenological inquiry should focus and guide the exploration, must be carefully constructed so every word captures attention, and should direct the researcher in the investigation process. In addition, the research question should include language and vocabulary that participants can understand (Bevan, 2014; Creswell, 2013). Based on a conceptual and theoretical framework consisting of the transactional theory of coping and stress and the theory of psychological resiliency, the following research questions were posited:

Central Research Question

How do long-term IPV survivors' describe their coping and resiliency strategies after leaving an abusive relationship?

Sub questions. How do long-term IPV survivors describe their coping and resiliency strategies post-separation for ten or more years?

Role of the Researcher

The role of the researcher is critical in ensuring the credibility of the phenomenological study; when interviewing, the result must be collaboration between the researcher and researched. As a researcher, it was my responsibility to ask a wide variety of open-ended questions, and to encourage detailed and elaborate answers (Bevan, 2014; Giorgi, 1997). By interacting with the participants during the data gathering process, I was able to make observations of their reactions when they were describing their experiences, and I was open to understanding their experiences (Bevan, 2014). The researcher is the primary data collection instrument, and the identification of personal

values, assumptions, and biases must be made at the outset of the study. I was aware that my biases and my perceptions of long-term IPV survivors have been shaped by personal experiences, and I refrained from allowing any preconceived notions affect the collection of data. During the epoch process, it is suggested that researchers be sensitive and attentive to their role in the research outcome and suspend any biases (Chan et al., 2013; Van Manen, 2014).

Researcher Bias

As a matured and experienced female researcher, an area I needed to be aware of and take responsibility for was my preconceived notion of intimate partner violence. I needed to take into consideration my personal bias towards the lack of interventions and policies that are put in place to assist with the aftermath of an abusive relationship. This process involved a continuous review and renewal of the objectivity that was needed for an accurate interpretation of research data to increase the level of credibility and trustworthiness of the study (Chan et al., 2013; Creswell, 2013). So as not to influence the responses of the participants, and to remain as neutral as possible, I used the written and verbal support of my dissertation committee. Also, acknowledging my personal biases assisted me in maintaining the ethical standards set forth by Walden University while conducting this study.

Ethical Consideration

Research with human participants carries ethical considerations and implications. All participants were treated according to the ethical guidelines of the Walden University Institutional Review Board (IRB). I completed the National Institutes

of Health (NIH) office of Extramural Research certification program for protecting human research participants (training certification number 2137230, dated August 27, 2016). The guidelines of both the IRB and the Belmont Report observed the principles of respect, beneficence, and justice at all times during the research (Belmont Report, 1979). In addition, all the volunteer research participants had a clear understanding of the purpose and nature of the research, signed informed consents, and were informed about the nature of confidentiality and the requirements of the study. Moreover, debriefing was not necessary because interviews were conversational and open-ended, and any incorrect views were clarified when they occurred (Bevan, 2014; Guba & Lincoln, 1981).

Participant Selection

When conducting a phenomenological study, the research participants must have experienced the common phenomenon, be willing to be have face-to-face or electronic interviews for a lengthy period of time, give permission to be taped recorded, and consent to having the data published (Creswell, 2013). The participants should be able to understand the language and directive of questions, so they can tell their story in a truthful way, and provide the richness to the information collected (Chan et al., 2013). In addition, participants should be open to sharing and exploring their lived experiences. Revisiting past life experiences can become demanding and challenging, therefore, describing the experience as the participant's experienced it and not from in theory (Wilson, 2015).

Purposive Sampling

In a phenomenological study, a small purposeful sample is commonly used for data collection. A small sample size is suggested because the information collected should be useful for understanding the depth and details of the phenomenon experienced by the participant (Gentles et al., 2015). In this phenomenological study, I sought adult long-term IPV survivors and examined their coping and resiliency strategies. I used a purposive sampling of 15-20 long-term IPV survivors that left an abusive relationship for ten or more years. By using a purposive sample size of 15-20 participants, the study was representative of a subset of the whole population and thus could provide information about the social process and e rich information for the study (Patton, 2015). Additionally, the number of participants provided the researcher with the ability to identify similarities and differences in the phenomenon of interest (Palinkas et al., 2015).

Gaining Access to Participants

The sample population was recruited using a purposeful sample approach. In qualitative research, purposeful sampling plays a key role in the selection process of potential participants (Gentles, 2015). The process of criterion sampling allowed the researcher to select participants for the study that meet the criteria and limit the sample size (Patton, 2015). The selected criteria for all potential participants included: individuals who are currently not in an intimate partner violent relationship, who have been out of an intimate partner violence relationship for ten years or more, and who have improved their self-efficacy and increased their level of autonomy and self-determination (Wilson, 2015).

The fifteen participants came from a purposeful sampling strategy, who met the study's criteria and were identified from various personal and professional contacts in the New Jersey area. This study was open to an inclusion of snowball sampling. This allowed participants to make recommendations of other women or men who met the selection criteria (Patton, 2015). Recruitment efforts also included word of mouth and posting of flyers that will describe the study, participation criteria, and contact information of the researcher. When all participants were recruited, based on the selection criterion, then data collection was valid because all participants met the criteria for the research study (Gentles et al., 2015).

Data Collection, Protocols, and Procedure

In a phenomenological research design, the interview is the main source for exploring and gathering the material that will be used for the data. Good quality phenomenological interviews are the core of a successful study (Heinonen, 2015). During the interview process, the participants were first made to feel comfortable with the researcher to ensure honest and comprehensive responds. In addition, the participants' privacy had to be maintained and protected by assigning all participants a prescribed pseudonym; this process maintained and protected their privacy (Creswell, 2013; Quinney et al., 2016).

For the purpose of this study, the interview was guided by the research questions, but to ensure integrity of the participant's descriptive responses the researcher encouraged them to probe, explore and illuminate their experiences (Van Manen, 2014).

Data were collected primarily from in-depth semi-structured, face-to-face interviews with

participants, using open-ended questions to support the framework of themes to explore. Interview questions were formulated and adapted to describe the specific context of the participant's lived experience (Holloway & Wheeler, 1996, as cited by Bevan, 2014). Participants with time constraints, who had given prior consent had the interviews conducted face-to-face, or by Skype, or FaceTime. Interviews were auto-recorded to capture the responses of the participants verbatim (Creswell, 2013; Felice & Janesick, 2015).

Data Analyses

Avenier & Thomas (2015) noted that the researcher should analyze the data in order to support the phenomenon, and the presentation of the data analyses has to be congruent with the verifiable observation or lived experience. O'Brien, Harris, Beckman, Reed, & Cook (2014) noted that the processing reports of data analysis in a phenomenological study should undergo the following stages:

- Unbiased data collection that enables the researcher to get a sense of the lived experience.
- 2. Data information transcription that expresses the natural responses during the interview.
- 3. The researcher manages the data collected with confidentiality and security measures were in place to keep the safety of the participants.
- 4. The researcher ensures that the integrity of the data collected is verifiable and is coded to maintain anonymity.

These data analysis steps assisted in analyzing the data with rigor and trustworthiness (Bengtsson, 2016).

Issues of Trustworthiness

Reliability

In qualitative research, to ensure the trustworthiness of the data, the concept of reliability and validity plays a tremendous part in the transparency and vigor of the research. Such terms as credibility, applicability, and consistency have been associated to the conception of reliability and validity in qualitative research. By evaluating the data and data analysis for inconsistencies, validating if the research results are transferable, and if the data results are dependable supported the trustworthiness of the research. Moreover, reliability and validity began from the research development stage, and extended to the collection and analysis of data, selection of units that were analyzed, and the descriptive report (Hammarberg, Kirkman & DeLacey, 2016).

Bengtsson (2016) also noted that research is conceptualized as being reliable and meeting the standards of qualitative research, when specific details to the internal and external elements, features, circumstances, and constructs placed on the data by the researcher has been consistently and rigorously derived. As a researcher, some ways I ensured reliability of this qualitative study were to check the sample criteria and make sure there were no bias in selection, make sure interviews are consistent and each participant is given sufficient time, check analysis systematically, make multiple assessments, and support my interpretation with evidence.

Validity

Validity is conceptualized as having the mark of accuracy and correctness of a truthful reflection of the phenomena as reported. In qualitative research, validity has two distinct features: internal and external. Internal validity are concerns whether or not the researcher actually carried out a systematic study, and external validity are concerns about whether the findings can be applied to other populations or groups (Hammarberg et al., 2016; Bengtsson, 2016). Some ways, as a researcher, to ensure the internal and external validity of this qualitative study is by checking for accuracy of the selected participants results, making sure that every detail of the lived experience was captured adequately, and making sure the participants are aware of the statements as being their own. In addition the researcher should make sure that the research questions were asked in several ways through the interviews, observation, and documentation (Hammarberg et al., 2016).

Methodological Triangulation

In qualitative research, triangulation offers the researcher a way to validate the data findings and provide integrity to the conclusion. O'Brien et al., (2014) and Santiago-Delefosse et al., (2016) identified several ways in which triangulation could be used in research to assist the researcher in adding creditability to both the data collected and the data analysis. Data triangulation is a process when the researcher collects data from different participants in different setting at different times. Participant checking allows the participants to read over the transcripts and findings, method triangulation uses different methods to collect data, theoretical triangulation is the usage of two or more

theories as conceptual frameworks to interpret the data, and investigation triangulation allows for two or more researchers to collect and analyze the data.

In qualitative studies, participant checking and theoretical triangulation were used by the researcher to ensure the credibility and trustworthiness of the data in the collection and analysis process. This entailed the researcher allowing the participants to read and comment on the transcripts and findings from the in-depth interviews. In addition, the researcher triangulated the data by using two theoretical frameworks to interpret the data. Both methods of triangulation enhanced the creditability of the research and gave the data consistency, and allowed the participants' lived experiences to be told without paraphrasing. Moreover, these methods gave the participants the flexibility to participate in the research study without any restrictions (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014, p. 545).

Summary and Conclusion

Chapter 3 provided the overall purpose of the qualitative form of research, which was to seek the human phenomena as perceived and experienced by the individual. In addition, this research aimed to discover the essence of the lived experience and bring it to the consciousness of the person (Creswell, 2013). This research could stimulate a positive social change and bring a fresh perspective to current literature in order to fill the gap on long-term survivorship.

The rationale for doing a qualitative phenomenological research design was to bring the central phenomenon alive by allowing the research question to direct the investigation process (Bevan, 2014; Creswell, 2013). To ensure credibility and

dependability of the data, several procedures were put in place: collection of data that was unbiased or without preconceived notions, and ensuring that data correctly supported the phenomena. Participants were selected from purposive sampling to capture details from the in-depth interviews of each participant to gain a greater understanding of the phenomena under study. In addition, data collected through in-depth interviews had clarity to enhance validity of the findings (Carter et al., 2014).

This study processed the data reports as suggested by O'Brien et al., (2014) as a data analysis plan, with a developed description of the essence of the participants' lived experience from the data collection. Using participant triangulation and theoretical framework triangulation further enhanced the creditability of the research.

Qualitative research develops specific procedures to ensure the trustworthiness of the research design and results from the data analysis (Bengtsson, 2016). Although, it may be challenging, the researcher can improve trustworthiness if strategies are implemented, such as repetitiously returning to check data for accuracy and checking interpretation to confirm the loyalty to the data (Carter et al., 2014).

Chapter 4 continues with the discussion of an introduction to the findings of the phenomenological study. The setting, and the demographics characteristics of the participants are described, as are the steps of data collection along with the discussion of issues of trustworthiness with the thematic analysis. In addition, there is a discussion and description of the interpretation and findings from study.

Chapter 4: Findings

My search for the essence of the phenomenon of how long-term IPV survivors described their coping and resiliency strategies after leaving an abusive relationship for ten or more years took me through semi-structured in-depth interviews with 15 women and men who experienced it first-hand. In all the personal lived experiences shared, details of the process to manage stressful circumstances and the capacity to recover quickly from the difficult situation emerged. Moreover, the researcher gained a better understanding about how the participants maintained their self-efficacy in dealing with their stressful situation, in addition to comprehending the psychological and physical challenges from the aftermath of abuse (Jacquier & Sullivan, 2014).

It was theorized that emotion and problem focused strategies were coping mechanism used to minimize, tolerate or master the mental or emotional strain of stress (Lazarus, 1994). Subsequently, how the study participants were able to develop their coping and resiliency strategies post-separation for the ten or more years reflected a multifaceted nature. The fifteen study participants responded to the invitation to participate and completed the interview throughout it entirety. Participants' responses were analyzed and meaningful units were identified. These meaningful units were horizonalized by statements relevant to the topic and clustered into common themes bringing together the narrative (Moustakas, 1994). The transcriptions of the raw data and interpretation were completed by the researcher. The remainder of this chapter provides the study results, settings, demographic characteristics, data collection, identified themes, and summary.

There were two research questions addressed in this phenomenological study: 1) How do long-term IPV survivors' describe their coping and resiliency strategies after leaving an abusive relationship? And 2) How do long-term IPV survivors' describe their coping and resiliency strategies post-separation for ten or more years? Fifteen women and men volunteered and identified themselves as long-term IPV survivors that left an abusive relationship for ten or more years were interviewed for this study. The researcher ensured that participants were out an abusive relationship continuously for ten or more years.

There were a few volunteers who were screened out because during the course of the ten or more years they returned to an abusive relationship. The selected participants shared their lived experiences in relation to their ability to master, minimize, and tolerate the events of a stressful situation. Each participant spoke about their coping and resiliency strategies. The investigation was an informal interactive process that utilized open-ended questions. The participants were made to feel relaxed by eliciting a social conversation prior to starting interview. A semi-structured interview was used to identify themes through conversation with the participants. Interviews ranged from thirty-five minutes to ninety minutes. All audio recordings were transcribed by the researcher and double-checked by participants for accuracy. There were no software program used. All interviews with participants were completed in a six-week time frame.

Setting

The study participants were recruited using a purposeful selection from various municipalities in the New Jersey area. In addition to Newark, study participants were located in East Orange, Maplewood, Cherry Hill, Livingston, Jersey City and West Orange. The interviews were conducted in person in different settings. The study participants chose settings that were most convenient for them. There were no interruptions or external events or conditions that could potentially interfere with the data collection or results of the study. The study was IRB approved, in addition to following the guidelines of the Belmont Report (Belmont Report, 1979). Also the researcher received NIH certification (2137230, dated August 27, 2016).

Demographic Characteristics

All of the fifteen study participants identified as survivors of IPV, improved their lifestyle significantly since leaving the abusive relationship and remained free from an abusive relationship for ten or more years. Fifteen long-term IPV survivors both men and women were interviewed for this study. There were four men participants (AW, HP, JN, and BC) and eleven women participants (SG, DB, DP, LM, JJ, MT, MD, VB, SB, PH, AND LW). The participants ranged in age from 40-70 years old. The participants' post-separation period from their abusive relationship ranged from 10 years to 40 years: Participants: SG, PH, and BC remained out for 10 years, SB for 11years, LW for 12 years, HP and JN for 29 years, JJ and DB for 30 years, AW and LM for 32 years, DP and MT for 35 years, MD for 40 years, and VB for 45 years. Participant VB was the oldest

and lived as a long-term survivor the longest but recalled the details of events with resolution.

All the study participants were self-sufficient and categorized themselves as professionals; four of the participants were retirees, two were government employees, two paraprofessionals, two social workers, one police officer, one did clerical work, one a school safety agent, one a nurse, and one a driver. It should also be noted that the four retired study participants (DP, MT, MD, and VB) held managerial professional positions in the workforce before retiring. In addition, study participants (SG and PH) are maintaining full-time jobs as well as attending school. To maintain anonymity of the participants only their initials were used as a prescribed pseudonym.

The following table summarizes the participants' characteristics.

Table 1. Participants' Characteristics

Participants	Current	Gender	Post-	Professional
_	Age		separation	Category
	_		Period	
SG	45	Female	10 years	Student/government
DB	59	Female	30 years	Paraprofessional
AW	60	Male	32 years	Police Officer
HP	57	Male	29 years	Social Worker
DP	62	Female	35 years	Retired
LM	58	Female	32 years	Nurse
JJ	56	Female	30 years	Safety Agent
JN	52	Male	29 years	Government
BC	41	Male	10 years	Driver
MT	60	Female	35 years	Retired
MD	65	Female	40 years	Retired
VB	70	Female	45 years	Retired
SB	44	Female	11 years	Paraprofessional
PH	40	Female	10 years	Student/clerical
LW	48	Female	12 years	Social Worker

Data Collection

The first step was to make participants feel relaxed and comfortable; I established a trusting rapport with each of the 15 participants (Moustakas, 1994). Each of the 15 study participants were asked the same six interview questions; guided by the two research questions and in the same order (Appendix C). I met with each of the study participants individually at different private settings that were convenient to them but made sure the participants' anonymity was maintained. The face-to-face in-depth semi-structured interviews were conducted once and lasted from 35 minutes to 90 minutes (Creswell, 2013).

The interviews were recorded using a Sony digital voice device, which ensured the integrity of the participants' responses. The data collection process did not differ from what was described in chapter 3; I used a series of open-ended questions that illuminated the themes of exploration and described the context of the participants' lived experiences (Bevan, 2014). The participant recruitment process utilized a purposeful-criterion strategy and snowballing approach. Recruitment efforts were posting flyers (Appendix A) at my local church, neighborhood Starbuck's bulletin, social media and through word of mouth. I contacted individuals who were referred, and potential study participants that responded to the posted flyer contacted me via listed email address.

I did an over the phone screening of each individual to make sure they met the inclusion criteria. If the person agreed to participate, then I scheduled an appointment for the face-to-face interview at a time and private location agreed by study participants. At the time of the face-to-face interview, study participants were given a consent form

(Appendix B) to read and sign. The data collection was conducted using the interview protocol (Appendix C) that included six open-ended questions based on the study research questions. None of the scheduled participants withdrew from the study or had emotional distress from revisiting their stressful situation. Each interview followed the same procedures, with all interviews conducted according to the guiding interview questions, with no significant deviations from the interview topic, and no significant interruptions. The study participants were asked about other potential participants upon conclusion and closing of their interview.

Evidence of Trustworthiness

Credibility

Credibility in qualitative research is the accuracy and correctness of a truthful reflection of the phenomenon as reported (Bengtsson, 2016). To increase the quality of trust in the research, the researcher performed a theoretical triangulation and member check. I used the conceptual theories to provide a broader and deeper analysis of the participants 'lived experiences. In addition, I set aside my personal biases and analyzed the data from the perspective of capturing the true lived experience of the participants. I utilized member checking by probing their responses for further explanations when needed to better analyze the data and give the study participants the opportunity to comment on the final narrative.

Transferability

The issue of transferability (external validity) references the ability to generalize the findings outside the study setting (Guba & Lincoln, 1994). To strengthen the

transferability of my study findings, I provided an interconnected detail description of the study participants' responses when describing the general idea, so other researchers will have adequate facts regarding the study's scope and purpose.

Dependability

The dependability or reliability refers to the consistency of the research in several ways (Silverman, 2005). To increase the dependability of the study, an audit trail of the raw data was established; I probed study participants on their paused interview responses, and made detailed field notes. Also, with the audio device, I listened over and over again to participants' responses to capture the critical points that were made by the study participants, in addition to cross-validating participants' responses for accuracy, on the transcription.

Confirmability

Confirmability (objectivity) refers to ensuring that the study results were based on the study participants' experiences rather than the preferences of the researcher (Shenton, 2004). This issue was addressed by having all the study participants respond to the same questions and review their transcribed interviews. Also, I bracketed out any of my personal biases to decrease the likelihood of erroneous analysis pertaining to labeling of the participants' experiences into invariant constituents and themes. I also made an audit trail of the data to ensure that every decision that was made can be accounted for by the raw data from the interview transcripts.

Data Analysis

The data analysis began with transcribing the digital recordings, organizing the files, and reading through the text and making marginal notes. The data were coded according to themes that emerged from the described personal experiences and the essence of the occurrence. Data were arranged into categories from the significant statements and grouped into units. The themes were developed by, by creating a list of non-repetitive significant statements from the interviews, and grouping them into larger units of information (Creswell, 2013). The data were interpreted by developing the textural and structural description. The data analysis was visualized by narratives of the essence of the described experience based on discussions from interview questions.

Fifteen interviews were transcribed and then analyzed. The responses are separated into the themes that emerged from the raw data based on the six interview questions. These themes were grouped into meaningful units that were relevant to the research and interview questions. Actual transcripts and quotes from the participants were presented according to emergent themes.

Results

The themes identified in Table 2, are based on the inquiry of participants' coping and resiliency strategies after leaving an abusive relationship and post-separation for the ten or more years.

Table 2. Identified Themes and Sub Themes

Themes	Sub themes	
Traumatic Experiences	A) Physical Abuse	
	B) Psychological Abuse	
Emotion-focused Strategies	A) Passive	
	B) Submissive	
Social Supports	A) Tangible and intangible supports	
	B) Emotional supports	
	C) Community based supports	
Problem-focused Strategies	A) Learning new skills	
	B) Removing barriers	
Self-Sufficiency	A) Financial Stability	
	B) Mental Stability	
Self-Efficacy	A) Confidence in one's own ability	
	B) Level-headness or wisdom	

Central Research Question: How do long-term IPV survivors describe their coping and resiliency strategies after leaving an abusive relationship? To address this research question, participants were asked six interview questions, in the same order.

The first interview question: What were your experiences as a long-term survivor of intimate partner violence?

Identified themes 1: Traumatic Experiences. The themes that emerged from the participants' responses included lived experiences of physical or psychological abuse, such as slapping, pushing, punching, and broken bones. In addition, participants discussed the psychological abuse experienced by their intimate partner as name calling, not being allowed out of the house, controlling of household finances, and breaking down of self-worth. Physical and psychological abuse were common responses to the participants lived experiences of the type of intimate partner violence that occurred during their relationship. In some cases, both themes overlapped when the participants discussed their experience.

Physical Abuse. Participants MD, LM, and DB talked about the numerous occasions that they were slapped or punched in the face because their intimate partner was in a jealous rage and thought they were cheating or having an affair.

MD..."One night my girlfriend came over to visit me and she called her boyfriend up to come and pick her up from my house phone. When my abuser came home he redialed the number and heard a man voice answer, he punched me in the face and broke my nose"

LM..."My husband came into the house drunk and he thought I put too much salt in the food, he threw the plate of food in my face and when I tried to run away, I tripped and landed on my arm and broke my wrist"

DB... "While me and my ex man was having an argument about money, it got heated and he started punching and kicking me, I past out and he ran but my son dialed 911 and an ambulance had to take me to the hospital because he fractured my rib"

Emotional Abuse. Participants SB and MT talked about how their self-confidence and self-esteem eventually deteriorated over the years of being emotionally abused by their intimate partner, thus, making the participants vulnerable to their abuser.

SB..."This was a night, I will never forget, it was Christmas eve and me and the children were in the house without any food or money. I call my mother to give me a couple of dollars and when my husband came home and seen the food and found out that I got the money from my mother he started calling me out of my name and fighting me...After being told for so many years that I was a good for nothing, fat ugly witch and nobody would ever want me, I started to have little confidence in myself and remained in the abusive relationship."

MT..."Me and my intimate partner was over his family house having dinner and apparently he got drunk and became very belligerent. My daughter spilled soda on his cousin carpet, the cousin realized it was an accident and didn't make a big thing out of. I thought the incident was over but on our drive home, he started verbally attacking me in front of the children...cursing and name calling, how me and my f-ing children embarrassed him with his family. Once we reached home the verbal exchange turned physical and he started slapping and punching me in the head. He always attacked me in the bedroom and hit me in places that the scars could be covered up."

The second Interview question: How were you able to minimized or tolerate the stressful situation?

Identified themes 2: Emotion-focused Strategies. The study participants described their experiences on how they were able to minimized or tolerate the stressful situation.

Some participants described their experiences as one of passivity; they would minimize the situation and others tolerated the situation by giving in to keep the peace. These emerging themes were overlapping in responses and interchangeable for most of the participants. Once probed, several of the participants were able to identify their lived experience as being that of passive or submissive.

Passive to stressful situation. Participants SG, DB, JJ, DP, LW, DP, PH, LM, and SB, talked about their passive experiences and to what extent they would tolerate or avoid creating a stressful situation. Responses were quoted verbatim.

SG..."I would hide the marks or cover up the bruises from my family and friends to protect my abuser"

DB..."I can't count the times I would tell people that I bumped or hit myself against something in the house."

JJ..."I wore plenty of make-up when going into public, so nobody would notice the scars."

LW..."I love the winter months because I was able to wear my turtlenecks to cover up the black and blue marks."

PH..."I would never come straight from outdoors to use the bathroom so I would hold my urine for long periods of time until I felt he wouldn't make any accusations."

LM..."My teenage daughter told my abuser to stop physical assaulting me and he turned to hit her with a chair and I was too scare to stop him. I stood there frozen in my steps and deep down inside, I felt some relief because he stop beating me"

SB..."I would never wear pants because he didn't think a women was suppose to be in pants."

Submissive to stressful situation. All the male participants perceived their experiences as being submissive in order to minimize the stressful situation.

AW..."My intimate partner knew that having a domestic violence charge could get me terminated from my job, so I would let her check my phone each night as I return home from work."

HP..."My intimate partner was so jealous that she would check my undergarments before I left and then again when I returned home."

BC..."I would allow my ex-partner to put a tracker on my cellphone so she could feel secure."

JN..."I would give my check over to my intimate partner, even when I knew he was going to use the money to buy drugs."

The third Interview question: How were you able to cope after leaving your abusive relationship?

Identified themes 3: Social support. The study participants' responses to how they were able to cope after leaving their abusive relationship varied from tangible and intangible support, emotional support, community support, and informational support. Tangible support included concrete things such as financial; intangible was personal advice; emotional support was companionship/nurturing; and community support was government resources and informational was helpful advice received. Although, the overall theme was identified as social support, the emerging themes from the

participants' responses were broken down into smaller meaning units that supported the overall theme.

Tangible and intangible support. Participant SB felt that the loving support of her mother and siblings was the contributing factor to how she was able to cope after leaving the intimate partner violence and from returning to the abusive relationship. SB stated "If it wasn't for her mother and siblings, I don't know how I would of made it"... "my mother and sister provided me with not only emotional support but they validated my self-worth and helped me through the challenges of wanting to return back to the abusive relationship."

Participant JJ expressed the importance of just having a safe environment allow her to cope better once leaving the abusive relationship and motivated her towards wanting to have better for her and the children.

JJ..."God bless my grandmother for helping me to get back on my feet, she provided me and my children with a safe nurturing environment until I was able to get my own apartment."

Emotional support. Several of the participants talked about the emotional support as the factor to how they were able to cope once leaving the abusive relationship. Having the emotional support also gave the participants the encouragement needed to remain free from their intimate partner relationship.

Participant JN stated, "Although, I was in therapy on and off for years because of my sexual orientation, I returned because I was able to talk about my situation freely without being judged and I realized that I was must stronger than I was lead to believe."

Participants MT, MD, and VB, received their emotional support from their friends..."I had a girlfriend that had a one bedroom apartment and she took me in and let me sleep on the couch." (MT)

"My friends all chipped in to help me get a studio apartment, they paid the first month rent and security, afterward I went to apply for welfare to help in the maintenance until I was able to find a job." (MD).

VB..."I had this older lady friend, that had an apartment in a building she own and she let me live there with the children for three months rent free."

Community Based Support. Several of the women participants used community resources as a way to cope once leaving their abusive relationship. Participants LM, PH and LW used the shelter system for their social support. Moreover, the shelter system gave the women emotional support and the opportunity to speak and work with a social worker during their crisis. Although, for participant LM the placement took some adjustment at first because she had moments of feeling restricted. On the other hand, participant PH's account was different, who made the best of the situation and left with opportunities that helped their growth and development of self-efficacy.

LM..."After several attempts of leaving and returning to the abusive relationship, my final attempt landed me at a domestic violence shelter and I remained there for eight long months and was provided with emotional support. Having the opportunity to be around other women gave me a sense of belonging, although at times it also was a challenging experience to live in confinement and secrecy. I was not able to disclose my location, not even to my family and friends. I felt alienated from my community."

PH..." the shelter provided me with a safe environment and the social worker helped me to get public assistance, permanent housing, and information so when I left the shelter I could continue my education and work towards self-sufficiency."

The men participants AW, HP and BC responses overlapped in themes because each one of them was financially stable and maintained a job. These participants' ability to cope once leaving the abusive relationship differ for each of the participants. Participant AW talked about the emotional support he received... "Once I opened up to my employer about my situation, I was given a personal leave of absence to secure my apartment and my co-worker informed me of a vacant unit in his building. I was able to retrieve my personal belongings with the help of a friend and the hardest thing was leaving my children behind but once I got back settled I filed for joint custody of the children." Participant HP's ability to cope after leaving his abusive partner came in the form of a clear and definite support. By having financial stability he was able to reduce the stressors of the stressful situation.

HP..."Having a stable job was the best thing for me because I wouldn't have been able to get my apartment and separate from the madness. I was walking in the neighborhood around the area I work and seen this sign, advertising an apartment for rent. I called and left a down payment the same time I went to see the apartment."

For participant BC he relied on his resiliency to cope after leaving the stressful situation. Participant BC's response was unique because during the time of his lived experience he had recently migrated to the United States from Jamaica. Participant BC talked about the psychological impact of his experience and the feelings of isolation...

"Thank God I kept a steady job because I didn't have any family in this country and my pride wouldn't let me talk to my friends about what I was going through, as a matter of fact; my male friends would tell me that I was being soft, meaning I should act like a man and deal with my situation. I stopped telling them any thing because I couldn't be honest about my situation."

Fourth Interview question: How were you able to recover from the difficult situation?

Identified themes 4: Problem-focused Strategies. Becoming or improving the quality or condition of their economic situation and learning new skills to remove the barriers were common responses among all the women participants to how they were able to recover from the stressful situation.

Learning new skills. Participants MD, and MT discussed their ability to learn new skills as it related coping better and improving their overall situation.

MD..."I returned back to school to get my GED and it didn't take me long, I then enrolled in the community college and got my Associate degree. I took a civil service exam and they called me for the position, I started as an Eligibility Specialist, carrying a caseload and once the supervisory test came out I took it and passed. I also returned to school for my Bachelor degree and continued with school until I got a Master degree. I was promoted to a managerial position. I retired at the highest pay level for the profession."

MT..."My road to recovery came as a result of finding a job, my first stable job was in the private sector with a non-profit organization. I took on this position because it gave me the experience and flexibility I needed at the time. I remained with that organization until I retired."

Removing barriers. The men participants (AW, JN, HP, and BC) described their experiences differently because they were financially secure throughout their difficult situation, but practices that aided to maintenance of their autonomy was discussed. AW..."It was such a blessing to have my independence and make my own decisions without having the constant nagging and threats of jeopardizing my job. I stayed focus and put my all into my work and eventually it paid off with a promotion. Once I got that extra increase in pay, I purchased my home by then my children were older and they came to live me. Having the children with me helped my mental state tremendously, I was finally able to parent without any conflict."

JN..."I always been a go getter and what ever I put my mind to I would achieve. I moved to another State and worked my butt off. The change in environment was refreshing and it gave me a clear mind to look at my relationships in every aspect of my life. I also continued to go to therapy and discover things about myself that I didn't want to address in my past. Healing from these hurts has helped to restore my self- confidence." HP... "I can recall getting those phone calls telling me to come over and I would go religiously. Truth be told, I enjoyed the way she made me feel sexually and I became caught up in the heated moments. It's been twenty-nine years since her death and if it had not been for those counseling sessions and getting closure from the relationship, I probably would still be having a difficult time restoring my self-esteem."

BC..."That's just life you pick up the pieces and move on, can't continue to cry over spill milk. My culture have a lot to do with how I go through with the struggle. Growing up I didn't have much, my family was poor and my family had to find means by working, so this is in my blood to not give in to the disappointments of life."

Fifth Interview question: What important factor contributed in helping you deal effectively with your difficult situation and help you recover quickly?

Identified themes 5: Self-Sufficiency. The emerging theme were overlapping in the participants' responses. There were a lot of repetitious responses between financial and mental stability among the participants, but self-sufficiency stayed consistent as an important factor that contributed in helping in their coping and resiliency strategies.

Financial stability. For six of the participants financial stability was an important factor that contributed in helping to cope and build resiliency.

Study participants (SG,PH, BC, and LW) shared their responses as it relates to gaining financial security.

SG..."Once I became employed with the State and got my own place, I started to feel good about myself. I was able to purchase me a used car with my income taxes."

PH..."I applied for several jobs once leaving the shelter system. I took a test for a clerical position and passed, I got hired the next week and been employed with the same company for ten years. I returned to school to pursue my bachelor degree in business administration, so I can move up in the company because there are promotional opportunities."

BC..."My only option was to continue to work because as a resident to this country, I felt that's all I could do."

LW..."When I left the shelter I moved into section 8 housing, I returned back to school and was able to get my bachelor degree in social work. I took the test for my licensing and has been successful in providing for my family. Being self-sufficient has been the highlight of my life since leaving the abusive relationship."

Mental Stability. Participants (AW, HP, and JN) were settled financially, so for these participants their responses focused on how they maintained their mental health and the benefits of coming home to a stress-free environment contributed to their coping and resiliency strategies.

AW..."Once, I open the door to my own house and hear the quietness, I am then at peace."

HP..."Peace of mind, is the greatest contribution to my mental welling-being."

JN..."It just me and my dog and he don't talk back and love you unconditionally, so that bring me my best comfort and a sense of peace."

Participants (DB, DP, LM, MT, MD, and VB) agreed that it was a combination of both, financial and mental stability as the contributing factor to overcoming their stressful situation and recovering quickly. Some participants used spirituality as a way in which they referenced their mental well-being.

DB..."by the grace of God and rooting myself into the church opened the door for my financial blessings."

DP... "To be able to be self-sufficiency has restored my self-worth tremendously."

LM... "Having faith that everything will work itself out. It has been proving over and over again in my life, so I don't worry."

MT..."Don't take me wrong, having the financial independency has been great but regaining my self-esteem back is so much better."

MD..."God bless a child that got it own but I am also thankful that I wake up everyday in my right frame of mind."

VB... "My faith in God and paying my tithes has kept the blessings coming."

Research Question 2: How do long-term IPV survivors describe their coping and resiliency strategies post-separation for the ten or more years?

Interview question #6: What relevant experience was important to your ability to deal effectively and spring back since the ten or more years of your separation from the intimate violence relationship?

Identified themes 6: Self-efficacy. The emerging themes that were common in all the participants' responses were the restoring of confidence in one's own ability to achieve or the sense of levelheadedness or wisdom over a period of time.

Confidence in one's own ability. For participants (SG, LM, JJ, and MT) restoring confidence in their own abilities were a relevant experience that they described as contributing to better coping and resiliency strategies since separating from their intimate partner.

SG..."I been physical free for ten years but the moment I took responsibility for myself and took back my sense of power I became emotional free."

LM... "learning to forgive my past and taking into account all my achievements and seeing my growth."

BC...(chuckling), "I am a man and build to be strong."

JJ..."After 30 years, I can now find the beauty in my life, and really know that I have a voice and can make decisions on my own."

MT..."When I look over the 35 years and where I came from, tears whell up in my eyes because I know I have a purpose on this earth."

Sense of levelheadedness or wisdom. For the other participants (AW, HP, MD, VB, and SB), in describing their experience they associated maturity as a relevant experience in their ability to deal effectively and spring back since their separation from the intimate violence relationship.

AW..."When you are younger, you can put up with stuff much easier because you don't know any better. I was 28/29 during those times, At 60, I don't have the energy for nonsense"

HP..."becoming responsible for my own actions and not allowing nobody to change me are what matured adults are able to do."

MD..."I am no longer foolish as I was when I was younger, I can spot when a leopard is missing a spot (laughing) and that experience has taught me and prepared me for the loving relationship I've had for the last 25 years. Love should never hurt."

VB..."In church the choir sang this song, I am stronger and wiser, so much better, that is a testimony of my life."

SB...Umm, I guess becoming older has been an important factor, am able to handle stress better and no longer letting my emotions get in the way. Instead of choosing what look good and feel good, I explore my options before rushing into a relationship now."

Thematic Summary

The participants in describing their coping and resiliency strategies after leaving an abusive relationship and post-separation for the ten or more years identified six themes that built on their abilities to deal effectively with the aftermath of the stressful situation and spring back effectively. Participants' lived experiences from the physical and psychological trauma had many facets to the way in which stress was minimized, mastered, and tolerated. Through emotion-focused coping strategies, the participants described their experience as being either passive or submissive. For all the participants, social support played a significant part in their recovery from their stressful situation. Social support was described as emotional, tangible or intangible, and informational.

Problem-focused coping strategies were also a significant accomplishment for the study participants as it pertained to their ability to cope and adapt to positive health, mind, and regaining strength quickly. Once the participants started to focus on the quality or condition of becoming self-sufficient, their coping and resiliency strategies outcome changed for the better. Moreover, the participants' self-efficacy became the essential quality to the improvement to their coping and resiliency strategies post-separation for the ten or more years (Pavani, Levigouroux, Kop, Congard & Dauvier, 2015).

Evaluation of Findings

The findings in this study displayed how coping and resiliency strategies influences the way stress is minimized, tolerated or mastered post-separation from a stressful event. All the women participants experienced the stressors that have been identified as coping and resiliency strategies, such as problem-focused and emotion-focused. Problem-focused coping strategies suggest that learning new skills or removing barriers will help to cope better. On the other hand, emotion-focused coping strategies suggest victims will use a passive way to cope with their life stressors (Lazarus & Folkman, 1984). Consequently, individuals that face adversity rely on their resilience to adapt and achieve a positive outcome and improve on the participants' confidence in their own abilities (Jose & Novaco, 2015).

An evaluation of findings showed that emotion-focused coping strategies seemed to be lacking in the male participants' experiences. The male participants appraised their coping and resiliency experiences as a natural function of an alpha male, while still having the flexibility to navigate the stressful situation because of their gender (Reidy, Berke, Gentile & Zeichner, 2014). AW spoke "how great it was to have that financial security and not be subjective to the stress." BC's perception of passive is being weak, "I am a man and it's expected that I be strong." JN was reserved but firm in his response "I am a go-getter and will not wait for anybody to give me anything." Moreover, the male participants were all self-sufficient and had the financial means to minimize, master, and tolerate their stressful situation much better than the female participants. The female participants appraised their emotion-focused coping strategies as being a passive

approach to minimizing, mastering, or tolerating their stress. MT..."I wouldn't let the children or myself eat until he ate first."

MD... "My abuser liked his worked shirts pressed with starch and hung on the hanger and to appease him, each day before he went to work, I would put a neatly pressed shirt out for him religiously."

VB..."I had to clean and mop the apartment everyday of the week and couldn't miss one day even if I was sick."

Both male and female participants problem-focused coping strategies were consistent in that all of them either learned new skills or removed barriers in order to minimize, master, or tolerate stress.

SG..."I got my first job working in McDonalds and once I improved on my skill sets I applied for a state position, I started off as a political appointee but became permanent after passing the exam."

HP..."I finally started going to counseling because I was really having such a hard time disconnecting myself from the relationship

VB..."I used my God given talent, I was always good at cooking, so I started working at a restaurant as a waitress. I was given the opportunity to work as a school aide in the cafeteria preparing lunch for the elementary school children."

Social supports were prominent to the participants coping and resiliency strategies. In lieu of the challenges and struggles faced from the intimate partner aggression, the higher levels of support received helped in a positive adjustment, in addition to enhancing confidence and a sense of well-being (Suvak, Taft, Goodman &

Dutton, 2013). Participants attested to the benefits of social supports in their healing process, DP..."I had this girlfriend from my childhood and although we wasn't biological sisters, I always considered her to be, she always gave me advice on how to plan for the day I would leave. I would save any extra money and she kept the money for me and when I finally left I had \$3000.00 to start over with." LW..."If it wasn't for being placed in a shelter, I don't know what I would have done because I left with only my important documents and friends and family was not able to give me a place to stay. While in the shelter the emotional support I received from the other women helped to motivate me."

Becoming self-sufficient was described as a highlight for the female participants because of the challenges they could have faced without having economic autonomy. Moreover, it changed the landscape of the stressful situation and improved their coping strategies (Hetling & Postmus, 2014). JJ..."Becoming financially stable has kept me focus and no longer having that desire to return to the abusive relationship." SB..."The greatest thing for me, was getting a j.o.b, point blank...without that money I wouldn't have been able to move on so easily."

Participants also recognized that their self-efficacy was vital to their overall psychological and behavioral functioning as it related to coping and stress, in addition to their ability to persist or succeed with a task that will influence a positive change (Folkman and Lazarus, 1980). DP..."After 35 years the wounds has healed and understanding myself and my abilities took a lot of work but has made me the well-rounded person I became." JN..."My therapist asked me if I had any regrets and I told her the only regret I had was not knowing how to love myself when I was younger."

DB... "It took me years to realize my self-worth but after being free for 30 years I will not accept anything less."

Summary

The purpose of this qualitative, phenomenological study was to examine the coping and resiliency strategies of long-term intimate partner violence survivors separated from an abusive relationship for ten or more years. Five men and ten women participants meeting the selected criteria of this study participated in the sharing of their common phenomenon. The research questions and interview questions set a guideline for the participants to describe their common phenomenon and helped the researcher to elicit and probe for the essence of the experience. The raw data were analyzed by using a phenomenological technique. The themes that emerged were presented in a detailed narrative in the form of a written visualization of the participants' responses.

The demographics of the participants were diverse, and I also was able to gain insight from a male perspective. The men participants marginalized their experiences. The findings from the identified themes were supported by the participants' responses. The participants' responses were multifaceted in nature, but shared a commonality that participants cope by using resources available to them and that help them deal with life stressors following a traumatic experience. The coping and resiliency strategies for all the participants became better once they matured and became confident in their own abilities (Ramezani, Mirjafari & Fazel, 2017).

Chapter 5 presents the introduction, an interpretation of the findings, discussion of the limitations of the study, recommendations, implications and a summary of the overall chapter.

Chapter 5: Implications, Recommendations, and Conclusion

This researcher examined the coping and resiliency strategies of long-term intimate partner violence survivors and their experiences on how they were able to minimize, master or tolerate their stressful situation. This researcher also aimed to understand how long-term survivors of intimate partner violence experience regaining their self-efficacy post-separation for the ten or more years. The conceptual framework used in this study was Lazarus' (1991) transactional model theory to help understand the participants' stress and coping strategies. In addition to this, the researcher used the theory of psychological resilience, which aided in understanding the motivation behind the restoration of survivors' self-efficacy.

The purpose of this qualitative, phenomenological study was to examine the basic components of coping and resiliency strategies and the ways in which the long-term intimate partner violence survivor was able to minimize, tolerate, or master stress. The transactional model theory postulates that psychological stress plays a role in driving coping and resiliency behaviors. Removing barriers and learning new skills improves the coping and resiliency strategies, thus improving self-efficacy beliefs in handling stressful or challenging situations. For this study, 15 long-term IPV survivors, post-separation from an abusive relationship for ten or more years were purposely selected and interviewed. Their subjective experiences were solicited to gain a better understanding of their coping and resiliency strategies with a broader understanding of one's ability to self-regulate and employ actions or behaviors to show improved control over their environment. All of the participants were from the New Jersey and Essex County

municipality. All ethical guidelines were considered, and IRB approval was granted prior to data collection. Participants were notified of the informed consent and confidentiality was assured.

There were limitations in this qualitative study. It is possible that the data provided could have been subjective. Participants could have provided a false impression of their experiences because of the extended period of time between the actual incident or because of suppressed memories. In addition, four of the male participants had difficulty in articulating their feelings, and this could have been because of the researcher being a female (Cho, Shamrova, Han & Levchenko, 2017).

Implications

In this qualitative, phenomenological study, 15 long-term intimate partner violence survivors participants living in New Jersey were interviewed to ask about their subjective experiences with regards to the research question. The research questions that guided this study were 1) How do long-term intimate partner violence survivors' describe their coping and resiliency strategies after leaving an abusive relationship?, and 2) How do long-term intimate partner violence survivors describe their coping and resiliency strategies post-separation for ten or more years? Lazarus' (1991) transactional theory and the psychological theory of resiliency were used as the conceptual lens for investigation (Munoz, Brady & Brown, 2017).

The findings from this study indicated that survivors use similar coping and resiliency strategies. The female participants identified different emotion-focused strategies from the male participants due to the male participants being gainfully

employed and financially secure. This finding is to a small degree different from how passive coping strategies are described in the literature review where previous researcher suggested that passive coping was due to the very nature of the stressful situation. It seems that in this study, the men participants' suggested that because of their financial stability they were not subjected to the same stressors that the women participants were subjected too.

Being held in an abusive relationship out of fear of limited financial amenities created an additional factor or element to the stressful situation experienced by the women long-term intimate partner violence survivors. Also, the stress from limited finances that the women participants felt as a result impacted their mental and physical health. For participant DB her traumatic experiences of physical and mental abuse manifested as a result of money discussions (Ramezani, Mirjafari & Fazel, 2017).

The importance of social supports was also an emergent theme. Having social supports was an important element of to the coping and resiliency strategies and that can be classified as part of the participants' necessities that were mentioned in the literature review (Jose & Nosvaco, 2015). By having social supports in places, as suggested by the participants' responses, they probably would have returned back to the stressful situation and not have a positive outcome. For SG, the emotional and tangible support she received from her family gave her the motivation not to return to her abusive relationship. In addition, social supports positively affected the quality of life over time for the participants (Suvak et. al., 2013). For DP, as she reflected on the 35 years of post-separation from the abusive relationship, she was able to find healing.

Problem-focused strategies, such as learning new skills and removing barriers, were reported by all the participants, but for the men participants their problem-focused strategies were centered around removing barriers (Wong, Fong, Choi, Tiwari, Chan & Logan, 2016). For AW, he stated that having his autonomy had given him a stress-free environment where he could parent his children without feelings of distress. The women participants responses were mixed in their responses about security and childrearing. For SG, expanding on her skills, made her marketable and easier for her to stay gainfully employed.

Self-sufficiency or financially and mental stability were reported by all participants as efforts that would normalized their coping and resiliency strategies experiences. For JJ, she stated that her experience of being self-sufficient had kept her focused and grounded and brought her ability to cope back to a state free from mental distress. All the participants had financial autonomy and were able to provide for their well-being. For the long-term intimate partner violence survivors working towards self-sufficiency was a motivating factor and gave them a sense of control of their stress-free environment (Epp, 2016). When the participants expressed concerns or doubts about their future relationships with a newly intimate partner, they thought of the importance of maintaining financial independence. It became a constant reminder for their future romantic involvements.

The findings also indicated that most of the participants felt that the self-efficacy they identified impacted their coping and resiliency strategies, either through gaining confidence in their own ability or becoming wiser to life experiences. As discussed in the

literature review, self-efficacy is the empowerment and a prerequisite to long-term intimate partner violence survivors successfully using the tools of coping and resiliency to remain free from abusive relationships (Tirone, Shirone, Nathanson, & Rhatigan, 2014). By employing the tools of restoration in one's own abilities and maturation, the participants found means and heuristics to validate their self-efficacy to cope with their circumstances and situation. The participants' descriptions of their awareness of the relationship between their own confidence and maturity as it relates to a relevant factor in their appraisal of minimizing, mastering or tolerating stress, suggest that long-term intimate partner survivors can also be resilient especially when they remind themselves that they can be proactive agents in ensuring their well-being.

Recommendations

Long-term intimate partner survivors coping and resiliency strategies had many facets to ways in which they were able to minimize, master, or tolerate stressors. Many long-term intimate partner violence survivors go through mental and physical health issues because of the stress they experience from the traumatic stressful event. Social supports, problem-focused and emotional-focused strategies, self-sufficiency, and self-efficacy were identified to buffer the negative effects of stress and challenges.

The purpose of this phenomenological qualitative study was to examine the coping and resiliency strategies and understand how the long-term intimate partner violence survivors made sense of their ability to cope post-separation for ten or more years. The findings in this study showed that it is important to provide continuous social support to intimate partner violence survivors particularly in assessing resources that will

provide financial and mental stability. This element is important to the coping and resiliency, but will also assist with a quick recovery from a stressful situation.

In addition problem-focused strategies are important, such as learning new skills and removing barriers. An interesting finding that emerged in this study is that the men participants who were effected by intimate partner violence lacked the passivity that described their emotional-focused coping strategies, and this enhanced a better adjustment compared to women participants whose traumatic experiences came from their male counterparts. Future research could address a qualitative comparison of men intimate partner survivors and their emotional-focused strategies when they are without financial stability and how their adjustment and coping strategies are perceived.

For instance, AW, HP, and BC reported their experiences as being void of the act of passivity, but viewed their actions as a way in which they maintained strength in order to keep peace. It is likely that these participants' masculinity provided them with the tools they needed to cope better (Reidy et al., 2014). Thus, when they removed the obstacles they were able to appraise the stressors of the situation from a different perspective. Additionally, future research should address comparisons of male intimate partner survivors living with a male spouse versus a female spouse, in order to investigate their emotion-focused strategies and understand if they are appraised differently. A future quantitative research could also address this comparison by studying the numbers of intimate partner violence same sex incidents and their coping and resiliency abilities.

Another finding that emerged was that the participants attributed their improvement of their coping and resiliency abilities to becoming independent and having

financial autonomy. Self-sufficiency was described as continuity to normalizing their life and identity (Epp, 2016).

The coping and resiliency practices helped in their perception of their self-efficacy in handling the way in which to minimize and tolerate the stressful circumstances. They pointed to their ability to provide for themselves as one of the instrumental things to staying and maintaining post-separation from the abusive relationship despite the desires or feelings of forgiveness, as reported by HP and LM. Future research can address the comparisons of self-efficacy perceptions based on self-sufficiency of long-term intimate partner violence survivors post-separation for five or less years (McBride & Ireland, 2016).

Conclusion

The data in this study indicated that the coping and resiliency strategies of long-term IPV survivors will improve with resources and supports in place after leaving an abusive relationship. The findings from this phenomenological study were similar to the literature in that, when faced with a traumatic stressful situation, such as intimate partner violence, survivors' ability to deal effectively and recover quickly required tangible and intangible social supports, and continuous resources that provided financial and mental stability (Ramezani et al., 2017). Also, utilizing problem-focused strategies, such as removing the barriers and learning new skills, helped to improve the long-term IPV survivors' self-efficacy, and by becoming stronger and more confident, the challenges and struggles of the life stressors became easier to endure (Lambert, Benight, Wong & Johnson, 2013).

This study also found that once long-term intimate partner violence survivors became self-sufficient they were able to minimize, master, or tolerate their life stressors, because the stress was managed better when it was a part of them (Postmus, Plummer, McMahon & Zurlo, 2013). They identified their self-efficacy as the relevant factor that kept them going, to be resilient, faithful, understanding and efficient in how they are able to minimize and tolerate stress. Though the results in this study cannot be generalized to other groups of long-term intimate partner survivors, this study contributed in identifying the coping and resiliency strategies of participants' lived experience. Additionally, it contributed to a broader understanding of the impact of financial and mental stability on long-term intimate partner violence survivors' self-efficacy, as it relates to their coping and resiliency abilities as described by Lazarus (1991).

References

- Arroyo, K., Lundahl, B., Butters, R., Vanderloo, M. & Wood, D. (2015). Short-term

 Interventions for survivors of intimate partner violence: a systematic review and meta-analysis. Trauma, Violence, & Abuse 1-17. Doi: 10.1177/1524838015602736
- Alfonso, P.A.M., Linares, G.M.I., Navarro, C.N., Ros, B.C., Echeburia, E., & Martinez, M. (2006). The impact of physical, psychological, and sexual intimate male partner violence on women's mental health: depressive symtoms, post-traumatic stress disorder, state anxiety, and suicide. *Journal of Women's Health*, 15(5), 599-611
- Alhalal, E.A., Ford-Gilboe, M. & Kerr, M. (2012). Identifying factors that predict women's inability to maintain separation from an abusive partner. Issues in Mental Health Nursing, 33:838-850. Doi: 10.3109/01612840.202.714054

Antonovsky, A. (1979). Health, Stress, and Coping. San Francisco: Jossey-Bass

- Avenier, M.J., & Thomas, C. (2015). Finding one's way around various methods and guidelines for doing rigorous qualitative research: A comparison of four epistemological frameworks. French Journal of Management Information Systems, 20 (1). https://doi.org/10.9876/sim.v20i1.632.
- Baker, L.R., Cobb, R.A., McNulty, J.K., Lambert, N.M. & Fincham, F.D. (2016).

 Remaining in a situationally aggressive relationship: The role of relationship self-

- efficacy. Journal of the International Association for Relationship Research, 23, 591-604. Doi: 10.1111/pere.12145
- Barnett, O.W., Miller-Perrin, C.L., & Perrin, R.D. (2011). Family violence across the lifespan: an introduction (3rd ed.) Thousand Oaks, Sage
- Barua, A. (2007). Husserl, Heidegger, and the transcendental dimension of phenomenology, Indo-Pacific Journal of Phenomenology, 7:1, 1-10, doi: 10.1080/20797222.2007.11433942
- Batalova, J. (2012). US in focus: Immigrant women in United States. Washington, DC:

 Migration Policy Institute
- Beck, J.G., Clapp, J.D., Jacobs-Lentz, J., McNiff, J., Avery, M., & Olsen, S.A. (2014).

 The association of mental health conditions with employment, interpersonal and subjective functioning after intimate partner violence. Violence Against Women, 1-17. DOI: 10.1177/1077801214552855

 Bevan, M.T. (2014). A method of phenomenological interviewing. Qualitative Health Research, 24(1) 136-144. Doi: 10.1177/1049732313519710
- Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. NursingPlus Open, 2, 8-14. Doi: 10.1016/j.npls.1016.01.001
- Beydoun, H.A., Beydoun, M.A., Kaufman, J.S., Lo, B., & Zonderman, A.B. (2012).

 Intimate partner violence against women and its association with major depressive disorder, depressive symptoms and postpartum depression: A systematic review and meta-analysis. *Social Science & Medicine*, 75, 959-976.

- Black, M.C. (2011). Intimate partner violence and adverse health consequences:

 Implications for clinicians. American Journal of Lifestyle Medicine, 5, 428-439.

 DOI: 10.1177/1559827611410265
- Black, M., Basile, K., Smith, S. et al. The National Intimate Partner and Sexual Violence
 Survey (NISVS): 2010 Summary Report. Atlanta, GA: Centers for Disease
 Control and Prevention, 2011.
- Bostock, J., Plumpton, M., & Pratt, R. (2009). Domestic violence against women: understanding social processes and women's experiences. *Journal of Community* & *Applied Social Psychology*, *19*, 95-110. http://dx.doi.org/10.1002/casp.985
- Brandwein, R.A., & Filiano, D.M. (2000). Toward real welfare reform: the voices of battered women. *Affilia*, 15(2), 224-243
- Breiding, M.J., Chen, J., & Black, M.C. (2014). Intimate Partner Violence in the United States: US Dept of Health and Human Services, National Center for Injury Prevention and Control, CDC, Division of Violence Prevention United States of America
- Brush, L.D. (2000). Battering, traumatic stress, and welfare-to-work transition. *Violence Against Women* 6(10), 1039-1065
- Bonanno, G.A., & Burton, C.L. (2013). Regulatory flexibility: An individual differences perspective on coping and emotion regulation. Perspective on Psychological Science, 8(6) 591-612. Doi: 10.1177/1745691613504116
- Braum, V., & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.

- Caldwell, W., McInnis, O., McQuaid, R., Liu, G., Stead, J., Anisman, H., & Hayley, S. (2013). The role of the Val66Met polymorphism of the brain derived neurotropic factor gene in coping strategies relevant to depressive symptoms. Plos One, 8 e65547. Doi: 10.1371/journal.pone.0065547
- Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A.J. (2014). The use of triangulation in qualitative research. Oncology Nursing Forum, 41(5), 545-547. Doi: 10.1188/14.onf.545-547
- Center for Disease Control and Violence (2010). Intimate Partner Violence in the United States: Retrieved from http://www.ncjrs.gov/
- Creswell, J. W. (2013). Qualitative Inquiry & Research Design, Choosing Among Five Approaches (3rd ed.). Thousand Oaks, CA: Sage Publications
- Catalano, S. (2013). Intimate partner violence: attributes of victimization, 1993-2011.

 United States Department of Justice, *Bureau of Justice Statistics*: NCJ 243300
- Chan, Z.C.Y., Fung, Y.L. & Chien, W.T. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process. The Qualitative Report, 18 (30), 1-9. Retrieved from http://nsuworks.nova.edu/tqr/vol18/iss30/1
- Cho, H., Shamrova, D., Han, J-B. & Levchenko (2017). Patterns of intimate partner violence victimization and survivors' help-seeking. Journal of interpersonal Violence. https://doi.org/10.1177/0886260517715027
- Cibangu, S. K. & Hepworth, M. (2016). The uses of phenomenology and phenography: A critical review. *Library & Information Science Research 38, 148-160*. Doi: 10.1016/j.lisr.2016.05.001

- Colaizzi, P.F. (1978). Psychological research as the phenomenologist views it. In R.S. Valle & M. King (Eds.), Existential phenomenological alternatives for psychology (pp. 48-71). New York: Plenum
- Connelly, L.M. (2015). Life-Worlds in Phenomenology. Medsurg Nursing, 24(2), 119-120
- Corbin, V. (1999). Misusing phenomenology in nursing research: identifying the issues, Nurse Researcher, 6, 52-66.
- DeFelice, D. & Janesick, V.J. (2015). Understanding the marriage of technology and phenomenological research: from design to analysis. The Qualitative Report, 20(10), How to Article 3, 1576-1593. Retrieved from:

 http://nsuworks.nova.edu/tqr/vol20/iss10/3
- Denzin, N.K. (1978). Sociological methods: A sourcebook. New York, NY: McGraw-Hill.
- Denzon, N., & Lincoln, Y. (1998). Collecting and interpreting qualitative materials.

 Brooklyn: Sage Publications
- Deurzen, E.V. (2014). Structural existential analysis (SES): A phenomenological research method for counseling psychology. Counselling Psychology Review, 29(2). The British Psychological Society. ISSN: 0269-6975
- Devries, K.M., Mak, J.Y., Bacchus, L.J., Child, J.C., Falder, G., Petrzoid, M.,...Watts, C.H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies PLoS Medicine, 10(5), E1001439. Doi: 10.1371/journal.pmed.1001439

- Dillion, G., Hussain, R., Loxton, D., & Rahman, S. (2013). Mental and physical health and intimate partner against women: A review of the literature. International Journal of Family Medicine. 2013(15). Doi: 10.1155/2013/313909
- Dunn, S.H., & Conley, Y.P. (2015). A systematic review of genetic influences on coping. Biological Research for Nursing, 17(1) 87-93. Doi: 10.1177/1099800414527340
- Dutton, M.A. (2009, August). Update of the "Battered Woman Syndrome" critique.

 Applied Research Forum. Retrieved from http://www.vawnet.org
- Fletcher, D. & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts and theory. European Psychologist, 18(1), 12-23. Doi: 10.1027/1016-9040/a000124
- Elo, S., Kaariainen, M., Kanste, O., Polkki, T., Utrianinen, K., & Kyngas, H. (2014).

 Qualitative content analysis: A focus on trustworthiness. Sage Open, 1-10. Doi: 10.1177/2158244014522633
- Epp, E. (2016). Book review: the healing journey: intimate partner abuse and its implications in the labour market by Linda DeRiviere. Journal of Law and social policy, 25(6), 150-156. http://digitalcommons.osgoode.yorku.ca/jlsp/vol25/iss1/6.
- Etter, D.W., Gauthier, J.R., McDade-Montez, E., Cloitre, & M., Carlson (2013). Positive affect, childhood adversity, and psychopathology in psychiatric inpatients.

 European Journal of Psychotraumatology, 4: 20771
 http://dx.doi.org/10.3402/ejpt.v4i0.20771
- Eshelman, L. & Levendosky, A.A.P. (2012). Dating violence: mental health consequences based on type of abuse. *Violence and Victims*, 27(2), 215-228

- Estefan, L.F., Coulter, M.L., &Vandeweerd, C. (2016). Depression in women who have left violent relationships: The unique impact of frequent emotional abuse.

 Violence Against Women, 1-17. Doi: 10.1177/1077801215624792
- Estrellado, A.F. (2014). Ending intimate partner violence: Turning points experienced by battered Filipino Women. Phillippine Journal of Counseling Psychology, 16, 15-28
- Estrellado, A.F. & Loh, J. (2016). To stay in or leave an abusive relationship: losses and gains experienced by battered Filipino women. Journal of Interpersonal Violence, 1-21. DOI: 10.1177/0886260516657912
- Fetterman, D. M. (2010). Ethnography: Step by Step (3rd ed.). Thousand Oaks, CA: Sage
- Folkman, S. & Lazarus, R.S. (1980). An analysis of coping in a middle-aged community sample. Journal of Health and Social Behavior, 21, pp. 219-239. Abstract-Medline, Abstract-Embase Abstract-Psycho-INFO
- Forest, E.L., Becho, J., Burge, S.K., Talamantes, M.A., Ferrer, R.L., Wood, R.C., & Katerndahl, D.A. (2015). Coping with intimate partner violence: Qualitative findings from the study of dynamics of husband and wife abuse. *Families*, *Systems*, & *Health*, 33, 285-294. Doi: 10.1037/fsh0000130
- Fox-Keller, E. (1985). Reflections on gender and science. New Haven, CT: Yale
 University Press
- Gallagher, S. & Francesoni, D. (2012). Teaching phenomenology to qualitative researchers, cognitive scientists, and phenomenologists. Indo-Pacific Journal of Phenomenology, 12:3, 1-10, doi: 10.2989/IPIP.2012.12.3.4.1112

- Garmezy, N. (1991). Resilience and vulnerability to adverse developmental outcomes associated with proverty. *American Behavioral Scientist*, 34, 416-430.
- Gee, J., Loewenthal, D. & Cayne, J. (2013). Phenomenological research: The case of empirical phenomenological analysis and the possibility of reverie. Counselling Psychology Review, 28(3). The British Psychological Society. ISSN 0269-6975
- Gentles, S.J., Charles, C., Ploeg, J. & McKibbon, K.A. (2015). Sampling in qualitative research: Insight from an overview of the methods literature. The Qualitative Report, 20(11), 1772-1789. Retreived from http://nsuworks.nova.edu/tqr/vol20/iss11/5
- Gilboe, F.M., Varcoe, C., Noh, M., Wuest, J., Hammerton, J., Alhalal, E., & Burnett, C. (2015). Patterns and predictors of service use among women who have separated from an abusive partner. *Journal Family Violence*, 30: 419-431. Doi: 10.1007/s10896-015-9688-8
- Giorgi, A. (2002). The question of validity in qualitative research. *Journal of Phenomenological Psychology*, 33, 1-18
- Glaser, B. & Strauss, A. (1965). Awareness of dying. Chicago: Aldine
- Grych, J., & Swan, S., (2012). Toward a more comprehensive understanding of interpersonal violence: introduction to the special issue on interconnections among different types of violence. *Psychology of Violence* 2(2), 105-110: http://dx.doi.org/10.1037/a0027616

- Guba, E.G., & Lincoln, Y.S. (1981). Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches. San-Francisco:

 Josey-Bass
- Haeseler, L.A. (2013). Women's coping experiences in the spectrum of domestic violence abuse. Journal of Evidence-Based Social Work, 10, 33-43. Doi: 10.1080/15433714.2013.750551
- Hammarberg, K., Kirkman, M., & DeLacey, S. (2016). Qualitative research methods: when to use them and how to judge them. Human Reproduction, 3, 498-501.

 Retrived from http://humrep.oxfordjournals.org/ at Monash University on March 6, 2017
- Hayes, B.E. (2013). Women's resistance strategies in abusive relationships: An alternative framework, 1-10. Doi: 10.1177/2158244013501154
- Heinonen. K. (2015). Van Manen's method and reduction in a phenomenological hermeneutic study. *Nurse Researcher*. 22(4), 35-41
- Henriques, G. (2014). In search of collective experience and meaning: A transcendental phenomenological methodology for organizational research. *Human Studies*, 37, 451-468. Doi: 10.1007/s10746-014-9332-2
- Husserl, E. (1964). *The idea of phenomenology* (trans: Alston, W.P., & Nakhnikian, G.). The Haque, The Netherlands: Niijhoff. (Original work published 1907).
- Husserl, E. (1970). The crisis of European Sciences and Transcendental Phenomenology.

 Evanston, IL: Northwestern University Press

- Jackson, A.Y., & Mazzei, L.A. (2012). Thinking with theory in qualitative research:

 Viewing data across multiple perspectives. London, UK: Routledge
- Johnson, F. (2012). There are many faces of domestic violence. Bloomington, IN:

 AuthorHouse
- Johnson, R.M., Parker, E.M., Rinehart, J., Nail, J., & Rothman, E.F. (2015).

 Neighborhood factors and dating violence among youth: A systematic review,

 49(3), 458-466. Doi: http://dx.doi.org/10.1016/i.amepre.2015.05.020
- Jose, R., & Novaco, R.W. (2015). Intimate partner violence victims seeking a temporary restraining order: social support and resilience attenuating psychological distress.

 Journal of Interpersonal Violence, 1-25. Doi: 10.1177/0886260515584352
- Khan, S.N. (2014). Qualitative research method- phenomenology. Asian Social Science,10(21). Published by Canadian Center of Science and Education. Doi:10.5539/ass.v10n21p298
- Koch, L.C., Niesz, T., & McCarthy, H. (2014). Understanding and reporting qualitative research: An analytical review and recommendations for submitting authors.
 Rehabilitation Counseling bulletin, 57(3) 131-143, doi: 10.1177/0034355213502549
- Lather, P. (1991). Getting Smart: Feminist research and pedagogy with/in the post-modern. New York: Routledge
- Lacey, K.K., Sears, K.P., Matusko, N., & Jackson, J.S. (2015). Severe physical violence and black women's health and well-being. *American Journal of Public Health*, 105 (4). Peer-Reviewed, Research and Practice

- Lambert, J.E., Benight, C.C., Wong, T., & Johnson, L.E. (2013). Cognitive bias in the interpretation of psysiological sensations, coping self-efficacy, and psychological distress after partner violence. Psychological Trauma: Theory, Research, Practice and Policy, 5(5), 494-500. Doi: http://dx.doi.org/10.1037/a0029307
- Lazarus, R.S. (1966). Psychological Stress and the Coping Process. New York: McGraw-Hill
- Lazarus, R.S. (1991). Emotion and Adaptation. New York: Oxford University Press
- Lazarus, R.S. & Folkman, S. (1984). Stress, Appraisal, and Coping. New York: Springer
- Lazarus, R.S. & Launier, R. (1978). Stress-related transactions between person and environment. In LA Pervin and M Lewis (Eds), (1978). Perspectives in Interactional Psychology (pp.287-237). New York, : Plenum.
- LeCompte, M.D. & Goetz, J.P. (1982). Problems of reliability and validity in ethnographic research. *Review of Educational Research*, 51, 31-60
- Leipold, B. & Greve, W. (2009). Resilience: A conceptual bridge between coping and development, 14(1), 40-50. Doi: 10.1027/1016-9040.14.1.40
- Leug, L. (2015). Validity, reliability, and generalizability in qualitative research. Journal of Family Medicine and Primary Care, 4(3): 324-327. Doi: 10.4103/2249-4863.161306
- Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. American Journal of Community Psychology, 36, 71-84. http://dx.doi.org/10.1007/s10464-005-6233-6

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage

- Lokhmatkina, N.V., Davies-Agnew, R., Costello, C., Kuznetsova, O.Y., Nikolskaya, I.M. & Feder, G.S. (2015). Intimate partner violence and ways of coping with stress: cross-sectional survey of female patients in Russian general practice. *Family Practice*, 1-6. Doi: 10.1093/fampra/cmu086
- Marshall, C. & Rossman, G.B. (2010). Designing Qualitative Research (5th ed).

 Thousand Oaks, CA: Sage Publication
- Macy, R.J., Giattina, M.C., Montijo, N.J., & Ermentrout, D.M. (2010). Domestic

 Violence and sexual assault agency directors' perspectives on services that help
 survivors. Violence Against Women, 16, 1138-1161.

http://dx.doi.org/10.1177/1077801210383085

Manen, M.V. (1990). Researching lived experience: Human science for an action sensitive pedagogy. Ontario, Canada: University of Western Ontario

Masten, A. (2001). Ordinary magic. Resilience processes in development. *American Psychologist*, 56, 227-238

Matheson, F.I., Daoud, N., Wright, H.S., Borenstein, H., Pedersen, C., & O'Campo, P. (2015). Where did she go? The transformation of self-esteem, self-identity, and mental well-being among women who experience intimate partner violence. *Women's Health Issues*, 25(5), 561-569. https://dx.doi.org/10.1016/j.whi.2015.04.006

McBride, H. & Ireland, C. (2016). The impact of coping style, self-eficacy, emotional reaction and resilience on trauma related intrusive thoughts. Journal of Forensic Practice, 18(3), 229-239. https://doi.org/10.1108/JFP-06-2015-0036

- McDonald, P.W. & Dickerson, S. (2013). Engendering independence while living with a purpose: women's lives after leaving abusive intimate partner. *Journal of Nursing Scholarship*, 45:4, 388-396. Doi: 10.111/jnu.12044
- McDonald, R., Jouriles, E. N., Ramisetty-Mikler, S., Caetano, R. & Green, C.E. (2013). Estimating the number of American children living in partner-violent families.

 *Journal of Family Psychology, 20, 137-142.
- Moe, A.M., & Bell, M.P. (2004). Abject economics: the effects of battering and violence on women's work and employability. *Violence Against Women*, 10(1), 29-55.
- Moustakas, C. (1994). Phenomenological research methods. Thousand Oaks, CA: Sage Publications
- Merleau-Ponty, M. (1962). Phenomenlogy of Perception. London: Routledge and Keegan-Paul
- Munoz, R.T., Brady, S. & Brown, V. (2017). The psychology of esilience: A model of the relationship of locus of control to hope among survivors of intimate partner violence. Traumatology, 23(1), 102-111. http://dx.doi.org/10.1037/trm0000102
- Murray, C.E., Crowe, A., & Flasch, P. (2015). Survivors of intimate partner violence as advocates for social change. Journal of Social Action in Counseling and Psychology, 7, 84-100. Retrieved September 11, 2015, from http://www.psyr.org/jsacp/murray-v7n1-2015_84-100.pdf
- Nathanson, A.M., Shorey, R.C., Tirone, V. & Rhatigan, D.L. (2012). The prevalence of mental health disorders in a community sample of female victims of intimate partner violence: Partner Abuse 3(1), 59-75. Doi: 10.1891/1946-6560.3.1.59

- National Network To End Domestic Violence [NNEDV], (2013). Domestic Violence Counts 2013: A 24-Hour Census of Domestic Violence Shelters and Services.

 Retrieved from www.nnedv.org/census
- Nava, A., McFarlene, J., Gilroy, H., & Maddox, J. (2013). Acculturation and associated effects on abused immigrant women's safety and mental functioning: results of entry data for a 7-year prospective study. Journal of Immigration Minor Health. [Epub ahead of print]
- Nelson, H.D., Bougatsos, C., & Blazina, I. (2012). Screening women for intimate partner violence: A Systematic Review to Update the U.S. Preventive Services Task

 Force Recommendation. Annals of Internal Medicine 156, (11). Retrieved from http://annals.org/ on 7/4/2016
- O'Brien, B.C., Harris, I.B., Beckman, T.J., Reed, D.A., & Cook, D.A. (2014). Standards for reporting qualitative research: A synthesis of recommendations. Academic Medicine, 89(9), 1245-1251. https://doi.org/10.1097/ACM.0000000000000388.
- Office on Violence Against Women (OVW). VAWA 2013 summary: Changes to OVW-administered grant programs. Retrieved from: http://www.ovw.usdoj.gov/docs/vawa-2013-sum.pdf. Assessed July 28, 2016.
- Olesen, V. (2011). Feminist qualitative research in the millennium's first decade:

 Developments, challenges, prospects. In N.K. Denzin & Y.S. Lincoln (EDs), The

 Sage handbook of qualitative research (4th ed., pp129-146). Thousan Oaks, CA:

 Sage.

- Overstreet, N.M., & Quinn, D.M. (2013). The intimate partner violence stigmatization model and barriers to help seeking. *Basic and Applied Social Psychology*, *35*: 109-122, doi: 10.1080/01973533.2012.746599
- Palinkas, L.A., Horwitz, S.M., Green, C.A., Wisdom, J.P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. Adm Policy Mental Health, 42(5): 533-544, doi: 10.1007/s10488-013-0528-y
- Patton, M. Q. (1990, 2002). Qualitative evaluation and research methods. Newbury Park, CA: Sage
- Patton, M.Q. (1998). Enhancing the quality and credibility of qualitative analysis. Health Sciences Research, 34, 1189-1208
- Patton, M.Q. (2015). Qualitative research & evaluation methods: Integrating theory and practice (4th ed.). Thousand Oaks, CA: Sage
- Pavani, J-B., Levigouroux, S., Kop, J-L., Congard, A., & Dauvier, B. (2015). Affect and affect regulation strategies reciprocally influence each other in daily life: The case of positive reappraisal, problem-focused coping, appreciation and rumination.

 Journal of Happiness Studies. Doi: 10.1007/s10902-015-9686-9
- Peters, E.N., Khondkaryan, E. & Sullivan, T.P. (2012). Associations between expectancies of alcohol and drug use, severity of partner violence, and posttraumatic stress among women. Journal of Interpersonal violence, 27 (11) 2108-2127. DOI: 10.1177/0886260511432151

- Phillips, H., Lyon, E., Warshaw, C., & Fabri, M. (2013). *Promising practices and model programs: Trauma-informed approaches to working with survivors of domestic violence and other trauma*. Chicago, IL: National Center on Domestic Violence, Trauma, and Mental Health.
- Polit, D.F., & Beck, C.T. (2012). Nursing research: Generating and assessing evidence for nursing practice. Philadelphia, PA: Lippincott Williams and Wilkins
- Postmus, J.L., Plummer, S-B., McMahon, S. & Zurlo, K.A. (2013). Financial literacy: building economic empowerment with survivors of violence. Journal of Family Ecomomic Issues, 34, 275-284. Doi: 10.1007/s10834-012-9330-3
- Puccia, E., Redding, T.M., Brown, R.S., Gwynne, P.A., Hirsh, A.B., Frances, R.J., & Morrison, B. (2012). Using community outreach and evidenced-based treatment to address domestic violence issues. Social Work in Mental Health 10:104-126. DOI: 10.1080/15332985.2011.601704
- Quinney, L., Dwyer, T., & Chapman, Y. (2016). Who, where, and how of interviewing peers: implications for a phenomenological study. Sage Open, 1-10. Doi: 10.1177/2158244016659688
- Ramezani, R., Mirjafari, S.A., & Fazel, A. (2017). The comparison of mental health and coping styles of injured women with those who are not injured. Indian Journal of Positive Psychology, 8(1), 28-31. Indian Association of Health, Research and Welfare. http://www.iahrw.com/index.php/home/journal_detail/19#list

- Reidy, D.E., Berke, D.S., Gentile, B., & Zeichner, A. (2014). Man enough? Masculine discrepancy stress and intimate partner violence. Personality and Individual Differences, 68, 160-164 http://dx.doi.org/10.1016/j.paid.2014.04.021
- Relph, C.E. (2014). Phenomenology. In M.E., Harvey, & B.P. Holly (Eds), Themes in geographic thought (pp.99-114) (3rd ed.). New York, NY: Routledge
- Santiago-Delefosse, M., Gavin, A., Bruchez, C., Roux, P., & Stephens, S.L. (2016).

 Quality of qualitative research in the health sciences: Analysis of the common criteria present in 58 assessment guidelines by expert users. Social Science & Medicine, 148, 142-151. https://doi.org/10.1016/j.socscimed.2015.11.007
- Schumacher, J.A. & Holt, D.J. (2012). Domestic violence shelter residents' substance abuse treatment needs and options. Aggression and Violent Behavior, 17, 188-197
- Scott-Storey, K. (2011). Cumulative abuse: do things add up? An evaluation of the conceptualization, operationalization, and methodological approaches in the study of the phenomenon of cumulative abuse. Trauma, Violence & Abuse 12(3) 135-150. DOI: 10.1177/1524838011404253
- Shemshurenko, O.V. & Shafiquillina, L. (2015). Politically correct euphemisms in mass media (Based on American and Turkish Online Periodicals of the beginning of the 21st Century). Journal of Substainable Development; 8 (5). ISSN 1913-9063 E-ISSN 1913-9071. Published by Canadian Center of Science and Education
- Smith, M., Nunley, B., & Martin, E. (2013). Intimate partner violence and the meaning of love. *Issues in Mental Health Nursing*, 34:395-401. Doi: 10.3109/01612840.2012.762960

- Stewart, A.J. (1994). Toward a feminist strategy for studying women's lives. In C.E. Franz & A.J. Stewart (Eds), Women creating lives: Identities, resilence and restience (pp. 11-35). Boulder, CO: Westview Press.
- St. Pierre, E.A. & Jackson, A.Y. (2014). Qualitative data analysis after coding. Qualitative Inquiry 20(6) 715-719. Doi: 10.1177/1077800414532435
- Stiles-Shields, C., & Carroll, R. A. (2014). Same sex domestic violence: Prevalence, unique aspects, and clinical implications. Journal of Sex & Marital Therapy, 1-13. Doi: 10.1080/0092623x.2014.95879
- Stockl, H., Devries, K., Rotstein, A., Abrahams, N., Campbell, J., Watts, C., & Moreno, C.G. (2013). The global prevalence of intimate partner homicide: a systematic review. Lancet, 382, 859-65. http://dx.doi.org/10.1016/50140-6736(13)61030-2
- Sylaska, K.M., & Edwards, K.M. (2014). Disclosure of intimate partner violence to informed social support network members: A review of the literature. Trauma, Violence, & Abuse, 15, 3-21. http://dx.doi.org/10.1177/1524838013496335
- Strauss, A.L. & Corbin, J. (1998). Basics of qualitative research: techniques and procedures for developing grounded theory (2nd ed.) Thousand Oaks, CA: Sage
- Strauss, A. (1999). Controversy over domestic violence by women: A methodological, theoretical, and sociology of science of science analysis. National Institute of Mental Health Report (NCJ 186243). Washington, DC: U.S. Department of Health and Human Services.
- Suvak, M.K., Taft, C.T., Goodman, L.A. & Dutton, M.A. (2013). Dimesions of functional social support and depressive symptoms: a longitudinal investigation of

- women seeking help for intimate partner violence. Journal of Consultant Clinical Psychology, 81(3), 455-466. Doi: 10.1037/a0031787
- Tirone, V., Shorey, R.C., Nathanson, A.M., & Rhatigan, D.L. (2014). The effect of self-efficacy on the association between social support and relationship alternatives among female intimate partner violence victims. Partner Abuse Violence, 5(3), 279. http://dx.doi.org/10.1891/1946-6560.5.3.279
- Trevillion, K., Howard, L.M., Morgan, C., Feder, G., Woodall & Rose, D. (2012). The response of mental health services to domestic violence: a qualitative study of service users and professionals' experiences. Journal of the American Psychiatric Nurses Association 18(6) 326-336 DOI: 10.1177/1078390312459747
- Tjaden, P., & Thoennes, N. (2000). Extent, nature and consequences of violence against women: Findings from the National Violence Against Women Survey.

 Washington, DC: National Institute of Justice and the Centers for Disease Control and Prevention.
- Thomas, K.A., Goodman, L., & Putnins, S., (2015). "I have lost everything": Trade-offs of seeking safety from intimate partner violence. American Journal of Orthopsychiatry, 85(2), 170-180. http://dx.doi.org/10.1037/ort0000044
- Tjaden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey. Washingon, DC: U.S. Department of Justice. Publication No. NCJ 183781. Retrieved from http://www.ncjrs.gov

- Tjaden, P., & Thoennes, N. (2012). Extent, Nature, and Consequences of Intimate Partner
 Violence: Findings from the National Violence Against Women Survey.
 Washington, DC and Atlanta, GA. U.S. Dept of Justice, National Institute of
 Justice, and U.S. Department of Health and Human Services, Center for Disease
 Control and Prevention (2000) NCJ 181867
- Vagle, M.D. (2016). Crafting phenomenological research. New York, NY: Routledge
- Van Manen, M. (1990). Researching lived experience: Human science for an action sensitive pedagogy. London, England: Althouse
- Van Manen, (2014). Phenomenology of practice: Meaning-giving methods in phenomenological research writing. Walnut Creek, CA: Left Coast Press
- Vaughn, P. & Turner, C. (2016). Decoding via Coding: Analyzing Qualitative Text Data

 Through Thematic Coding and Survey Methodologies, Journal of Library

 Administration, 56: 1, 41, 41-51, doi: 10.1080/01930826.2015.1105035
- Walker, L.E.A., (1984, 2000, 2009c). The battered woman syndrome (3rd ed.). New York, N.Y.: Springer Publishing
- Walker, T. (2013). Voices from the group: Violent women's experiences of intervention.

 Journal of Family Violence, 28:419-426. Doi: 10.1007/s10896-013-9509-x
- Warr, D., & Pyett, P. (1999). Difficult relations: Sex work, love and intimacy. *Sociology of Health & Illness*, 21, 290-309.
- Warshaw, C., Sullivan, C.M., & Rivera, E.A. (2013). A systematic review of traumafocused interventions for domestic violence survivors. Washington,

- D.C.:Department of Health & Human Services, Administration for Children and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program. Retrieved from http://www.nationalcenterdytraumamh.org
- Wong, J.Y.-H., Fong, D.Y.-H., Choi, A.W.-M., Tiwari, A., Chan, K.L., & Logan, T (2016). Problem-focused coping mediates the impact of intimate partner violence on mental health among chinese women. Psychology of violence, 6(2), 313-322. http://dx.doi.org/10.1037/a0039496
- World Health Organization (2014). *Global Status Report on Violence Prevention*.

 Geneva: World Health Organization
- Wilson, A. (2015). A guide to phenomenological research. Arts & Science Research Series: 8. Nursing Standard. 29 (34), 38-43.
- Wilson, J.M., Fauci, J.E., & Goodman, L.A. (2015). Bringing trauma-informed practices to domestic violence programs: A qualitative analysis of current approaches.
 American Journal of Orthopsychiatry, 85(6), 586-599. Doi: http://x.doi.org/10.1037/ort0000098
- Wong, J.Y.H., Tiwari, A., Fong, D.Y.T., Humpreys, T., & Bullock, L. (2011).

 Depression among women experiencing intimate partner violence in a chinese community. *Nursing Research*, 60(1), 58-65
- Wozniak, D.F. & Allen, K.N. (2012). Ritual and performance in domestic violence healing: From survivor to thiver through rites of passage. Cultural Medicine Psychiatry, 36: 80-101. DOI: 10.1007/s11013-011-9236-9

- Wuest, J., Merritt-Gray, M., Dube, N., Hodgins, M.J., Malcolm, J., Majerovich, J., Scott-Story, K., Ford-Gilboe, M., & Varcoe, C. (2015). The process, outcomes, and challenges of feasibility studies conducted in partnership with stakeholders: A health intervention for women survivors of intimate partner violence. Research in Nursing & Health.
- Yamawaki, N., Shipp, O.M., Pulsipher, C., Harlos, A., & Swindler, S. (2012).

 Perceptions of domestic violence: The effects of domestic violence myths, victim's relationship with her abuser, and the decision to return to her abuser.

 Journal of Interpersonal Violence, 27(16) 3195-3212. Doi: 10.1177/0886260512441253
- Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: epistemological, theoretical, and methodological differences. *European Journal of Education*, 48, (2). John Wiley & Sons LTD
- Yin, R.K. (2014). Case study research: Design and methods (5th ed.). Thousand Oaks: Sage
- Young-Wolff, K.C., Hellmuth, J., Jacquier, V., Swan, S.C., Connell, C. & Sullivan, T.P.
 (2013). Patterns of resource utilization and mental health symptoms among
 women exposed to multiple types of victimization: a latent class analysis. Journal
 of Interpersonal Violence 28(15) 3059-3083 DOI: 10.177/0886260513488692
- Zapor, H. Cleavenger, C. W. & Johnson, D.M. (2015). The association between social support and stages of change in survivors of intimate partner violence. Journal of Interpersonal Violence, 1-20. Doi: 10.1177/0886266051515614282

Zeidner, M., Matthews, G., & Shemesh, D. G. (2015). Cognitive-social sources of wellbeing: Differentiating the roles of coping style, social support and emotional intelligence. Journal of Happiness Studies. Doi: 10.1007/s10902-015-9703-z

Appendix A: Title of Appendix

Insert appendix here. Appendices are ordered with letters rather than numbers.

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