

INTIMATE PARTNER VIOLENCE AND HELP SEEKING BEHAVIOR

A Dissertation

Presented to

The Faculty of the Department of Counselor Education

Sam Houston State University

In Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

by

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August, 2017

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DEDICATION

This dissertation is dedicated to Sizwe; my dear husband, Ajani and Nia; my two beautiful children, my mother, my brother, my loving Lewis family, my supportive Berry family and my two dearly departed fathers; John Jones and Freddie Lewis. My family has been my rock as they have tirelessly supported me in various ways thru this process. Without your encouragement and constant cheerleading, this dissertation would not have been possible.

I would be remiss if I didn't mention my Lord Jesus Christ, who is the author and finisher of it all. The seed that was planted in me five years ago, has blossomed into such a beautiful flower that I could have never dreamed possible. I reminisce now on the realization that pursuing this PhD was never my idea in the first place. It was appointed by God for me to do. The journey to this point has been riddled with its own challenges, but thru HIS power I have made it to the finish line.

Jeremiah 29: 11 states, "For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future." This scripture is forever etched in my heart as I pen the final pages of this dissertation. I know that God has always had a plan for me and I cannot wait to see what he does next. I have coined this dissertation process "My Jesus Journey" and what a journey it has been. I am thankful beyond measure and have enjoyed it every step of the way. To God be the Glory!

ABSTRACT

Lewis, Shana Denise, *Intimate partner violence and help seeking behavior*. Doctor of Philosophy (Counselor Education), August, 2017, Sam Houston State University, Huntsville, Texas.

Intimate partner violence is a growing epidemic in our country. Statistics indicate that an estimated 47.1% of women experienced at least one act of psychological aggression by an intimate partner during their lifetime (Breiding et al., 2014); that is, almost half of women experience some form of violence in their lifetime. Furthermore, women 18-24 and 25-34 are the number one and two (respectively) most vulnerable age groups to this kind of relationship violence. These statistics highlight the need to understand women's experience of intimate partner violence as well as her help seeking behavior.

The purpose of this phenomenological study was to give voice to the experiences of survivors of intimate partner violence (IPV) and explore their help seeking behavior. I specifically considered the help seeking behavior of the 18-24 and 25-34-year-old woman. In addition to seeking to understand each group separately, I also compared the two groups to one another to uncover similarities or differences in their help seeking behaviors that were mitigated by age. This study used the transcendental-phenomenological approach to qualitative research to give survivors of IPV the opportunity to speak about their experiences of help seeking behavior. The emergent themes in this study were divided into two categories: Internal Factors and External Factors. External Factor themes included: The Situation and Awareness of Resources with the subthemes of Formal Supports, Informal Supports, and Not Worth the Risk:

Protective Measures. The Internal Factors include Classification/Label, Looking Back, and Blame with the subthemes Self Blame and Other Blame.

KEY WORDS: Intimate partner violence, IPV, Help seeking behavior, Domestic violence, Abuse, 18-24, 25-34

ACKNOWLEDGEMENTS

I want to acknowledge the tireless efforts of all those who selflessly gave of themselves so that I may arrive at this point. To Dr. Richard E Watts, from the very beginning at my interview for the doctoral program four years ago, you have been one of my greatest supporters. You saw things in me that I truly did not see in myself. This is a journey that could not have been completed without your guidance, patience, and heart for your students. To Dr. Richard Henriksen, words cannot express how you have impacted me during this process. You advocated for me and stood in the gap to ensure this process was complete. You presented with me at conferences and encouraged me to take risks and opportunities that I may not have otherwise acted upon. You pushed me to my limit and then told me to keep going. You made me better. For that I say Thank You. To Dr. Butler your support of all of my efforts and positive affirmations did not go unnoticed or unappreciated. The time I've spent as your teaching assistant was such a pleasure and filled with positivity and encouragement for my future. It takes a village to get through this process and my village was amazing. Thank you all for all that you did for me. I will cherish this time in my life forever and you will always be a part of this wonderful memory.

Conducting this qualitative research has had a great impact on me not only as a researcher, but also as a practitioner, and a champion for survivors of domestic violence. I have learned valuable insights about how I can best assist survivors that come to me for counseling or who access the services of my non-profit organization Her VOICE which is dedicated to empowering survivors of domestic violence. I am forever changed due to the privilege of learning at the feet of such brave women.

TABLE OF CONTENTS

	Page
DEDICATION.....	iii
ABSTRACT	iv
ACKNOWLEDGEMENTS.....	vi
TABLE OF CONTENTS.....	vii
CHAPTER I: INTRODUCTION.....	1
Statement of the Problem.....	3
Purpose of the Study	5
Significance of the Study	6
Definition of Terms	7
Theoretical Framework	9
Research Question	11
Limitations.....	11
Delimitations.....	12
Assumptions.....	14
Organization of the Study.....	14
CHAPTER II: REVIEW OF THE LITERATURE.....	15
History of Violence and Familial Abuse and the development of Intimate Partner Violence (IPV).....	16
Etiology of Intimate Partner Violence (IPV)	18
Reasons Why She Stays or Leaves	22

IPV Survivor Recidivism	24
Help Seeking Behavior	25
The Role of Social Support in Intimate Partner Violence.....	26
Her Supports	26
Theoretical Framework of Help Seeking Behavior.....	29
Gaps in the Research.....	34
Summary.....	35
CHAPTER III: METHODOLOGY	37
Research Design	37
Participants.....	40
Instrumentation	41
Data Collection.....	49
Data Analysis	51
Summary.....	53
CHAPTER IV: RESULTS	54
Participant Descriptions	54
Emerged Themes.....	60
The Comparison	79
Summary.....	84
CHAPTER V: DISCUSSION	85
Discussion of the Findings	89
Implications for Practice	110

Recommendations for Further Research	115
Conclusions.....	117
REFERENCES	118
APPENDIX	130
VIT A.....	132

CHAPTER I

Introduction

More than one household in six has been the scene of a spouse striking his or her partner last year (Strause, Gelles, & Steinmetz, 2009). One might ask the question: Is intimate partner violence a serious issue in our society today or has it been magnified and sensationalized by the media? According to the U.S. Centers for Disease Control and Prevention (2014), the lifetime prevalence of physical violence by an intimate partner was an estimated 31.5% among women. An estimated 22.3% of women experienced at least one act of severe physical violence by an intimate partner during their lifetimes. Finally, an estimated 47.1% of women experienced at least one act of psychological aggression by an intimate partner during their lifetime (Breiding et al., 2014). These statistics point to a resounding, yes, intimate partner violence is a problem in our society especially considering the statistic that almost half of women experience some form of violence in their lifetime.

History of Family Violence

In considering the etiology of family violence, especially against women, it is important to review historical attitudes toward women in our society. In the late 1960's, the U. S. Commission on the Causes and Prevention of Violence conducted a national survey on violence in the United States and came to the following findings: one fourth of men and one in six women said they could think of circumstances in which it would be all right for a husband to hit his wife (Gelles & Straus, 1988). Laws have exemplified these attitudes over the last several decades. For example, the classic "rule of thumb" gave legal justification to common law that sanctioned a husband's striking his wife with

a switch, provided the stick was no wider than his thumb (Calvert, 1974). Legal records further indicate that courts did attend to issues relative to wife abuse but this issue was not deemed a social problem until the mid-1970s (Straus et al., 2009). The recognition of wife abuse as a problematic aspect of family behavior is potentially the consequence of two different variables. The first variable is the women's movement, which brought the issues of wife abuse into the forefront. Secondly, wife abuse arose as a problem among groups of women who came together to discuss women's issues in the late 1960s. These women "accidentally" discovered that they shared a common problem of violence in their families, as they had once believed that they were the only ones being beaten and that they deserved to be treated in this way (Straus et al., 2009).

With these ideas in mind, a poignant question comes to mind. Are families more violent today than they were in the 1930's, 1950's, 1980's, or early 2000's? This may not have a clear and concise answer. It was not until 1976 that the very first study in the United States was conducted by Straus et al. (2009), which consisted of 2,143 families completed interviews about the occurrence of family violence in their homes. The sample of this seminal study had very similar demographic characteristics to the U.S. census at that time, therefore, generating greater generalizability to the public. As the history of family violence continues to unfold it is beneficial to consider how women in these abusive relationships handle this violence and negotiate the choice to seek help.

Recovery and Help Seeking Behavior

Researchers have concluded that women seek help for violent relationships, particularly when the violence is chronic and severe and women are less likely to seek help when violence is at lower levels and perceived as less severe (Macy, Nurius, Kerner,

& Holt, 2005; Nurius, Macy, Nwauzor, & Holt, 2011). This help seeking behavior can take on many forms including both formal and informal services. Formal services may include domestic violence services, counseling, legal services, or medical attention. Informal services may include family, friends, neighbors, or coworkers (Lewis et al., 2015).

At the point that a woman decides to leave her abusive relationship she enters into the recovery phase. To enter this phase she may have reached out for help from a number of available supports. During this time, her energy can be depleted as she finds herself justifying to others why she chose to leave the relationship. According to Landenburger (1998), during this recovery phase a survivor should be assisted in focusing on what she can do to regain control of her life. Subsequently learning that she is not alone in her experience and placing the abusive relationship in perspective, can help her to make the transition as she works to disengage from her abuser. Empowering her to believe that she can depend on herself is also essential to this process.

Statement of the Problem

Research conducted by Smith et al. (2017) indicated that nearly half of all women in the United States (47.1% or approximately 56.8 million) have experienced at least one form of psychological aggression by an intimate partner during their lifetime, with 39.3% reporting some form of expressive aggression (e.g., their partner acted angry in a way that seemed dangerous, told them they were a loser or a failure, insulted or humiliated them), or some form of coercive control 39.7 % by an intimate partner. Nearly 1 in 4 women (23.2 %) experienced severe physical violence by an intimate partner in her lifetime. Among women who have experienced rape, physical violence, and/or stalking

by an intimate partner, more than 1 in 5 women (22.4%) experienced some form of intimate partner violence for the first time between the ages of 11 and 17 years. Nearly half (47.1%) were between 18 and 24 years of age when they first experienced violence by an intimate partner (Black et al., 2011). Other statistics report that women who have experienced sexual violence, physical violence, or stalking by an intimate partner, an estimated 71.1% first experienced these or other forms of intimate partner violence before age 25 years, with an estimated 23.2% having first experienced this before age 18 years (23.1% at age 11–17 years) and an estimated 47.9% at age 18–24 years (Breiding et al., 2014).

The issue of intimate partner violence is not only a problem in the United States but rather it has global impacts. According to the World Health Organization (2015), the global prevalence of physical and/or sexual intimate partner violence (IPV) among women who have ever been in a relationship was 30.0%. Additionally, the lifetime prevalence of (IPV) by age group among women who have ever been in a relationship is striking. The statistics were high among women aged 15-19 years old at 29.4%, which indicated that violence commonly started early in women's relationships. The prevalence of IPV increases in the 40-44 year old age group and reaches a peak at 37.8%. The reported prevalence of women over 50 appears to decrease with prevalence of 25.5% (WHO, 2015).

These alarming statistics both global and national create the concentrated need for improved clinical understanding of a phenomena that is impacting almost half of the women in world, many whom are very young (Breiding et al., 2014; WHO, 2015). To date, there has been a great amount of research focused on why the abused woman

chooses to leave or why she stays (Bornstein, 2006; Grauwiler, 2007; Griffing et al., 2002; Lawless, 2008); however, there is a gap in the qualitative research focused on understanding an abused women's help seeking behavior and the factors that impact her ability to access available services from her perspective.

Mental health counselors and educators may lack the necessary understanding of why and how abusive relationships occur. Coupling this knowledge with how women choose to seek help or not when faced with these issues can inform the development of clinical programming that can be most effective in meeting their needs. Additionally, these findings may improve the likelihood of victims actually accessing necessary services.

Purpose of the Study

The purpose of this study was to give voice to the experiences of survivors of IPV and explore their help seeking behavior. Through a phenomenological study, I addressed the barriers survivors faced when considering accessing available services. This research benefits both clinical practice, program development, and both formal and informal service providers.

With increased understanding of how victims choose to seek help, domestic violence providers can create programs that are more attractive and accessible.

Additionally, mental health practitioners will have increased knowledge of counseling and treatment goals that are more sensitive to the needs of the abused woman.

Researchers have indicated that at times clinicians have their own agendas when working with abused women and this can be detrimental to their recovery process (Lewis, Henriksen, & Watts, 2015). This indicates the need for understanding these phenomena

from the abused woman's perspective and the importance of helpers not imposing their agendas on clients during the treatment process.

This research can also be used by informal supports including clergy, family, neighbors, coworkers, and friends. With increased knowledge about how abused women seek help these support sources can position themselves appropriately to be of assistance. Improved awareness of how abused women negotiate the help seeking process can allow informal supports to act in more helpful ways. In many cases, informal supports are the first line of support and in some cases, the only support sources that women chose. This increases the need for these supports to be informed on how to best assist.

Significance of the Study

Researchers have found that abused women's help seeking behavior may be based on several mitigating factors. A study conducted by Hodges and Cabanilla (2011) focused on the following factors: resilience, spirituality, coping, social support and education. They found that resilience, spirituality and education were significantly related to a woman's attitudes toward help seeking. These results indicate that the higher the scores on each of these factors the higher the level of attitude to seek help amongst their sample. Understanding how these factors and others, which are similar, can be exceptionally important in working to help these women remain out of the cycle of violence. Recommendations made by Hodges and Cabanilla (2011) included using qualitative research to gain greater insight into how these and other factors impact the help seeking behavior of abused women.

The help seeking behavior of survivors of domestic violence has been neglected by qualitative researchers. Understanding in greater depth, from the perspective of the

survivor, how she negotiates the process of seeking help is critically important in working with this special population. Learning the important barriers that may prevent her from seeking help can be especially important for service providers and informal supports when creating programs or offering assistance.

The significance of this study rested in hearing the lived experiences of female survivors of IPV and their help seeking behaviors. This study also added to the literature information about how survivors of IPV chose to seek help--either formally or informally, and the barriers that existed to accessing these services. Additionally, this study informed clinical practice on how to work effectively with female survivors of intimate partner violence. Furthermore, this study also informed service providers of clinical considerations during IPV program development, in efforts to increase service effectiveness.

Definition of Terms

The following definitions are provided to facilitate the reader's comprehension of how terms are used in the present study.

Intimate Partner Violence (IPV)

Intimate partner violence includes physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including tactics) by a current or former intimate partner. Intimate partner violence may occur among cohabitating or non-cohabitating romantic or sexual partners and among opposite or same sex couples (Black et al., 2011).

Sexual Violence

Sexual violence includes rape, being forced to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences (Black et al., 2011).

Physical Violence

Physical violence includes a range of behaviors from slapping, pushing or shoving to severe acts such as being beaten, burned, or choked (Black et al., 2011).

Stalking Victimization

Stalking victimization involves a pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns in the victim (Black et al., 2011).

Psychological Aggression

Psychological aggression includes expressive aggression (such as name calling, insulting or humiliating an intimate partner) and coercive control, which includes behaviors that are intended to monitor and control or threaten an intimate partner (Black et al., 2011).

Control of Reproductive or Sexual Health

Control of reproductive or sexual health includes the refusal by an intimate partner to use a condom. For a woman, it also includes times when a partner tried to get her pregnant when she did not want to become pregnant. For a man, it also includes times when a partner tried to get pregnant when the man did not want her to become pregnant (Black et al., 2011).

Help Seeking Behavior

The act of an abused woman independently reaching out to either formal or informal supports in efforts to address the violence in her relationship in some way. These supports includes domestic violence services, legal services, healthcare, economic assistance, substance abuse treatment, counseling services, and religious – spiritual services (Macy et al., 2005).

Recovery

Recovery is gaining a new balance and meaning in one's life after the violence has ended (Landenburger, 1998).

Theoretical Framework

A combination of Adlerian psychology and feminist principles served as a theoretical framework for my dissertation. Three principles of feminist therapy included the personal is political, egalitarian relationships, and valuing the female perspective. Adlerian theory supports the same principles (Worell & Remer, 2002) especially when considering it as a relational constructivist approach (Watts & Phillips, 2004).

First, the personal is political principle of feminist therapy refers to two important aspects of communal life: an individual's culture has a strong impact on who they are and their life experience and each person's style of living either contributes to or challenges those very same influences (Bitter et al., 2009). In the United States, the dominant culture is predominantly made up of men who subscribe to the male privilege they are afforded due to their dominant status in the culture. Adler and Dreikurs posited that patriarchy and its assigned male privileges have significant impact on the individual development of both women and men (Bitter et al., 2009). Similar to Adler, feminist therapists realized

the impact of patriarchy on client lives and their development (Enns, 2004). This first principle contributes to understanding how the dominant culture has contributed to the distress of a female survivor of IPV as she works to address a violent relationship with a male mate.

The second principle of egalitarian relationship considers how the client and helper relate to one another. Feminist therapists pay attention to the power relationship that is embedded in the helping profession. In a collaborative therapeutic relationship, clinicians see clients as active participants in the process. Clinicians find ways to balance power with clients, which is an essential feature of feminist therapy. Adler's ideal of a community feeling of social interest also seeks to create this person-to-person relationship with clients and allows clinicians to enter their world using empathy, intuition, caring, and cooperation (Bitter et al., 2009). A foundational tenet of the theoretical framework of this study rests on the idea that Adlerian psychology is a relational psychology as Adler posits that "humans are socially-embedded and cannot be understood apart from their relational context" (Watts & Phillips, 2004, p. 276). It is, therefore, crucial to understand how these relationships influence a survivor's willingness to seek help and continue with services provided.

The third principle of valuing the female perspective is also an integral concept from the feminist approach. Both feminist and Adlerian theories oppose ideals that diminish women. Specifically, as a holistic perspective, Adlerian theory avoids minimizing aspects of the human experience (Watts & Phillips, 2004). When working with women from this perspective, helpers will seek their perspectives by asking them to discuss their lives and relationships while listening empathically and validating their

experiences. Encouraging women in this way, to find a place of significance ultimately increases self- confidence and esteem (Bitter et al., 2009). Adlerians have called this purposeful approach encouragement, or the modeling of social interest (Watts & Phillips, 2004). Collectively, these are all critical aspects of the tasks that female survivors of IPV must work through as they embark upon their recovery process and negotiate the use of available supports.

As I considered a theoretical foundation for understanding the help seeking behavior of female survivors of IPV, integrating Adlerian and feminist therapy approach fits seamlessly. The overarching objective of using encouragement to empower the participants to tell their story in their own words and to consider her the expert on the topic is integral to this study. Additionally, focusing on the relationship and connectedness between the helper and the survivor is important in understanding from whom these women choose to seek help. Finally, considering the culture and gender issues that present themselves as she mitigates her help seeking decision-making process are important to consider as well.

Research Question

What is the lived experience of survivors of IPV and their subsequent help seeking behavior?

Limitations

This study had several limitations to consider. The first limitation was the lack of transferability to other populations; however, although transferability was not applicable, generalizability was on a case-by-case basis (Onwuegbuzie & Collins, 2007).

Additionally, researcher bias was a limitation as I am the founder of an organization that

provides services to female survivors of IPV and it is necessary that I bracket myself out effectively to preclude influencing the results of this research. This limitation was addressed in several ways including, but not limited to, researcher debriefing, journaling, and employing interrater reliability methods.

Other limitations were found within the participant sample. Participant recall of their help seeking behavior also may have affected the information gained during the interview process. The amount of time that lapsed between their relationship ending and the interview may have had a significant impact on the participant's ability to recall with accurate detail her help seeking behavior. Additionally, the current relationship status of the participant was a limitation. If a participant was currently in an abusive relationship, her perspective may have been impacted by this reality. Subsequently, if a participant was out of the cycle of violence her perspective may have been impacted as a result as well.

A final limitation was found in the recruitment process as it began with my contacting local domestic violence organizations with whom I had a relationship. This purposeful sampling procedure limited the research findings. Potentially employing random sample techniques would eliminate this problem in future research.

Delimitations

My study had several delimitations. The first delimitation was based on the gender of the participants. This study was focused solely on the experiences of help seeking behavior of female survivors of domestic violence. Consequently, men were excluded from this study. I realized that men may also be victims of IPV; however, I chose to limit this study to only female participants as national research statistics

indicated that women experience this type of relationship violence at higher levels than men (Black et al., 2010; Breiding et al., 2014, Smith et al., 2017). It was my desire to address the issues of the portion of our population that was at the highest risk of IPV in order to create more effective treatment approaches to assist.

An additional delimitation was the geographic location of participants. All study participants resided only in Houston and the surrounding area. This delimitation excluded female survivors who lived in other parts of the state or country who potentially may have had a different experience than women in the Houston area. I chose to focus on this local area because it was readily accessible.

Another delimitation was found in the participant requirement of being a survivor of intimate partner violence. This excluded any woman who had not experienced some form of IPV in her lifetime. Many women may have had problematic relationships but have not experienced intimate partner violence. I chose to focus on female survivors of IPV due to my desire to inform clinical practice on effective treatment measures when working with this special population.

Additionally, all participants had to be at least 18 years of age to participate in this study. This excluded any female who was under the age of 18 who may have experienced IPV in her lifetime. Researchers have found in a national study that of all the women who participated in the study, 22% of them had their first experience of IPV between the ages of 11-17 (Black et al., 2011). Clearly, this age demographic warranted additional investigative study; however, my exclusion of this age group was based solely on accessibility. Another delimitation was found in the participants need for transportation to get to the interview as no interviews were conducted in their homes. A final delimitation

was found in the language that the participants spoke. All participants were able to communicate in spoken or written English. I chose this delimitation as I conducted all interviews and am proficient only in the English language.

Assumptions

The following assumptions were undertaken in this research study:

1. Participants had experienced IPV at some point in their lifetime.
2. Participant's abusive relationships ended at least 6 months prior to the beginning of the study but no more than 2 years prior.
3. Participants understood the definition of help seeking behavior.
4. Participants were honest in their data collection interview.

Organization of the Study

This dissertation is divided into five chapters and organized in the following style. Chapter I contains the introduction to the study theoretical framework, statement of the problem, purpose of the study, significance of the study, definition of terms, research question, limitations, delimitations, and assumptions. In chapter II, I review the literature relevant to domestic violence, intimate partner violence, help seeking behavior, and recovery. Chapter III consists of a description of the research design participants, instrumentation, data collection, and data analysis of the study. Chapter IV contains a description of the demographic data and the results of qualitative analysis. Finally, chapter V includes a summary of the research, discussion of the results with implications for clinical practice, and recommendations for further research.

CHAPTER II

Review of the Literature

Domestic violence has been a topic with increasing amounts of research in recent years. Researchers have primarily focused on the reasons she leaves, the reason she stays, and the emotional and economic impact of her departure (Arthur & Clark, 2009; McDonough, 2010; Renzetti & Larkin, 2009; Griffing, Ragin, Sage, Madry, Bingham, & Primm, 2002). Undoubtedly, these aspects of domestic violence are significant; however, considering how IPV victims facilitate their departure is also critically important. In my review of the literature, I found a lack of current research focused on the help seeking behavior of female survivors of intimate partner violence from her perspective or in her voice (Liang, Goodman, Tummala-Narra, & Weintraub, 2005) coupled with identification of the barriers to accessing available services (Grauweiler, 2007). The purposes of my review of the literature are to (a) explain key variables (e.g., intimate partner violence [IPV], help seeking behavior, abuser, abused), (b) highlight the theoretical framework underpinning my study, (c) identify challenges to leaving the abusive relationship, and (d) highlight the importance of focusing on the help seeking behavior of female survivors of intimate partner violence.

Firstly, I begin my literature review by reviewing the history of violence and familial abuse in conjunction with the development of intimate partner violence. Secondly, I present literature regarding the etiology of abuse including both characteristics and roles of both the abuser and the abused. Thirdly, I focus on the reasons she leaves and the reasons she stays from an external and internal perspective followed with a discussion about survivor recidivism. Next, I define the helping behavior of IPV

survivors. Finally, I introduce a theoretical orientation to frame the help seeking behavior of female survivors and additionally identifying barriers to accessing these available services. In sum, the following areas of literature will be discussed: (a) history of violence and familial abuse and the development of IPV, (b) etiology of IPV, (c) the rational for a survivor leaving or remaining in the abusive relationship, (d) survivor recidivism, and (e) theoretical foundation of help seeking behavior of survivors.

History of Violence and Familial Abuse and the Development of Intimate Partner Violence (IPV)

The concept of violence is easily understood in the societal view of robbery, murder, and assault within the public. However, it is worth understanding just how violence looks within an intimate relationship within the home. *Intimate partner violence* (IPV) includes physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner) (Breiding, Basile, Smith, Black, & Mahendra, 2015). This definition sets the framework for this research study. Research outcomes indicated that IPV is a growing problem in our society (Black et al., 2011; The Public Policy Office of the National Coalition Against Domestic Violence [NCADV], 2014) and attention is needed to address the damage created by its infliction.

According to The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report (2017), one in four women in the United States (27.4% or approximately 33 million) have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner at some point in their lifetime. One in

three women (32.9%) have experienced physical violence by an intimate partner and nearly one in ten (9.4%) have been raped by an intimate partner in her lifetime.

Approximately 5.9%, or almost 7.0 million women in the United States, reported experiencing these forms of violence by an intimate partner in the 12 months prior to taking the survey (Breiding et al., 2014). While these statistics were astounding, it must be taken into consideration that they are possibly inaccurate due to the likelihood of underreporting by victims, thus probably underestimating the severity of the problem (The Public Policy Office of the National Coalition Against Domestic Violence [NCADV], 2014).

“Human violence – be it a slap or a shove, a knifing or a shoot-out – occurs more frequently within the family circle than anywhere else in our society” (Straus, Gelles, Steinmetz, 2009, p. 201). Domestic violence research pioneers, Gelles and Straus (1988), provided a provocative view on the nature of familial violence as they posited that human beings are less afraid of violence or being hurt than the violation of social order. People are more fearful of an unpredictable world than they are of actual harm and our identity is tied to the idea that the world is a predictable place. This supported the concept that violence in the home has been found to be much more predictable and expected than one would think. In our culture, a person's most primitive experiences with violence comes in the home in the form of spankings and physical punishments from parents. People learn and accept that there is a certain amount of violence that accompanies intimacy. This results in the idea that, “violence in the home is not the exception we fear; it is all too often the rule we live by. Society thus, ignores violence in the home precisely

because it is so predictable and because whatever harm it does cause is traded off against the safety and sanctity of the family” (Gelles & Straus, 1988, p. 20).

Further explanation for the historical occurrence of familial violence can be found in the field of sociology, which is split into two distinct bodies of theory on the issue: the feminist perspective or general family violence perspective. Feminist theories credit IPV as a fundamental issue related specifically to gender and the domination of men over women. Family violence theories suggest IPV is only one aspect of a larger issue of family violence (Lawson, 2012). Irrespective to the theoretical side one subscribes to, it is clear that violence within the family must be addressed and understood from its historical existence.

In summary, historical acceptance of family violence between loved ones creates a breeding ground for the high levels of violence seen today. Statistics indicate that one third of women will be abused within an intimate partner relationship at some point in her lifetime (Black et al., 2011). This statistic points to the need for a greater understanding of domestic violence as a global concept. However, for the purposes of the present study I considered the specific niche of domestic violence that is created between intimate partners and the characteristics of the parties involved: the abuser and the abused.

Etiology of Intimate Partner Violence (IPV)

The Abuser

A natural inquiry that follows from the realization that violence is more likely to occur within the home than it is in greater society between strangers is: Why do family members hurt one another? A simple answer is: Because they can (Gelles & Strauss, 1988). The proposition that people hit family members because they can is based on the

principles of social exchange theory, which posits that individuals engaging in the presumably mutually beneficial exchange process seek to maximize gains and minimize losses (Paat, 2013).

Exchange theory suggests that domestic violence will be especially high in societies where benefits to abusers are high and particularly low in societies where costs to abusers are low (Arthur & Clark, 2009). According to social exchange theory, people weigh the potential benefits and risks of social or intimate relationships. When the risks outweigh the rewards, people will terminate or abandon that relationship. If the rewards outweigh the risks, subsequently they will tend to remain within said relationship. Therefore, the standard costs of violence in greater society are rarely paid when violence occurs in the home (Gelles & Straus, 1988).

When considering the profile of an abuser, there have been conflicting views of what this actually looks like and the profile has actually transformed over time. Historically, “a typical wife beater was described as young, between the ages of eighteen and twenty-four--the prime age for violent behavior in and out of the home--and married for less than ten years” (Gelles & Straus, 1988, p. 89). In addition to these characteristics, he was presumed to deal poorly with status inconsistency. This might have exhibited itself in the form of underemployment or his wife having more occupational or educational status. This may have created a more threatened feeling as the wife has an independent source of revenue and status as opposed to being at home and dependent on him. “Perhaps the most telling of all attributes of the battering man was that he felt inadequate and viewed violence as a culturally acceptable way to be both dominant and powerful” (Gelles & Straus, 1988, p. 89). As Gelles and Straus continued to study this

population, they added other characteristics that are important when considering violence by a husband. This includes (a) the husband being the primary family decision maker, (b) the wife being a full-time homemaker, and (c) the wife being very anxious about economic stability (Straus et al., 2009).

Contemporary profiles of abusive men consider not only situational factors as historical views focused on, but rather broaden the profile by also including psychological and psychopathological factors. Researchers have found a connection between personality disorders and intimate partner violence perpetrators (Buck, Leenaars, Emmelkamp, & Van Marle, 2012; Holsworth-Munroe & Meehan, 2004; Johnson, et al., 2006). According to a seminal study conducted by Holsworth-Munroe and Stuart (1994), there are three distinct abuser typologies: borderline/dysphoric, antisocial/generally violent, and family-only offenders. These categories were synthesized and developed after the authors conducted an extensive review of existing literature that identified 15 typologies of male batterers. The family only batterers were predicted to engage in the least spousal violence while the dysphoric or borderline batterers were predicted to engage in moderate to severe wife abuse. The most violent of the typologies is the general violent and antisocial batterers who were predicted to engage in moderate to severe levels of marital violence and the highest levels of extra familial violence. This group would be most likely to have characteristics of antisocial personality disorder and engage in criminal behavior, substance abuse, and incarceration. Since the development of these typologies, researchers have studied them further and have supported the original findings of the three typologies (Buck et al, 2012; Holsworth-Munroe & Meehan, 2004; Johnson et al., 2006).

The Abused

There are several profiles of abused women, some stereotypical while others are based on research and apparently have evolved over time. Historical profiles of victims of wife beating include women who are “often found to be dependent, having low self-esteem, and feeling inadequate or helpless” (Gelles & Straus, 1988, p. 89). More current profiles of female victims of IPV include women who have some degree of education, are employed (Lewis, Henriksen Jr., & Watts, 2015), are mothers before the age of 21, and who experience IPV before the age of 25 (Breiding et al., 2014). Other studies suggest that there is a relationship between intimate partner violence and depression and suicidal behavior (World Health Organization, 2013). When considering these profiles, an additional issue with assessing the psychological traits of battered women is the difficulty in determining whether the personalities were present before the battering or were the result of the victimization.

There also appear to be other demographic trends that make up the profile of this abused or victimized woman. Among women who ever experienced sexual violence, physical violence, or stalking by an intimate partner, an estimated 71.1% first experienced these or other forms of intimate partner violence before age 25 years, with an estimated 23.2% having first experienced this before age 18 years (23.1% at age 11–17 years) and an estimated 47.9% at age 18–24 years (Breiding et al., 2014). This statistic indicates that almost half of the women who are victims of IPV are very young.

In summary, the etiology of IPV is based on the characteristics of both parties involved: the abuser and the abused. Research has considered the characteristics of abusers and uncovered the idea that he may have difficulty managing inequality in his

relationship, especially, if he is underemployed and his mate has a higher level of income or earning potential. Additionally, the psychopathology of abusers is also important to study when considering the greater picture of domestic violence and its causes.

Furthermore, the counterpart to the abuser is the abused woman. Characteristics of an abused woman may include low self-esteem, feelings of inadequacy and helplessness, and economic dependence. Additionally, statistics indicated that nearly half of the women who were abused experienced this abuse between the ages of 18 and 24 for the first time (Breiding et al., 2014), and this abuse could have created increased depression and suicidal behavior up to two times higher in victims of IPV when compared to women who have not been victimized (World Health Organization, 2013). These statistics clearly demonstrated the significance of understanding the factors leading these young women to either remain in this relationship or consider termination through help seeking behavior.

Reasons Why She Stays or Leaves

When considering the gravity of the statistical occurrence of IPV, coupled with the negative impact that it creates, one question comes to mind for most who are looking to understand this phenomena. Why does she stay? This is a fair question to ask, as logically one cannot easily comprehend why someone would willingly remain in circumstances that are both life threatening and emotionally destructive.

This is an especially valid inquiry when you look at historical studies that have suggested that about half of all women who leave an abusive relationship ultimately reunite with the batterer (Strube, 1988). A steady increase in the negative impact of IPV is reflective in statistics from past decades that indicated nearly 1,700 women died yearly

as a direct result of spousal abuse (Steinmetz, 1978; see also Fields, 1978), whereas the current global trend reports indicated as many as 38% of all murders of women were reported as being committed by intimate partners (World Health Organization, 2013). Additionally, three in ten women in the United States (28.8% or approximately 34.2 million) have experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to experiencing these or other forms of violent behavior in that relationship. Approximately one-quarter of women reported being fearful (25.7%), and more than one in five reported being concerned for their safety (22.2%), or reported at least one post-traumatic stress disorder (PTSD) symptom (22.3%) as a result of the violence experienced (Black et al., 2011). Additionally, the lifetime prevalence of physical violence by an intimate partner was an estimated 31.5% among women and in the 12 months before taking the survey, an estimated 4.0% of women experienced some form of physical violence by an intimate partner. An estimated 22.3% of women experienced at least one act of severe physical violence by an intimate partner during their lifetimes (Breiding et al., 2014). So why does she stay, if all of these negative outcomes are awaiting her after the wounds have healed? Researchers have identified primarily external reasons for the decision to stay and have briefly begun exploring the internal reasons as well.

In the last decade, researchers have studied this issue in hopes of creating clarity about the reasons that battered and abused women chose to either remain in or terminate an abusive relationship. In research conducted by Dziegielewski, Campbell, and Turnage (2005), three focus groups were conducted consisting of 14 survivors of intimate partner violence with a focus of understanding the challenges they faced that prevented them

from leaving their abusers. Several reoccurring themes developed from the focus groups. In the three focus groups, each group ranked the need for supportive resources among the top three challenges to leave an abusive relationship. The need for supportive resources can be classified as an external reason for not leaving. Another theme that emerged from these focus groups was fear. This fear had various definitions including fear of the unknown, fear of the abuser taking the children, fear of being retaliated against, and fear that they would not be able to make it sufficiently on their own. Addressing this fear points to internal reasons for a woman deciding to stay or leave her relationship. A third theme that evolved from the focus groups was her love for the abuser which became an important reason for staying in the relationship as ultimately she desired for the abuser to change, not to leave.

IPV Survivor Recidivism

Intimate partner violence survivor recidivism occurs when a woman leaves a violent relationship and then subsequently returns to this same relationship. Research suggested that many women who leave abusive relationships will return to those same relationships in the future (Griffing et al., 2002). According to domestic violence pioneer researcher Strube (1988), at least half of all women who leave these relationships will return to their abuser and they will do so as many as seven times before leaving for good or being killed by her partner (Lawless, 2008).

Researchers have explored the reasons that a woman may return to an abusive relationship. In a study conducted by Griffing, Ragin, Morrison, Sage, Madry, and Primm (2005), survivors who had a previous experience of childhood sexual abuse (CSA) were significantly more likely to have previously returned to the abusive relationship than non-

CSA survivors. In fact, CSA survivors returned twice as often as their non-CSA survivor counterparts. Additionally, this study indicated differences between CSA survivors and non-CSA survivors' reasons for returning reporting the abuser's expression of remorse and the belief that the abuser had suffered enough as primary rationale for CSA survivors to make that choice more often than non-CSA survivors.

In sum, a woman's decision to leave, stay, or return to her abusive relationship was weighted by various components. She is faced with the external reasons of economic dependence or family or relationship history. Her internal reasons overlap with spiritual concerns but are predominated by emotional attachment or her cognitive processes. Female survivors struggle with this decision and research supports the idea that at least half that leave will return on an average of seven times before she makes the final decision to remain away (Lawless, 2008). In considering the gravity of this situation and an abused woman's choice to stay, go, or return to a violent relationship, it is particularly important for clinicians to understand her process of reaching out for help in order to create the support necessary to sustain her as she makes decisions about her future.

Help Seeking Behavior

Victims of intimate partner violence have several choices to make when faced with the realities of abuse. She may choose to reach out to others or she may decide to go it alone and instead suffer in silence. Research has indicated the importance of social support in the lives and outcomes of IPV victims but victims do not necessarily ask for the support that might be beneficial for them (Liang et al., 2005). Her ability to receive social support (both formal and informal) can be a critical component in her

ability to put her life back together, piece by piece and successfully recover from the abuse that she has endured (Lewis et al., 2015).

The Role of Social Support in Intimate Partner Violence

Researchers have indicated that informal and formal social supports have shown to improve an abused woman's mental health, willingness and ability to seek help from formal sources, and ultimately increase her capacity to stay safe (Liang et al., 2005). Informal social support can consist of physical and emotional assistance through family, friends, or neighbors. Subsequently, formal supports may include professional help from the community in the form of the mainstream service models including crisis hotlines, emergency domestic violence shelters, and community-based services (Goodman & Smyth, 2011). An abused woman's choice to engage in help seeking behavior with either formal or informal sources can be better understood by identifying the characteristics of each type of support and ultimately looking through a theoretical lens.

Her Supports

As previously mentioned, an abused woman may have access to support that includes both formal and informal supports. Each of these sources of support have their advantages and disadvantages but collectively are critically important in assisting the survivor in sustaining her recovery if she chooses to access the services available. When survivors do seek help, they usually find it in several ways, such as agencies that provide domestic violence services, crisis hotlines, Internet resources, mental health professionals, medical providers, police, lawyers, social workers, counselors, shelters, family members, friends, clergy or churches, and culturally-focused organizations (Curry,

Renker, Robinson-Whelen, Hughes, & Swank, 2011; Douglas, Hines, & McCarthy, 2012; Mahapatra & DiNitto, 2013).

Domestic violence programs

In addition to a variety of preventive and educational services designed to affect the community at large, domestic violence agencies typically provide some mixture of the following services to victims of domestic violence: (a) crisis hotline, (b) counseling, (c) advocacy, and (d) emergency shelter. Crisis hotlines and advocacy are staffed by volunteers, paraprofessionals, and professionals who have received intensive training in crisis intervention and the legal procedures for acquiring an order of protection. Shelters are widespread throughout the country with approximately 2,000 community-based shelters throughout the United States serving 300,000 women and children each year (National Coalition Against Domestic Violence, 2008).

Although domestic violence agencies appear to address a magnitude of problems that a survivor of IPV may be facing, it may be helpful to understand how women chose to access this available service. Clevenger and Roe-Sepowitz (2009) studied 265 female and 18 male victims of domestic violence who voluntarily accessed the local fire department, police department or the social service crisis response team, resulting in a categorization of each being in a current crisis situation. The researchers assessed the likelihood that these individuals would further access shelter services after making this initial contact. Clevenger and Roe-Sepowitz found that having children in the home when crisis services were received was found to be a statistically significant variable in a woman's decision to access a domestic violence shelter. Domestic violence victims who had children in the home at the time of the incident were more likely to utilize shelter

services than those who did not have children. The researchers noted that victims may be fearful for the safety of their children who have witnessed the abuse within their family system. Additionally, the results of this study suggested that the location of the crisis call was also a significant factor in a woman's choice to access the shelter services. If she had already fled the home before calling, she was more likely to utilize the shelter than if she remained in the home when calling for information.

As part of the domestic violence agency programming, women can receive individual counseling, family, or group counseling and support for their children. The effectiveness of this intervention may vary on several factors. According to Lewis et al. (2015), the characteristics and approach of the counselor made the greatest difference in the effectiveness of the counseling in this study of six survivors of intimate partner violence. If the counselor had his or her own agenda when working with the survivor, the six women in this qualitative study reported that they 'shut down' and did not respond positively. Many of them reported that they did not return to counseling at all.

Informal supports

Informal social support can be defined as the availability of instrumental and emotional assistance through family, neighbors, or friends (Goodman & Smyth, 2011). Other research also supported the idea that recovery does not occur in isolation and the support of family and friends is highly important to survivor's success (Anderson et al., 2012; Goodman & Smyth, 2011). A similar finding was noted in a study conducted by Lewis et al. (2015) in which six survivors completed qualitative interviews about their recovery experience from intimate partner violence. One specific grand tour question asked, What supports have you had that were influential in your recovery? The women in

this study indicated that the support from other women who had shared a similar experience was perhaps more effective than the support from family and friends. These comments by the women indicate the importance of informal supports in the lives of survivors of intimate partner violence.

In summary, the recovery process that female survivors embark upon is quite complex and intricate. It has its foundation in her support, which can be both informal and formal. Her ability to access these services and benefit from them is based on a variety of factors. However, it appears that of the options available to her, the informal supports that are found in working with other survivors stands out as a leader in the projected success of her recovery. Additionally, her choice to access formal support services may be mitigated by many factors including if she has children. Further understanding the rationale an abused woman may use when deciding to access these supports requires one to look through a theoretical lens of help seeking behavior.

Theoretical Framework of Help Seeking Behavior

Models of help seeking have existed historically; however, many have had a more general concentration as opposed to considering specifically how victims of IPV engage in this behavior. Liang et al. (2005) developed the first specific theoretical framework focused on the process of help seeking among IPV survivors. This framework is divided into three stages including problem recognition and definition, decision to seek help, and support selection. The stages are not linear, but instead are dialectical, as each stage informs the other in an ongoing feedback loop. This theoretical framework is mitigated by the individual, interpersonal, and sociocultural influences of the abused woman.

Recognizing and Defining the Problem

The definition of intimate partner violence has been varied amongst scholars, mental health professionals, and the legal field. As previously mentioned, Black et al. (2011) stated that *Intimate partner violence* (IPV) includes physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner. Intimate partner violence may occur among cohabitating or non-cohabitating romantic or sexual partners and among opposite or same sex couples. However, other literature overlooks psychological abuse and defines abuse as being physically hurt or threatened or being forced to engage in sexual activity (Fugate, Landis, Riordan, Naureckas, & Engel, 2005). Additionally, other definitions of violence were divided into two categories: normal violence and abusive violence. Normal violence was defined as an “act carried out with the intention, or perceived intention, of causing physical pain or injury to another person” (Straus et al., 2009, p. 20). Abusive violence was defined as “an act which has a high potential for injuring the person being hit” (Straus et al., 2009, p. 22). Within the bounds of normal violence, physical pain could range from minimal pain inflicted by a slap or ultimately to homicide. Within the bounds of abusive violence, acts such as punches, kicks, beating someone up, shooting or stabbing were included (Straus et al., 2009).

With such varied definitions in the professional community, it is easy to understand how a woman’s definition of intimate partner violence might also vacillate based on how she conceptualizes what has happened. What the professional community considers as a characteristic of violence, a woman who is in the situation may not. Victim’s definitions of abuse may shift over time, depending on how ready they are to

make changes in their lives. With this fluctuation in perspective, it is imperative that professionals consider how abused women interpret their abusive relationships and acknowledge the corresponding influences that contribute to this interpretation. Specifically professionals should consider the individual, relational, and sociocultural influences on this problem definition.

Individual. As a woman's perceptions of intimate partner violence change, so do the strategies for combating violence. How she reconciles this violence in her mind will determine how ready or willing she is to seek help. According to the Transtheoretical Model of Intentional Behavior Change (TTM; Prochaska, DiClemente, & Norcross, 1992; DiClemente, 2007), a woman in the precontemplation stage will label her abuse as an atypical event when comparing herself to others whom she deems have more serious situations. A woman in the contemplation stage will begin to recognize abuse as a problem and have varying insights, which cause her to begin to consider her options to address the issue. Women in this phase may benefit from psychoeducation and information regarding the abuse, its consequences, and the options available to her (Pinnewala, 2009). Her position along this continuum is also impacted by interpersonal and sociocultural factors as well.

Relational. Relationships between IPV survivors and their abusers are quite complicated. There are a variety of roles that are intertwined including, but not limited to, parenting, sexual intimacy, decision making, working, and leisure activities. The entwined nature of the relationship coupled with the shifting nature of abusers from abusive to loving behavior may make it more difficult for a woman to decipher and identify subtle violations as actual abuse. Complicating this matter further, family or

friend's initial doubting reactions to reports of abuse may cause a victim to question herself (Liang et al., 2005).

Sociocultural. A woman's definition of IPV also rests upon a social context that includes her perceptions of gender, class, and culture. Cultural traditions can influence a woman's ability to make decisions that are in her best interest. For example, in some cultures ending the violence is the goal rather than ending the relationship, as it is the woman's role to keep her family intact. This is a much more appealing resolution to the problem especially when considering that a woman's value in certain cultures is based on her marital status (Pinnewala, 2009; Ting & Panchanadeswaran, 2009). In other communities, IPV is understood as a private matter between a couple, rather than a problem to be reported to legal authorities. Additionally, women with more means available to them subsequently have more options to act upon when deciding how to address an abusive relationship. By contrast, women who have limited resources or who live in poverty may not characterize their abusive situations as unbearable as she may believe it is less likely to be resolved (Liang et al., 2005).

Decision to Seek Help

Individual influences on deciding to seek help may be mitigated by two internal conditions that are critical for seeking support: 1) recognizing a problem as undesirable and 2) seeing the problem as unlikely to go away without help from others. When considering the first of these conditions the severity of the violence has been correlated with the help seeking behavior of the IPV survivor. In considering the second condition, if a battered woman perceives her circumstances to be the result of her choices then she

may be more likely to deal with the issue alone believing that she has the power to affect change through changes in her behavior (Liang et al., 2005).

Support Selection

Once an abused woman has made the conscious decision to seek help she is then left with the quandary of determining where to turn for assistance. This decision-making process of selecting support is seldom a straightforward or linear process. This process may evoke both cognitive and affective processes, which are influenced by the individual, interpersonal, and sociocultural factors discussed previously. Her definition of the problem will inform the type of support she seeks. If she sees the issue as a minor or moderate emotional issue, she may seek informal support from a friend or formal emotional assistance from a counselor. If she determines that this is a spiritual issue, she may seek spiritual guidance from a religious leader. Adversely, if she deems the issue as a legal problem she may seek law enforcement involvement (Liang et al., 2005).

In summary, the theoretical framework of help seeking behavior is multidimensional. When models of help seeking behavior are further specified to address the help seeking behavior of IPV survivors, this theoretical orientation becomes even more multifaceted and intricate. A woman must first recognize and define her relationship as abusive before she can move forward with help seeking behavior. Her ability to create this definition is mitigated by both individual, relational, and sociocultural factors. Once she has defined the situation as violent or abusive, she is then at a crossroad to decide to seek help or not based on her perception of her circumstances. The support she ultimately chooses to access will also be based on individual, relational, and sociocultural factors.

Gaps in the Research

In light of the extensive research on the reasons she stays or the reasons she goes there continues to be a gap in understanding how IPV survivors may choose to seek help or instead choose to go it alone. Coupled with this there are unanswered questions as to the factors that contribute to her choices in seeking help or not from either formal or informal supports. Researchers have noted that although historical research has had an undeniably positive impact on the field, this focus on why she stays or why she goes may have diverted attention from an exploration of the reasons she chooses to reach out or not mitigating her ability to stay in or terminate her abusive relationship. Additionally, hearing her experience and reasons for choosing to seek help or not in her own words and from her perspective, is an invaluable piece that is currently missing from present literature.

Despite the increasing availability of concrete services such as hotlines, shelters, counseling services and economic assistance, the frequency with which women still return to abusive relationships is considerable coupled with the fact that many may never access them in the first place. Another gap in literature rests in the limited research addressing why some batter women have chosen to avoid these outside forms of intervention completely (Grauwiler, 2007). Additionally few studies have evaluated the effectiveness of existing interventions from the woman's perspective (Fugate et al., 2005) and further gaps exist in addressing this from the perspective of the minority female IPV survivor (Curry et al., 2011).

Summary

In summary, why she leaves, why she stays, or why she returns remain pertinent questions that need solid answers if clinicians are going to aid in the battle against IPV in our community. In light of statistics that indicated that an estimated 22.3% of women experienced at least one act of severe physical violence by an intimate partner during their lifetimes (Breiding et al., 2014)--and globally as many as 30% of all murders of women were reported as being committed by intimate partners (World Health Organization, 2013), it is glaringly clear that the issue of intimate partner violence must be addressed and solutions must be found to keep potential victims safe. Research has supported the idea that there are many external and internal challenges to a woman's ability to leave a violent relationship including support or resources, fear, and love for the abuser (Dziegielewska et al., 2005). Additionally other researchers have found a connection between a survivor's childhood sexual abuse history and the propensity for her to return to an abusive relationship as an adult (Griffing et al., 2005).

Although, there has been more research into the challenges a woman faces when leaving or staying this relationship, less research has been found that considers how and why she chooses to seek help in efforts to address her abuse in her own words. In response, a theoretical foundation for victims of intimate partner violence and their help seeking behavior was developed to better understand this process (Liang, et al, 2005). This process was divided into three stages including problem recognition and definition, decision to seek help, and support selection. This theoretical framework is mitigated by the individual, interpersonal, and sociocultural influences of the abused woman.

Understanding this process of help seeking behavior can be complicated by the characteristics of the supports that are available. As was found in the study by Lewis et al. (2015) the choice to seek help or to continue to access help was based on positive or negative interactions that survivors had with sources of support. Ultimately, the six women in this study found that other survivors were the most influential in their ability to recover. Subsequently, formal supports were used sparingly in comparison to informal supports.

Understanding and weighing the reasons why a victim of domestic violence has not utilized particular supports or programs, to escape her abusive situation could provide valuable information for a wide range of domestic violence service providers (Clevenger & Roe-Sepowitz, 2009). The current study addressed the gap found in the lack of qualitative research studying help seeking behavior of survivors of IPV by capturing the true essence of her experience in her own words. Specifically, this study focused on the unheard voice of female survivors of IPV and their help seeking behaviors.

In the following chapters, I present the methodology, results, and discussion, of my qualitative study that will explore the help seeking behavior of survivors of intimate partner violence. Each of these chapters will provide important details about the research and findings of this study. However, the following methodology chapter, undergirds this study and dictates how the research question will be explored.

CHAPTER III

Methodology

The purpose of this phenomenological study was to understand the essence of help seeking behavior of female survivors of intimate partner violence and the factors that influence their ability to access available services. In this chapter, I describe the methodology of my phenomenological qualitative study. The components of this chapter are: (a) participants, (b) research design, (c) instrumentation, (d) data collection, (e) credibility and trustworthiness, (f) data analysis, and (g) summary.

Research Design

I carefully considered the research design for this study as I reflected on the purpose of my research, which was to understand the essence of help seeking behaviors of female survivors of IPV and the factors that influence their ability to access available services. I considered both quantitative and qualitative approaches to coincide with my purpose and to answer my research questions.

Quantitative research design falls into four categories: descriptive, correlational, causal-comparative, and quasi-experimental and experimental. Data gathered using these approaches will be based on statistical analysis (Lunenburg & Irby, 2008). As my purpose was to understand the essence of the phenomena of help seeking behavior amongst survivors of IPV, statistical analysis did not adequately answer the research questions needed to engender this understanding. However, qualitative research design, was determined to be much more appropriate to address my need for understanding the essence of my participant's experiences.

As I narrowed my research design to qualitative, I also considered which

qualitative research design was the most fitting to answer my research questions and to fulfill my stated purpose. Therefore, I reviewed various types of qualitative research designs including: ethnography, grounded research theory, hermeneutics, heuristic, and transcendental phenomenological designs. Each of these qualitative designs have commonalities, but they also have distinct components that distinguish them from one another (Moustakas, 1994).

Ethnography involves extensive fieldwork, which involves direct observation and also considers anthropological perspectives of the participant's experiences. Grounded research theory entails initially sorting out the elements of the experience of a particular group and subsequently developing a theory about these elements and their relationship to the participants. This enables researchers to gain greater understanding about the phenomena under study and how it relates to the participants (Moustakas, 1994).

Hermeneutics involves reading a text and understanding the historical aspects as they relate to the phenomenon under study. Heuristic research is the process that begins with the researcher asking a question that poses a personal challenge as they search to understand themselves and the world in which they live (Moustakas, 1990).

This study was conducted according to the transcendental phenomenological approach. Phenomenology focuses on describing what all participants have in common as they experience a particular phenomenon (Creswell, 2013). Because phenomenological research seeks to describe rather than explain, it begins from a standpoint without hypotheses or preconceptions. Researchers must set aside prejudgments about the phenomenon, known as the epoche process, in order to complete the study free of the preconceptions, previous knowledge, experiences and thoughts about

the phenomenon. “This will allow researchers to be open and naïve when listening to participants telling their stories” (Moustakas, 1994, p. 27). Because I wanted to understand the essence of the help-seeking behavior of survivors of IPV, this approach fits appropriately. The women in this study have each had an experience or phenomenon of abuse within an intimate relationship, and this story can only be told by them as they have lived it. I wanted to describe this experience and the various components of their help seeking behaviors.

This research design is modeled after the design of a pilot study I conducted on a similar population of women. In this pilot study, I used the phenomenological transcendental approach and uncovered multiple themes relative to the recovery experience of female survivors of intimate partner violence (Lewis et al., 2015). This approach was highly effective in obtaining the essence of this journey for women who have been removed from their abusive relationships for many years and informs the trajectory of this current study.

Similarly to the pilot study, this current phenomenological study was conducted based on Moustakas (1994) methodology for phenomenological research. According to Moustakas (1994), in order to hear the voice of the participants and their stories, researchers must establish and carry out a series of methods and procedures that satisfy the requirements of an organized, disciplined, and systematic study. To this end, I followed a seven-step plan to fulfill this particular goal. This included the selection of a topic or research question that is grounded in the story of the participants coupled with social meaning and significance. Additionally, previous research was reviewed at great length prior to conducting this study to determine historical perspectives on this topic.

Instructions on the nature and purpose of this research and developing an agreement in which proper protocols that followed in accordance with the American Counseling Association (ACA, 2014) ethical guidelines was also completed. The next step consisted of creating a set of four grand tour questions to guide the interview process. Finally, I conducted approximately 60 to 90 minute long in person interviews that focused solely on the topic and grand tour questions, which led to the organization and analysis of the data to contribute to the development of themes that have both textural and structural meaning (Moustakas, 1994). Each participant created a pseudonym for themselves that was used throughout the interview and data analysis processes.

Participants

Female survivors of IPV were the population under study in my research. Criterion sampling was used to obtain the participants in this study (Onwuegbuzie & Leech, 2007). Criterion sampling is used when researchers select participants who meet some specific set of criteria (Creswell, 2013). According to Moustakas (1994), an important step in conducting phenomenological research includes identifying participants that meet a set of predetermined criteria. Lunenberg and Irby (2008) echo this sentiment by stating that the purpose of qualitative research is to obtain an in depth understanding of a particular population of people. As a result, when conducting qualitative research, investigators should purposively select participants who meet criteria that will provide a sample that is more likely to produce the type of evidence sought for the purpose of the study.

The participants in this investigation were women who identified as survivors of IPV in a metropolitan city in the southern part of the United States. Participants were

recruited from universities, domestic violence shelters, churches, counseling centers, the community at large, and other non-profit organizations that serve survivors of intimate partner violence. In order to be a participant in the study, women had to meet the following criteria: (1) She must be in one of the following age brackets: 18-24 years of age or 25-34 years of age (Black et al., 2011), (2) She must be a biological heterosexual female, (3) She must be a survivor of IPV in any form (e.g., physical, sexual, verbal, or emotional) from an intimate partner, and (4) The last abusive episode must have occurred between 6 months to 2 years ago AND she has not been in the relationship with the abuser for at least 6 months.

The purpose of requiring that she be biologically female and heterosexual was to reduce the possibility of confounding the research. Both populations of women who are homosexual and transgender are special groups that would require individual attention to address help seeking behavior and intimate partner violence. This population demographic may be examined for another research study.

There were a total of five women in each age group who met the identified criteria for this study. This produced a participant sample of 10 for the entire study. This number is consistent with the literature on this research design. In phenomenology studies, the number of participants can range from one (Dukes, 1984) up to 325 (Polkinghorne, 1989). It is recommended that researchers conducting phenomenological studies, recruit between three and 10 subjects (Dukes, 1984).

Instrumentation

The instrument used in this study was a semi-structured interview consisting of four grand tour questions: (1) Tell me about your relationship (s) and how you

experienced intimate partner violence (Lewis et al., 2015), (2) Describe the types of services or help that you used during or after your intimate partner violence relationship (Lewis et al., 2015), (3) What influences or factors in your life contributed to your decision to seek help or not to seek help at the time of the intimate partner violence experience or later? (Liang et al., 2005), (4) Looking back, what would you have done differently or the same? (Lewis et al., 2015).

Each of the above questions is supported by the existing literature on this topic yet broad enough to allow participants to share their personal story and experiences. Based on the results from the pilot study, the first question was included in the grand tour questions as it was initially omitted in the pilot study. I found that not allowing the participants to first tell their relationship story in their own way was not effective and caused the interview not to flow as well (Lewis et al., 2015). The second question was designed to uncover a time in the participants life when help would have been beneficial whether she actual chose to access it or not. Based on the results from the pilot study conducted by Lewis et al. (2015), survivors may find themselves at a point in their relationship that they fear for their lives and decide then that they need to reach out for help. This question seeks to understand what circumstances may indicate a need for help from a survivor's perspective.

The third question is supported by the theoretical framework of help seeking behaviors of survivors of IPV as defined by Liang et al. (2005). This study identified several factors that may contribute to survivors help seeking behavior including individual, interpersonal, and sociocultural influences. This question was included to

elucidate the influences that contributed to the participant's help seeking behavior relative to her relationship.

The fourth question is supported by research that highlights the idea that women gain clarity and insight into their abusive relationships after they were over (Lewis et al., 2015). Based on the pilot study I developed the following written question: How did you piece your life back together after the abuse (Lewis et al., 2015)? This question was included to uncover how the participant viewed how she was able or will be able to put her life back together. Participants in the pilot study shared that this was a process and not an event and I would like to understand more about this process as it specifically relates to help seeking behaviors.

Additionally, the use of interviews in qualitative research is supported by Moustakas (1994) who posited that participants should be asked the following broad, general questions: What have you experienced in terms of the phenomenon? What context or situations have typically influenced or affected your experiences of the phenomenon? Additional open-ended questions may also be asked but those two, in particular, focus attention on gathering data that will lead to a textual and structural description of the experience, ultimately providing the understanding of the common experiences of the participants.

I obtained demographic information by asking each participant to complete a demographic and background questionnaire (See Appendix A) prior to her interview. This questionnaire consisted of questions inquiring about age, ethnicity, marital status, number of children, number of years in abusive relationship, legal charges brought against abuser, number of previous attempts to leave, how long she has been separated

from abuser, education, income levels, and employment status. I also included one open ended question inquiring about how participants were able to piece their life back together after the abuse (Lewis et al., 2015). In qualitative research, fill-in-the blank questions allow the participant to focus on their experience prior to conducting the interview (Moustakas, 1994).

Validity

Maxwell (2013) stated that validity refers to the correctness or credibility of a description, conclusion, explanation, interpretation, or other sort of account. Creswell (2013) echoed this assertion as he suggested that researchers employ validation strategies to improve the effectiveness of a qualitative study. The types of validation strategies include: prolonged engagement, persistent observation, triangulation, peer debriefing, negative case analysis, clarifying researcher bias, member checking, rich and thick description, and external audits. In this study, I used seven of these strategies including peer debriefing, negative case analysis, member checking, triangulation, clarifying researcher bias, rich and thick description, and external audits. I used the following checklist of validity to consider the important aspects of this issue (Maxwell, 2013).

Checklist of Validity

The process of validation may occur through the extensive time spent in the field, the detailed and thick descriptions, and the rapport that researchers have to the participants which ultimately adds to the value or accuracy of the study (Creswell, 2013). According to Maxwell (2013), the central process in the following checklist, is to look for evidence that could potentially challenge my conclusions or that that could contribute to the likelihood of the potential threats. The following is a checklist of areas for

consideration in pursuit of validation (Maxwell, 2013).

Intensive, Long-Term Involvement. Intensive, long-term involvement occurs when researchers have repeated observations and interviews with participants or spend an extended period of time with them. This intensive approach may provide additional information that may be helpful to develop and test research questions over time (Maxwell, 2013). Participants in this current study were interviewed once for approximately 60-90 minutes. I did not conduct follow up interviews in this study. This intensive interview provided important information to ultimately address the research questions and the purpose of this study.

Rich Data. Rich data is data that is detailed and varied enough to provide a full picture of what is going on (Becker, 1970). I collected rich data by audio recording each interview and having it transcribed verbatim utterance for utterance.

Respondent Validation. Respondent Validation or member checks (Bryman, 1988; Lincoln & Guba, 1985) is systematic process requesting feedback about data collected from the people under study. This is perhaps the single most important way to rule out any misunderstanding of data gained in the interview. Additionally, this method is also an important way to identify any bias or misunderstanding that I may have observed (Maxwell, 2013). For these reasons, I conducted member checks and asked participants to verify that the emergent themes reflected their responses.

Searching for Discrepant Evidence and Negative Cases. Purposefully identifying and analyzing discrepant data or negative cases is key to validity testing in qualitative research. The process of rigorously examining both supporting and discrepant data allows researchers to determine if it is necessary to keep or modify the conclusion. I

intentionally attended to any negative or discrepant data that was revealed (Maxwell, 2013). Additionally, I asked for feedback from other peers, fellow researchers and colleagues about my conclusions to identify any biases or assumptions that may create flaws in the study.

Triangulation. Triangulation (Fielding & Fielding, 1986) was defined as collecting information from a diverse range of individuals and settings, using a variety of methods. Triangulation requires researchers to use different methods as a check on one another. The purpose of this check and balance system is to determine if the varied strengths and limitations of the methods all support the same conclusion (Maxwell, 2013). I triangulated my data by conducting in person interviews with participants, collecting data questionnaires from participants, transcribing each interview verbatim, employing peer debriefing, completing member checks, and referring to the literature to support my findings.

Numbers. Becker (1970) coined the term quasi statistics which refers to the simple numerical results that can be derived from the data. I used quasi statistics in this study that will allow me to assess the amount of evidence that contributes to my conclusions or possible threats (Maxwell, 2013).

Comparison. Explicit comparisons are most typically associated with quantitative research. However, comparisons can be made in qualitative research (Maxwell, 2013). In this study, I made comparisons between the two age groups of survivors: 18-24 and 25-34. I made comparisons on their help seeking behaviors and barriers to accessing these services.

Generalizability of the data. Generalization, in research, refers to the extending research results, conclusions or other accounts that are based on a study of particular individuals, settings, times, or institutions to other individuals, settings, times, or institutions than those directly studied (Polit & Beck, 2010). Qualitative researchers rarely make explicit claims about generalizability of findings. In fact, the value of a qualitative study may depend on its lack of external generalizability in the sense of being the representative of a larger population (Maxwell, 2013). The results of this study therefore have limited generalizability as the results are only specific to the population that was studied. In addition to the aforementioned threats to validity, there are two additional threats to validity that I addressed in greater detail: researcher bias and reactivity (Maxwell, 2013).

Researcher Bias

According to Moustakas (1994), epoche (or bracketing), occurs when investigators set aside their experiences as much as possible to take a fresh perspective toward the phenomenon under examination. It is important that researchers bracket themselves out of qualitative research in this way, in order to gain a clear view of the participant's experience without bias. With this concept in mind, I am highly aware of my sensitivity and existing knowledge about this topic as a champion for survivors of domestic violence through my work as the founder of a mentorship organization that empowers survivors of domestic violence through mentorship and education. Additionally, as a Licensed Professional Counselor in private practice for six years, I have treated female clients who are survivors of IPV and the motivation toward this topic was due in part to the work that was done with these women. In efforts to bracket prior

knowledge or bias in this research area, consultation with several professional research mentors and peers occurred in order to discuss potential biases during data collection and data analysis processes. In addition, I maintained a journal during this study in order to process my own thoughts related to the study that might present themselves as biases. This allowed preexisting knowledge to be bracketed out from new data that was collected during this study.

Additionally, both my dissertation chair and methodologist also exhibited researcher bias. My dissertation chair, Dr. Richard E. Watts, was an advisory board member of a non-profit organization dedicated to empowering survivors of domestic violence. I was the Executive Director of that organization. Dr. Watts also had a personal history with violence from his childhood, which needed to be bracketed out of this study. Furthermore, he had over 20 years of experience as a licensed professional counselor and has treated women who have survived a life of violence.

My methodologist, Dr. Richard Henriksen, also had researcher bias as he was the father of a survivor of intimate partner violence. For this reason amongst others, he was a champion for women who have endured violence in their lifetime. Dr. Henriksen has also been a licensed professional counselor for over 20 years and has treated women in his practice who have suffered abuse at the hands of an abuser.

My third committee member, Dr. Y. Jasmine Butler was the only female member of my committee and therefore had the potential to exhibit possible bias due to gender alignment and historical relationships with men. As a result of this significant committee member bias, I have discussed this at length with each of them. Subsequently, I have made the assumption that all members of my committee controlled for their biases thru

introspective reflection and insight.

In order to further address my researcher bias, I employed the technique of interviewing the interpretative researcher (Onwuegbuzie et al., 2008). According to Onwuegbuzie et al. (2008), interpretation and awareness are important for a researcher to consider throughout significant points in a study. The predicament of representation, legitimization, and praxis increase the need for researchers to be more aware of the role that biases can play in intensifying these predicaments during a qualitative study. One method to obtain and use reflexive data from the researcher is by debriefing the researcher. This process occurred twice during this study; once prior to data collection and again at the conclusion of data collection. These debriefing interviews were conducted by someone who was not directly involved in the research. The purpose of these debriefings were to identify the potential impact of researcher bias on various aspects of this qualitative study (Onwuegbuzie et al., 2008).

Reactivity

Reactivity or ‘the observer effect’, takes place when the act of doing the research changes the behavior of the participants (McKernie, n.d.). This is a particular area of importance as I have been involved in the creation and formation of an organization dedicated to working with survivors of intimate partner violence. I wanted to limit the possibility that my involvement in this organization had an adverse impact on the study. In order to do this effectively, I addressed my researcher bias by using triangulation, interviewing the interpretative researcher, peer debriefing, and consultation.

Data Collection

Prior to the start of this research, a proposal was submitted and approved by the

Institutional Review Board of a mid-sized university in the Southwest United States. The data collection for this research began with identifying participants using criterion sampling as stated previously. Once contact with a prospective participant was made, I arranged a neutral meeting place of the participants' choice to conduct the interview. Locations included a college campus, a private room at a library, a community meeting room, a private office or the principal investigators office. I allotted 60 to 90 minutes for each interview. Each in person interview was conducted by myself. Upon meeting a participant for the interview, I first obtained informed consent. I discussed the rationale and purpose of the study and answered any questions the participant had about the study. Additionally, I provided the participant with a list of three resources in the local area that provided either free or low cost counseling for domestic violence/intimate partner violence if the need occurred after the completion of the interview. Lastly, the demographic and background form (see Appendix A) were completed.

Each interview was recorded using a secure password protected computer. I was the only person with access to this computer and its password. I also had a second password for the interview files which were saved separately from other computer files. This resulted in two levels of password protection. This computer remained in my possession except when it was behind a locked door. The participant was allowed to ask any questions at the conclusion of the interview to ensure her clarity up to that point. I then had each interview transcribed by a third party company. I required that this third party be HIPPA compliant and that they confirm in writing, the deletion of any files concerning the study after they have delivered the transcription. To ensure the confidentiality of the participants, each was asked to create a pseudonym which was used

for the duration of the interview. Phone numbers and email addresses were also deleted from my computer upon completion of member checks. All contact information was saved in one password protected computer file which I deleted at the end of the study.

Upon completion of all interviews and the transcription of each, the identification of emergent themes occurred. Once this was concluded, member checks were completed by asking participants to review a document of the identified themes to determine if the themes were consistent with her experience as told in her interview. Additionally, the data was triangulated by reviewing the transcribed interview, demographic and background questionnaire and field notes as previously mentioned, as triangulation requires researchers to use different methods as a check on one another (Fielding & Fielding, 1986).

Data Analysis

The data collected in this study was analyzed using Moustakas (1994) modification of the Van Kaam (1959, 1966) method of analysis of phenomenological data. This seven step process is based on the complete transcription of each research participant interview. The first step in this analysis process was listing and preliminary grouping. In this step, I listed every expression relevant to the experience. This is also called *horizontalization* (Moustakas, 1994, p. 120). I completed this step by reviewing each transcript individually line by line in order to create the preliminary grouping.

In the second step, I applied reduction and elimination strategies. In this step, I tested each expression for two requirements: Does it contain a moment of the experience that is necessary and sufficient for understanding it? Subsequently, is it possible to abstract and label it? If expressions do not meet these requirements then they are

eliminated (Moustakas, 1994, pp. 120-121). I completed this step by reviewing each transcript as well in efforts to eliminate or reduce the amount of expressions that were considered for further analysis if they do not meet these two requirements.

The third step was clustering and thematizing the invariant constituents. I clustered the invariant constituents of the experience, as told by the participants based on the transcription that appeared to be relative to the thematic label identified. These clusters become the core themes of the experience (Moustakas, 1994, p. 121).

The fourth step was final identification of the invariant constituents and themes by application: Validation. In this step, I checked the invariant constituents and their accompanying themes against the complete record of the research participant. I then considered three questions when making this final identification. (1) Are they expressed explicitly in the complete transcription? (2) Are they compatible if not explicitly expressed? (3) If they are not explicit or compatible they are not relevant to the core researchers experience and should be deleted (Moustakas, 1994, p. 121). Again, I reviewed each transcript of participant interviews in order to complete this step.

The fifth step in this process involved using the relevant, validated invariant constituents and themes to create an individual textural description of the experience for each participant (Moustakas, 1994, p. 121). I included verbatim examples from the transcribed interview to complete this step as part of the results section when discussing the outcomes of the study in great detail.

The sixth step involved constructing the individual structural description of the experience based on the individual textural description created in the previous step and imaginative variation. Finally, in the last step, I constructed for each research participant

a textural-structural description of the meanings and essences of the experience, while including the invariant constituents and themes (Moustakas, 1994, p. 121). This was also included in the results section of this study. Additionally, a coding team was employed as part of the data analysis process to check for accuracy of identified themes.

Summary

In this chapter, I described the methodology and design of my research study. The purpose of this study was to give voice to the experiences of survivors of IPV and explore their help seeking behavior. I designed the semi structured interview grand tour questions with opened ended questions and a demographic and background questionnaire with an open-ended question. Using a phenomenological design, data was collected from the criterion sampling of survivors of intimate partner violence. Participants were recruited from a metropolitan city in the southern part of the United States. Moustakas (1994) modification of the Van Kaam (1959, 1966) method of analysis of phenomenological data was used to analyze data based on the complete transcription of each research participant interview.

CHAPTER IV

Results

The purpose of this study was to give voice to the experiences of survivors of IPV and explore their help seeking behavior. Through examination of ten female survivors of intimate partner violent relationships and subsequent help seeking behaviors, insights were gained to better understand factors that influenced the participants help seeking behavior. Chapter IV includes (a) qualitative procedure overview, (b) participant demographics, (c) participant descriptions, (d) emerged themes, and (e) a summary.

Qualitative data, including a demographic questionnaire, in person interviews, and field notes; gathered from survivors of intimate partner violence was used to gain insights into the essence of the participants help seeking behavior. The data collected in this study was analyzed using Moustakas (1994) modification of the Van Kaam (1959, 1966) method of analysis of phenomenological data. This seven step process was based on the complete transcription of each research participant's interview. Each completed interview was transcribed and analyzed by myself and a coding team. No qualitative software was used in this process. This process led to the gaining insight into each participant's experience with intimate partner violence ultimately uncovering emerging themes that connected their stories.

Participant Descriptions

Ten female survivors of intimate partner violence agreed to participate in this study. Before interviews began, each participant completed an informed consent, demographic questionnaire (appendix A) and answered an open-ended question. The demographic questionnaire contained 19 questions including age, race, marital status,

number of abusive partners, years in abusive relationship, years since abusive relationship ended, number of children, ages of children if applicable, employment status, education, annual household income level, financial involvement with the abuser currently, criminal charges filed, were charges dropped, any civil protective orders filed, and number of attempts to leave abuser. There was also one open-ended question which asked how each participant pieced her life together after the abuse.

Ultimately, ten female survivors of intimate partner violence met the eligibility criteria for participation in my study. There were others who expressed interest in the study, but did not meet the criterion of length of time since the abusive relationship ended for participation in the study. Saturation of the data was reached satisfactorily with the ten survivor participants. Participants ranged in age from 18 to 34. One participant identified as Hispanic, one participant identified as Black/White, and eight participants identified as African-American.

Participant # 1: Nike

Nike was a 19-year-old single African American female. Nike had only one abusive partner in her lifetime. This relationship lasted five months and had been over for six months. Nike had no children and she was employed. She has a high school diploma and was enrolled in college. Her annual household income was under \$10,000. She had no financial involvement with her abuser. During or after their relationship Nike did file harassment charges with her campus police against her abuser. She did not drop these charges. She also unsuccessfully attempted to file for a civil protective order in this matter as well. She made only one attempt to leave that relationship. In response to the

open-ended question of how she pieced her life together after the abuse, Nike stated, “The best way I knew how. Pick up where I left off and focused on myself more.”

Participant #2: Brianna

Brianna was a 20-year-old African American female. Brianna had only one abusive partner in her lifetime. This relationship lasted two years and has been over for two years. Brianna had no children and she was unemployed. She had a high school diploma and was enrolled in college. Her annual household income was under \$10,000. She had no financial involvement with her abuser. During or after their relationship Brianna did not file any criminal or civil charges against her abuser. She made only one attempt to leave that relationship. In response to the open-ended question of how she pieced her life together after the abuse, Brianna stated, “After abuse my life seemed to be less stressful and everything fell into place.”

Participant #3 Kori

Kori identified herself as a 20-year-old Black female. She had two abusive partners in her lifetime. These relationships collectively lasted one year and have been over for six months. Kori had no children and she was unemployed. She had a high school diploma and was enrolled in college. Her annual household income was under \$10,000. She had no financial involvement with her abuser. During or after their relationship Kori did not file any legal or civil charges against her abuser. She made only one attempt to leave those relationships. In response to the open-ended question of how she pieced her life together after the abuse, Kori stated, “I pieced it together easily.”

Participant #4: Telly

Telly self-identified as a 21 year-old, single, Black female. Telly had three abusive partners in her lifetime. Each of the three relationships lasted less than two months. The last relationship has been over for one year. Telly had no children and she was unemployed. She had a high school diploma and is currently enrolled in college. Her annual household income was over \$70,000. She had no financial involvement with her abuser. During or after their relationship Telly did not file any criminal or civil charges against her abusers. She made only one attempt to leave those relationships. In response to the open-ended question of how she pieced her life together after the abuse, Telly stated, "Meditation and forgiveness of self."

Participant #5 Jasmine

Jasmine self-identified as a 22 year-old, single, Black/White female. Jasmine had one abusive partner in her lifetime. That relationship lasted one year and had been over for one year and five months. Jasmine had no children and she was unemployed. She had a high school diploma. Her annual household income was less than \$10,000. She had no financial involvement with her abuser. During or after their relationship Jasmine did not file any criminal charges but she did file for a protective order against her abuser. To her knowledge this protective order was still in effect. She made three attempts to leave this relationship. In response to the open-ended question of how she pieced her life together after the abuse, Jasmine said, "with support of my family and my friends."

Participant #6 Michelle

Michelle identified herself as a 27-year-old single, African American female. She had one abusive partner in her lifetime. This relationship lasted one year and had been

over for one year and two months. Michelle had one child by her abuser and she was employed. She had a bachelor's degree in Psychology. Her annual household income was between \$30,000-40,000. She received court ordered child support from her abuser for their son. During or after their relationship Michelle did not file any legal or civil charges against her abuser. She made five or more attempts to leave this relationship. In response to the open-ended question of how she pieced her life together after the abuse, Michelle stated, "I found an apartment, relied on family and other forms of support. Attended therapy, created firm boundaries."

Participant #7: Nina

Nina identified herself as a 27-year-old, single, Hispanic female. She had one abusive partner in her lifetime. This relationship lasted three years and had been over for 11 months. Nina had no children and she was employed as a licensed professional counselor (LPC). She had a Master's degree and was seeking her doctoral degree. Her annual household income was under \$50,000-60,000. She had no financial involvement with her abuser. During or after their relationship Nina did not file any legal or civil charges against her abuser. She made three to five attempts to leave that relationship. In response to the open-ended question of how she pieced her life together after the abuse, Nina stated,

I thought about all the things I have wanted to do and I started doing them. I lost many friends after leaving the relationship but was able to see who my true support system was. A lot of them took care of me for a while. Although I feel healed much of the aftermath is still present.

Participant #8 Survivor 1282

Survivor 1282 identified herself as a 34-year-old, single, Black female. She had three abusive partners in her lifetime. Those relationships lasted a span of six years and had been over for seven months. Survivor 1282 had no children and she was unemployed due to a disability. She had an Associates of Arts degree and an Associates of Science degree. Her annual household income was under \$10,000. She had no financial involvement with her abuser. During or after her relationships Survivor 1282 did file criminal charges against her abuser which were subsequently dropped at the recommendation of the district attorney on the case. Additionally, she did file for a civil protective order against her abuser which was no longer in place. She made over 20 attempts to leave those relationships. In response to the open-ended question of how she pieced her life together after the abuse, Survivor 1282 stated, "I haven't. Still in therapy for."

Participant #9: Tiny

Tiny identified herself as a 34-year-old Black female. She had one abusive partner in her lifetime. That relationship lasted 10 years and had been over for six months. Tiny had two children by her abuser and she was employed. She had a high school diploma and was enrolled in college. Her annual household income was under \$10,000. She had no financial involvement with her abuser. During or after their relationship Tiny did file criminal charges against her abuser which were never dropped. Additionally, she filed for a civil protective order against her abuser which was still in place. She made 10-15 attempts to leave that relationship. In response to the open-ended question of how she

pieced her life together after the abuse, Tiny stated, “Stay focus on my goals and take care of my two boys.”

Participant #10: Raquel

Raquel identified herself as a separated, 29-year-old African-American female. She had three abusive partners in her lifetime. These relationships lasted a total of three years and have been over for nine months. Raquel had four children of which two were fathered by an abuser. She was employed. She had a high school diploma and was enrolled in college. Her annual household income was between \$20,000-30,000. She had no financial involvement with her abusers. During or after these relationships Raquel did file criminal charges against her abusers which were not dropped. Additionally, she filed for a civil protective order against her abusers but none had not been approved at the time of this interview. She was unclear of the number of attempts she made to leave those relationships and stated that there were many. In response to the open-ended question of how she pieced her life together after the abuse, Raquel stated, “By prayer, counseling, and just believing that I was worth more than what I had endure.”

Emerged Themes

A woman’s story of abuse may take on many variations. Women who are from the same age group, similar socioeconomic group, faith or religious group, culture, race, or ethnic group may all have diverse experiences of abuse. This was precisely the reason it was critically important to hear from the participants their experiences that only they could share as their truth. After completing ten participant interviews, it was clear that while their stories differed, there were threads that tied them together in a sisterhood that no one wants to gain membership. Several themes surfaced throughout this process that

told the story of these ten women who suffered at the hands of an abuser, many in silence. For both age groups, the two categories of external factors and internal factors evolved as contributors to their overall help seeking behavior. Within the external factors the following themes emerged: (a) *the situation* and (b) *awareness of resources* which was further divided into subthemes (1) *formal supports*, (2) *informal supports* with subtheme (i) *not worth the risk: Protective measures*. Within the internal category the following themes emerged: (a) *classification/label*, (b) *blame* which was further divided into subthemes of (1) *self-blame* and (2) *other blame*, and (c) *looking back*.

It was also important to consider if similarities or differences were found between the two age groups 18-24 and 25-34. I was interested to explore how age played a factor in the help seeking behavior of female survivors of intimate partner violence. In this section, I discuss the results for each age group separately and then comparatively.

The 18-24-year-old Group

External factors. Four of the participants in this demographic either graduated from high school or were in college when their abuse began. Only one participant's abuse began in high school. The external factors of *the situation* and their knowledge of resources emerged as follows.

The situation. According to the women in this study, the type of relationship or *the situation* they found themselves in was related to their decisions to seek help or to not seek help. For all five of the participants in the 18-24-year-old age group, their relationships were relatively short and uncomplicated. Three of the participants described the relationships as non-relationships and used the word *situation* to describe them. Telly affirmed this when she stated,

I'm not sure where I met him at, but there was only like one other time that I had seen him in my presence, so it's more so like phone –. that's really why the relationships were in a new situation, they're kind of non-existent-slash – we didn't see each other often.

Kori described a very distant casual relationship situation as well. She stated, “.. the way we met, it was actually at a party. So we was together one night. Everything else was just Facetime, and calling, and texting, and stuff like that.” Additionally, Nike affirmed her situation as long distance as well and initially with no complicated aspects because they met on social media. She went on to say,

...I didn't see him every day or often because he was overseas. But it was just a lot of, you know, facetime, sending stuff to my house and, um, me and him would talk pretty much every day. Calls me on the phone stuff like that.

Additionally, their ability to walk away from these relationships was perhaps simpler because it involved a clean break with few repercussions or significant life changes. Kori affirmed this as she stated, “I blocked his number and I didn't talk to him again.” Brianna confirmed this by stating when her abuser went to jail it was easy for the relationship just to end at that point. She said, “And I'm like, we ended it but then he went to jail right after. That really was like what ended it but I was like I can't take it no more, like, you too crazy for me.” Finally, when she chose to end the situations Telly affirmed this by stating, “I just stopped talking to them.”

Awareness of resources. A second emergent theme amongst the younger women in this study focused on their awareness of resources. Resources consisted of a variety of sources including counseling services, medical intervention, law enforcement, family and

friends, or domestic violence agency supports. These resources were categorized as either formal or informal.

Formal supports. It became evident that many of the participants had little knowledge of the formal or professional resources that were available to them to manage their situations. A few were familiar with counseling as a treatment but it was not one they were willing to access at the time of their abuse for reasons related to the internal factors which will subsequently be discussed in more detail in chapter five. Only two of the participants in this age group interacted with law-enforcement during or after their abusive situations one on her own and the other after the suggestion was made by a parent. Nike shared how she decided to contact law enforcement, “But I did file a report for harassment through the police department. So, it wasn’t nobody’s idea but mine to go ahead and file the police report.” Jasmine asked her friends to take her to the police department after a violent episode which she described here, “I just asked them can you take me to the police department? Because that’s what his [the abuser’s] mom told me to do while I was texting her.” However, the most significant resource available to the 18-24-year-old participants during or after her abuse was friends or family. This was evident as all five participants accessed this informal support at some point.

Informal supports. Family and friends emerged as the primary resource for the young abused woman. It was therefore necessary to understand the traits of their family and friends which contributed to their decision to open up and share their stories of abuse. Safety was a recurring trait that described the person they chose to honestly open up to. Friends were accessed more frequently for help than family as four of the five participants

spoke with their friends (or a same aged relative) before they spoke with their parents or family.

Additionally, participants described how helpful it was to share what happened with someone else. Telly stated that this way, “It was helpful getting out what happened.” Nike shared a similar sentiment by stating, “It is quite helpful to have people to talk too because, you know, you don’t lose your mind. You’ll lose your mind trying to keep everything bottled.” She went on to share the non-judgmental thoughts from a friend, “She was like, I can’t stop who you love, or whatever. She was just like, If that’s what you wanna do then- -she was like, Just do it.” This highlights the non-judgmental trait of informal supporters.

Not worth the risk: Protective measures. A final external factor that emerged as influential to her help seeking behavior rested on her desire to protect someone or avoid negative outcomes. Four of the five participants shared that they chose not to tell parents or family in particular of the abusive situations initially in efforts to avoid some type of negative outcome. It was not until either they had already resolved the situation themselves or it was out of control that they chose to involve parents or family.

Nike shared that, “I knew my family would kill him if I told them and I couldn’t risk that.” Brianna affirmed this by stating,

I didn’t want like, you know, everybody in my business or I didn’t want like drama, I didn’t want no one knowing, like -- I didn’t want like, you know, and if mom knew, everybody else is gonna know. The whole family’s gonna know, and then, it’s just, all of them together, I couldn’t. So I just tried to avoid the situation myself but when I can’t, I was okay, well, I kinda can’t.

Kori shared, “I’m very family-oriented so that’s why I didn’t tell them during it. Cause I knew things just gonna hit the fan. Like everything’s just gonna go crazy.” Telly also shared, “and if I would have told my dad and my brother or them...they may be seeking out to find somebody to cap this person.”

Jasmine affirmed this theme by sharing that her reasons for not accessing helps to leave the relationship was to protect her abuser,

He told me he was going to kill himself and he was going to do this and that, he couldn’t live without me. I had already been through a situation where I had a friend kill himself before so I didn’t want that to happen. Maybe I can just help him because I have the type of mindset where I feel like I can always fix people and help people but it doesn’t always work out like that.

Internal Factors. Not only did external factors influence the participants help seeking behaviors but internal factors also played a significant role in their decisions to seek help or not, as well as, the source of help they decided to ultimately seek. All five of the participants mislabeled the abuse they endured and four of the five took on shared blame for their abusive relationships. The details of how their internal factors contributed or inhibited their help seeking behavior follows.

Classification/Label. All the participants in this age group did not classify the situations they were in as abusive initially. Because of this lack of accurate classification when the participants saw or were presented with potential resources they did not think that they pertained to their situations. Each of the participants minimized the impact of their situations which caused them to either brush it off, ignore it, or downplay what was actually happening as something that they could handle themselves. In fact Nike

commented, "...it wasn't to the point of a fatal attraction", resulting in her not reaching out to family initially. Brianna stated, "I brushed it off because it was not that big of a deal." Kori echoed this sentiment by stating, "I just brushed it off." Telly classified her abuse in a similar fashion as she stated, "...the whole over the top, over like, okay, like it was something that I was able to get over quickly like he didn't really damage me, like internally or physically." This prompted her not to seek any formal help as well.

Of the five participants, two suffered physical abuse, one suffered sexual abuse, and two suffered emotional or mental abuse. There did not seem to be a distinction made between each type of abuse and how it was overall classified as a problem initially. Nike commented, "Because I didn't feel like it was that, that bad. I got -- like I said I only got hit once in the face. That was the only time he's ever put his hands on me."

Blame. Blame or ownership of the situation also played a significant role in the participant's' decisions to seek help or not seek help. Four out of five participants, were either blamed by their abusers for what happened or they accepted some level of shared ownership in the situation. The varied source of blame necessitates division into subthemes Self Blame or Other Blame.

Self-Blame. Self-blame occurred when the participants reconciled that the abuse was in part their fault based on their behavioral choices. Brianna affirmed this idea when she stated, "I let him get too comfortable so that's why he was bad." This was also evident as Telly commented, "I allowed it to happen. I have fault in it as well."

Other Blame. Other blame occurred when participants were told by their abuser or perhaps others that the abuse or its outcomes were their fault due to their behavioral choices. Kori shared that her abuser told her, "This is your fault that I'm acting this way."

Jasmine shared about a situation in which her abuser was caught dating someone else, “But he blamed that on me too. He told me that the only reason he did that was because I wouldn’t have sex with him. That was my fault as well.”

Looking Back. When looking back four of the five participants stated that they would have ended the relationship sooner before the abuse escalated. One participant stated that she would have involved family sooner while another participant said she would not have changed leaving her family out of it. It appeared that hindsight did bring about clarity as the young participants were able to label the abuse accurately.

Nike stated this very clearly by saying,

I would definitely pay attention to the signs. Um, I don’t feel like, you know, somebody should make you feel any less of a person or make you feel insecure about the way you look or the way you dress or anything like that. Like that’s a red flag for me.

Kori furthered this thought by stating how she would handle her first abusive relationship differently, “I would have like, hung up before it even got to the violent situation.” For her second situation she stated differently she would, “Maybe, oh, not take it like as a joke.”

The 25 to 34 Years Old Group

As women age it is natural for her to desire a romantic relationship. She may still have the idea of the perfect life or the bubble that is yet to come which was coined by one of the study participants. Common threads also emerged for this age group categorized as external factors with the following themes: (a) *the situation*, and (b) *awareness of resources* with subthemes (1) *informal supports* and (2) *formal supports*. Internal Factors

are divided into the following themes: (a) *classification/labeling*, (b) *blame* with subthemes (1) *self-blame* and (2) *other blame*, and (c) *looking back*.

External Factors. As women age they too find themselves managing the external factors that contribute to their help seeking behaviors. These external factors consist of the complexity of their situation and their awareness of resources.

The situation. The situation or nature of the relationship the participants found themselves in with their abusers was significant in their decisions to seek help or not seek help. It became evident that life was made more complicated by the entanglements that occurred in relationships which may be due to age. The women in this age group had situations that were complicated by children, cohabitation/leases, finances, or other resources for living. These complications were highlighted amongst participants with all five of them affirming that at least one of these was present in their relationship at the time of their abuse. Michelle commented about the point she decided to leave the relationship, after many months of abuse, “And from there we ended up moving out, so I was like, I kind of let the lease get to the end and didn’t make any decisions about moving anywhere.” Michelle also had one child with her abuser. Conversely, Survivor 1282 did not live with her abuser nor did she have children with him. However, she found herself entangled with her abuser due to his position as her caseworker. She commented on her reason for not saying something about her abuse, “All because I was scared to come and say something because of losing my benefits. And he hung the fact that I would lose my work study.”

Nina furthered this thought as she explained her entanglement with her abuser,

We ended up getting engaged, and he proposed to me – like I already knew that like this is not a good relationship, but he – we had moved in together. And then were like several times – well a lot of times during that time span that I just wanted to like leave. But he kept tying it back to, Well we – you split the rent with me and if you leave, I’m going to hold you liable for your half of the rent. And like and all the bills, like I’m the responsible person. So like, all the – you know, the utilities were all like, every single one, the cable, the gas, the water and the electric, it was all in my name. But, you know, our relationship still isn’t good and I couldn’t really find a way to not be in it anymore.

Tiny had a situation that was also entangled as she shared,

I had a full scholarship to UT in Austin, um, my freshman year I couldn’t come home. So he would come up there to visit me and I ended up getting pregnant. Once that happened, we ended up moving in our own place. So I guess that’s why I probably went through what I had went through so long and I allowed him to come back into our lives.

It became clear that the more entangled her relationship was with her abuser; whether it was finances, children, living arrangements, or other resources; the greater the influence on her help seeking behavior making it more difficult to separate herself from her abuser due to all of these entanglements that had to be considered.

Awareness of resources. Each of the participants needed to be aware of available resources in order to be able to access them. These resources came in the form of supports as either formal supports or informal supports.

Formal supports. Having an awareness of available resources also emerged as influential in the participants help seeking behavior. During their abuse, all five

participants in this age group were aware of at least one of the following: spiritual services, counseling, law enforcement, or shelter services that were designed to assist women who were in abusive relationships. However, knowing these resources were available was not sufficient to prompt the participants to access them for themselves. Michelle expressed this in the following words, “So during [the abuse] I didn’t really know of anyone. The only place I knew of was Houston Area Women’s Center. And I knew that it was really – like I thought that your abuse had to be like extreme.” However, Michelle did access one resource that she was aware of during her abuse on two occasions, “And at that point, I said, ‘I’m not doing this anymore’ and I called the police.” Survivor 1282 explained a time when she accessed local resources, “And he kept saying that he wanted me to come back, he wanted me to come back. And I remember ending up in a shelter.” Nina identified her knowledge of counseling as a resource by attempting to repair the relationship before it ended when she shared, “I asked him to go to counseling, he never did that, so I like had all the evidence.”

It became evident that the basic services available to women who are abused were accessible and acknowledged by the participants in this age group. This does not mean that they accessed all the services but they were aware that they existed. Additionally, it became clear that the participant’s experiences accessing the services determined their willingness to access them in the future.

Michelle had a negative experience with the police on both occasions that she reached out to them. She shared the aftermath of one of her experiences with the police as follows:

The police said- No, you all need to stop fighting. Like, you all need to – and at that point, after I heard that, I went to... [my son's] room. And I was like, Okay. And they were in there talking to him and he talked to me and said, he was like, Yeah, the police officer agreed with me that you know, you need to calm down.

Survivor 1282 shared similarly negative experiences when accessing shelter services. She stated, “So being there at the shelter, it was different. I mean, I didn’t like it.” These negative experiences became barriers for the participants ever considering accessing the services again in the future when they might have been helpful. This is evidenced in Survivor 1282’s comment at a subsequent time someone suggested she returned to a shelter, “And she then wanted me to go through the --- shelter, but, I said, I couldn’t go back through that again...I was put out of the shelter I was in.”

Michelle had a second negative experience with the police as well that ultimately became a barrier to her willingness to ever call them again when she reported,

I call the police and the guy is like, Well, who’s on the lease? Who’s apartment? I said, Well both of us are on the lease. And he’s like, I can’t take him anywhere. You cannot kick him out. And I said, I thought there was a thing in Texas where if you are in a domestic violence situation – that person has to go. And he’s like, The only thing I can do, is help escort you out. And I said, Escort me out? And he was like – Yeah, because both of you all’s names is on the lease and that was the first thing he said to the police officer when he got there, I’m on the lease sir. And I said Okay. And he’s like, Well, the next time I have to come out, both of you are going to go to jail, ‘cause he went out and told him what was – she hit me, she pulled a knife on me --and he came back up, and he’s like, Yeah, the next

time I come out here, both of you are going to go to jail. And then what's going happen to your baby? And I'm just like, Okay. I'm not calling the police anymore.

Tiny had a similar negative experience with the legal system when she accessed their services to end her relationship as shared in her statement,

When I did file for my divorce, it was you're gonna pay him alimony, spousal support cause we don't have alimony. They call it spousal support. And I said, why am I paying spousal support? And I have the kids. Well, you knew he only had this one income. You left him in the house. He needs to be able to pay the bills. So you have to put in your part to pay them. At that point, right there in front of the judge, I was honest and I was direct and I was like, you know what, I'll stay married. I'm gonna stay married. And do I still have to pay spousal support? No ma'am. You have to pay spousal support if you get the divorced.

To the contrary, Survivor 1282 accessed individual counseling and psychiatric assistance. She felt that these helps were particularly beneficial due to several reasons. She shared,

Going in. I talk about my problems. And that's helpful. And when she says though, what he did to me was wrong.

Interviewer: So her validation of your experience in him being wrong, was that helpful for you?

Survivor: Mm-hmm.

Survivor 1282 shed light on the importance of validation in this process. When she felt validated she continued to use the service and when outcomes were negative, as the outcome of the shelter was, she stopped using the service.

With continued negative experiences with formal supports, the participants began to feel betrayed and alienated from the system that was designed to help. As a result, many of them decided to go it alone or relied only on informal supports.

Informal supports. The participants in this age group did not initially use their informal supports. Of those who did, it was typically much later in the relationship, after it was over, or not at all. Many reasons emerged for this reality including the desire to avoid shame and embarrassment, ridicule, judgement and blame. In all cases however, participants eventually could see the benefits of tapping into their informal supports by having someone to talk to about their abuse. Survivor 1282 shared this experience with another survivor who she met at the shelter. She said, “– I mean it was because of her that I – that I made it, because I didn’t really talk to anyone.”

Tiny had a similarly positive experience with her informal support when she began to open up to a friend as she explained,

I tell her everything. And I think one thing that I loved about her it was never nothing back. It was always just an ear. She just listened? It was more of, and would be like, so what’d you think? I don’t know. You know. Just think about everything you told me, you know. It was no comment. It was no he’s a bad guy.

It was no, leave him. It was more of you go on your decision.

Raquel had a very deep spiritual connection and decided to seek spiritual guidance. She shared,

I did go to my pastors. I didn't use any outside help, because I have – I said I had a stereotype in regards to counseling. But because my pastor's working the word I did go to them. They helped a lot.

Nina did not share her story of abuse for quite some time with anyone not even her best friend. She was practically at the alter preparing to be married when honest conversations with a friend and then her mother were pivotal in her decision to walk away for good. She shared,

And he was the first person, I felt safe enough to like tell the truth. One, because he was like so like – just our relationship. And then also because he wasn't like in my circle of the people that this is going on. So yeah, I think kind of like getting it out like that, and then having – hearing it back, hearing someone tell me, like This is your this is your life.

This was followed by a conversation with her mother where she shared,

And I was like, I can't get married. And so, she was like, okay. She was like, I don't care, if you're not happy, I don't care how much money you know, say come home.

Relationships that felt safe, allowing for both vulnerability and honesty, were critically important in facilitating the participant's willingness to open up and ultimately make the decision that was best for them. Without this sense of emotional safety, which was devoid of judgment and ridicule, the participants were more likely to continue to suffer in silence.

Internal Factors. Internal factors, much like external factors, also contributed to the participant's help seeking behaviors. This category is divided into the themes of classification, blame, and looking back.

Classification. The way in which the participants classified or labeled the abuse in their relationships emerged as a theme. All five of the women in this age group initially minimized or dismissed the abuse. Raquel normalized the abuse as seen in her statement,

So then it just became something normal. You do something wrong, I'm going to hit you, basically. I'll lash out, so I didn't look at it – like I do now, to know that it was abuse and he actually started it. The abuse just was literally constantly it could be every other day, it could be every other week, it could be monthly, but I didn't really look at it as abuse right then and there because I was fighting back or when I get mad, I'll throw something.

Survivor 1282 also shared a lack of knowledge about what was happening in her relationship as well. She stated, "Like I was having to sleep with him in exchange to receive services. So not knowing that it was rape..." This lack of accurate classification or labeling facilitated her decision to remain in this relationship for an extended period of time creating greater emotional and physical wounds. Nina furthered this thought as she shared after her abuser proposed to her she was more hopeful in her view of the relationship,

And so, I thought it, you know, it was exciting, , we kind of played the happy – I guess in my head, I was like well, surely things kind of have to change now. 'Cause we are engaged and like we're going to get married.

The idea that things would change due to their engagement was very short lived as the abuse continued. Nina furthered this thought by saying,

I'm the type person.... if I say I'm going to do something, I'm going to do it. Cause I felt like this wedding kind of ended up kind of being like that.

Interviewer: One of those things that I committed to.

Nina: Yes.

Interviewer: So I need to see it through.

Her classification of the relationship as a commitment she made that she had to see thru also influenced her decision to not seek help or leave the relationship until it had progressed to more violence. Michelle's classification was informed by her abuser. She shared,

And I don't think I – I think he made it seem like it was the both of us, so I couldn't call it abuse. It was more like, any time we fought, Well, you did this and you put your hands on me.

Blame. Blame was a recurring theme amongst the participants in this age group with affirmation of four of the five participants. It took on the appearance of shared ownership of the abuse or overt blame by the abuser for his abuse or blame by others.

Self-Blame. Self-blame occurred when the participant took part ownership of either the problem itself or the possible solutions. Nina affirmed this sentiment when she expressed how she shared ownership of not only the problem but also the solution. She stated,

But we need to figure out how to talk better. You didn't do this. So we – like it – like it was a *we thought*. Not like oh well you're hitting me, you need to like not hit

me anymore. But, we need to do this. So I was like trying to get onboard. And I think that's how I got sucked into it.

Interviewer: Okay. Okay. It's because you began somehow to take ownership for part of what was happening –

Nina: Mm-hmm.

Interviewer: --which means you could be part of a solution somehow.

Nina: Right. And like I like to help people, so it's like, I can help.

Michelle also shared her experience of shared ownership when stating,

And he's like, Yeah, you know, but you've got to learn to watch what you say and I was like yeah, I know I have a mouth on me. So, we can both learn how to communicate effectively to raise our child.

Other Blame. Other blame occurred when participants were told by their abusers or others that they were responsible for the abuse they endured due to their behavioral choices. Tiny expressed this reoccurring reality when she stated, “But I was so used to him blaming me for everything.” Or the time he damaged her computer, “Well, it's your fault because if you wouldn't said nothing to me, I wouldn't have broke it.” Michelle further expressed concerns that if she reached out to others, they would subsequently blame her as well. She commented,

And it was like, Well, I can't tell anybody what's going on, 'cause they're going to be like, Well, what did you do? And I remember my mom she said once, Well, you've got to keep your hands off of him, so he won't, you know, do ABC – and I think that stuck with me, like okay, well maybe it is both of us. So I never really like thought to even go anywhere.

Looking Back. Hindsight for this group of participants provided clarity about her situation and possible solutions that were available at an earlier stage in the relationship. All five participants said that if they would do anything differently, they would have left the relationship earlier to reduce the negative outcomes. Nina affirmed this by stating,

I guess I wish I would have been more able to – more willing to seek help, even if it just like going to see a counselor. I wish I would have blocked the relationship when it was five months and he choked me. You know, it's a pretty clear indicator that things weren't going to be good.

Survivor 1282 echoed this sentiment when she stated,

I wish I would not have stayed. I should have picked up instantly. And I should not have allowed him to use money as leverage over me. I should have spoken up and reported them sooner.

Tiny shared a similar idea,

I would have gotten out sooner. Um, and being honest with my family. I would have been, if I can change things, I would have been honest with my family more. Because that probably would have pushed me out faster.

Michelle had the same line of thinking when she said,

I definitely would have gotten help. If it would have been having to sleep in the shelter or -- you know, definitely would have left after the first time it happened. 'Cause I feel like me staying opened up that window like, oh, she stayed. She accepted my apology. I can do it again.

Raquel's thoughts were similar,

I would have listened, one I would have listened to my mother. And then I would have spoken up. I know that now domestic violence is the silent killer. And silence kills. It kills. I tell my friend, but if my friend's just saying it's going to be okay and not giving me the resources, I should have went to somebody else for help.

The longer the participants remained in the relationship two things appeared to be true, the abuse escalated and it became more difficult to leave for a multitude of reasons.

The Comparison

There is great value in understanding the differences and similarities between help seeking behavior of women 18 to 24 and women 25 to 34. In this section, I consider the emergent themes for each demographic and make appropriate comparisons for both internal and external factors.

External Factors

The Situation. It became evident that the type of relationship or situation that the participant was in with her abuser had an impact on her help seeking behavior. The 18-24-year-old participants had simpler, less complicated situations than the 24-35-year-old participants. The younger women tended to have shorter, less involved or entangled, technology-based, and distant relationships with their abuser with all five of the participants affirming at least one of these situations. None of the participants in the 18 to 24 year old group cohabitated with the abuser or had children with them at the time of the abuse. The fact that their relationships were simpler allowed them to create clean breaks from their abusers with no contact with them after they decided to leave or seek some form of help.

In contrast, the 25-34-year-old participants had very complex and entangled lives with their abusers. Four of the five participants did have children with their abusers and shared some other form of entanglement whether financial, academic, occupational or cohabitation. These complications created situations that made their decision to seek help or consider leaving the relationship more difficult. The participants found themselves in a position that they had to “figure out” what to do about these issues which ultimately slowed down their decision making process.

Awareness of Resources. Participant’s awareness of resources also contributed to her ability to seek help. These resources were either formal or informal supports.

Formal support. The 18 to 24-year-old participants had less knowledge of any formal resources that were available to them to address their abusive relationship. The only resource that three of the five participants accessed was law enforcement. In contrast, the 25 to 34-year-old participants were more aware of the legal, counseling, and shelter services that were available to them and they did access these services. However, the outcome of several of the encounters with these formal supports was negative. Due to these negative outcomes, the participants were less likely to ever access the services a second time. The participants were therefore left to either handle it on their own or reach out to their informal support.

Informal support. The 18 to 24-year-old participant were much more likely to access their informal support of friends than they were family or parents. In fact, four of the five participants in this age group first contacted friends (or same aged family members) about their abuse when they decided to share it with someone else. Family or parents were only contacted when the threshold was reached that the participants could

no longer handle the abuse on their own due to escalation and greater violence. Brianna, a 18-24 year-old participant, confirmed this by sharing, “So I just tried to avoid the situation myself but when I can’t, I was okay, well, I kinda can’t.”

It’s not worth the risk: Protective measures. Additionally, the participants wanted to protect their families from having a negative response to the abuse which was another reason they did not tell them sooner. The participants feared her parents or family would react in a way that would have negative consequences for them and they could not take this risk. Kori, a 18-24-year-old participant, expressed a similar response as follows, “I’m very family-oriented so that’s why I didn’t tell them during it. Cause I knew things just gonna hit the fan. Like everything’s just gonna go crazy.” The 25-34-year-old woman did not affirm this theme.

The 25 to 34-year-old participants also contacted their informal supports as a way of managing their abuse well after the abuse had escalated. Both the 18 to 24 and the 25 to 34-year-old participants shared that the dynamics and characteristics of the relationship with their friends or family was important in their willingness to open up. Tiny, a participant in the 25-34-year-old group said, “I tell her everything. And I think one thing that I loved about her it was never nothing back. It was always just an ear.” Nike, an 18-24-year-old participant, described the relationship with one of two friends that she shared her story of abuse,

Me and her had gotten really, really, really close last year. I mean that it was just I think me and her just cli -- like connected. And it was like I can almost relate to some of the stuff that she say. She can relate to what I say.

Both age groups concurred that relationships in which they were not told what to do, were devoid of judgment and they felt supported within were characteristics that allowed them to feel safe enough to share their story of abuse.

Internal Factors

Classification/Label. Both age groups had similarities in accurate classification and labeling of abuse that they were experiencing. The 18 to 24-year-old participants dismissed the behavior of the male partner as not being abuse because it did not look like abuse they had seen on television or heard about involving other people. Jasmine commented,

I would see stuff like that where husbands will get mad at wives but sometimes it's because wives have actually done something or and then it results in a huge fight and the man ended up putting his hands on the woman but the only thing that was different was I wasn't doing anything.

The classification or labeling of behavior as abuse caused them not to seek any help as they did not identify it as a significant problem that they could not manage on their own.

The 24 to 35-year-old participants also classified their views in ways that were inaccurate. In four of the five participant experiences, being blamed for the abuse contributed to their inability to classify the abuse correctly. Three of the five participants felt that if they fought back they could not call the male's behavior abuse. Raquel solidified this idea by saying, "but I didn't really look at it as abuse right then and there because I was fighting back or when I get mad, I'll throw something."

The misclassification or mislabeled behavior prompted the participants not to seek help as a result. They reconciled that it was not something that needed outside assistance. For

both age groups this mislabeling led to an escalation of the violence and more severe consequences for the participants.

Blame. The 18 to 24-year-old participants had various experiences of blame that contributed to their help seeking behavior. Four of the five participants in this age group were either told by their abuser that it was their fault or they accepted some shared ownership of the abuse. This was similar in the case of the 24 to 35-year-old participants as all five of them had a similar circumstance in which they took ownership or were told by their abuser that it was their fault. A distinction can be made further when considering the subthemes of self-blame and other blame.

Self-Blame. Telly, a participant in the 18-24-year-old age group said, “I allowed it to happen. I have fault in it as well.” Similarly Michelle, a participant in the 25-34-year-old group began to share ownership of the abuse as she commented, “like okay, well maybe it is both of us.”

Other Blame. Brianna, a participant in the 18-24-year-old group, was blamed by her abuser for his violent and controlling behavior as she expressed, “This is your fault, I don’t know why you bringing him over there. I don’t know why you around all these dudes. This is your fault that I’m acting this way.”

Similarly, Tiny, a participant in the 24-25-year-old group, shared that her abuser blamed her for his abusive behavior as well as the outcomes of the abuse. In one particular instance she was blamed for the aftermath of her departure from the abusive relationship. She stated, “Like we had a house about three years ago. The reason we lost the house, he says, is because of me, because I left.”

Looking Back. The 18 to 24-year-old and the 25 to 34-year-old participants collectively had a similar response to what they would do differently in regard to their abusive relationships. Overwhelmingly nine of the 10 participants stated that they would have left sooner than they did if they could do it over again. Specifically, Nike, a participant in the 18 to 24-year-old demographic stated, “I would definitely pay attention to the signs.” Nina, a participant in the 24-35 year-old age group echoed this by stating, “I wish I would have blocked the relationship when it was five months old and he choked me. You know, it’s a pretty clear indicator that things weren’t going to be good.” The indicators were clear, the red flags were present, but they were ignored or minimized and both age groups recognized that in hindsight.

Summary

The interviews with survivors of IPV were conducted utilizing a semi-structured interview protocol. The interview protocol provided me an opportunity to explore the essence of the help seeking behavior of survivors of intimate partner violence. To analyze the statements given by participants during the interview, I employed Moustakes (1994) modification of Van Kaam method. Each participant’s interview was analyzed using a verbatim transcription regarding her help seeking behavior. Because of the data analysis process categories and themes emerged. The emergent themes captured the essence of how women seek help during or after an abusive relationship.

In Chapter V, a discussion of the findings is presented. Implications and recommendations for formal and informal supports will also be reported. Interventions for counselors, law enforcement, advocates as well as informal supports will be presented. Conclusions will be drawn to address the identified research question.

CHAPTER V

Discussion

In the preceding chapter, the results of the data analysis were reported. Chapter V consists of a summary, discussion of findings, implications for practitioners, formal and informal supports, recommendations for future research, and conclusions. Uncovering the essence of help seeking behavior of female survivors of intimate partner violence through the emergence of common themes created a foundation for gaining insight into how women make help seeking choices during or after their abusive relationships. This information was used to clarify formal and informal supports that may be able to provide assistance to these women.

Researchers have concluded that women seek help for violent relationships, particularly when the violence is chronic and severe and women are less likely to seek help when violence is at lower levels and perceived as less severe (Macy, Nurius, Kernie, & Holt, 2005; Nurius, Macy, Nwauzor, & Holt, 2011). This was consistent with the results of this study. Various service types were reported in the research findings that included medical, spiritual, counseling, shelter, law enforcement (Fugate et al., 2005; Nurius et al., 2011) and informal supports such as family, friends, coworkers, or spiritual leaders (Lewis et al., 2015).

Although there is a great amount of research about the impact of domestic violence or intimate partner violence on the lives of women who have survived intimate partner violence, there is a paucity in the research literature from a qualitative perspective highlighting the experience of help seeking behavior for the specific age groups of 18-24 and 25-34-year-olds, the two most vulnerable populations specifically. This missing piece

in the literature makes it especially important to hear from the participants about the experiences that they had that can only be told in their voices.

The purpose of this study was to give voice to the experiences of survivors of IPV and explore their help seeking behavior. Moustakas' (1994) modification of the Van Kaam (1959, 1966) method of qualitative analysis of phenomenological data was used to gain insight and to report the essence of the phenomenon. Two categories, five themes, and five subthemes emerged as a result of data analysis using the Moustakas (1994) modification of the Van Kaam (1959, 1966) method.

The foundation of my study was taken from literature that highlighted the help seeking behavior of survivors of intimate partner violence (IPV) as well as help seeking models that explain the process of this behavior. Every woman in an abusive relationship has at least two options. She can seek help or she can choose to go it alone. Researchers have uncovered the importance of social support in the outcomes of women who are survivors of IPV; however while social supports are helpful many women may not ask for services and supports that might actually be beneficial (Fugate et al., 2005; Liang et al., 2005; Nurius et al., 2011). Understanding, in the voice of IPV survivors, how they make the choice to seek help or not and the barriers that exist to seeking this help is integral for the development of the creation of programs that IPV survivors are more likely to access. Additionally, having new insights into the effects of IPV will provide formal resources with new information to enlighten community educators on how to best help, as informal supporters are the number one resource that survivors of IPV actually access.

This study was inspired by a pilot study I conducted that focused on the recovery experience of survivors of intimate partner violence (Lewis et al., 2015). In this study, a qualitative phenomenological approach was also taken to understand the essence of a survivor's recovery process. Results from that study were used to determine that women recover differently due to both their process and the accessed supports. If the support provided from any source was deemed negative, the result contributed to the woman's unwillingness to access that particular type of service at another time for fear that she would have the same negative outcome. The original pilot study ignited my curiosity about how survivors chose to select the help seeking services they engage or how the survivors of IPV choose to instead go it alone. By learning to understand the essence of how survivors of IPV choose to seek help or not, I have helped to fill the gap in literature and to explain this process more clearly.

My current study was conducted to give insight to the essence of help seeking behavior of survivors of IPV and give voice to their lived experience which has not been readily heard in the community or in the literature. It was my desire that by completing this study from the perspective of IPV survivors and thrivers and in their words that more research will be done that will continue to shed light on the IPV survivor's help seeking behavior and experiences. Helping professionals, law enforcement, advocates, and family and friends may benefit from increased knowledge about women survivors of IPV help seeking behavior and understanding the barriers that exist to accessing this help. This could be the catalyst to changing the face of domestic violence work in our community by creating programs that women IPV survivors are more likely to access because they

meet the survivors where they are instead of programs that are based on the helpers desires and not the women's (Lewis et al., 2015).

What is the lived experience of survivors of IPV and their subsequent help seeking behavior? The research question for this study was influenced by both the research literature and the first specific theoretical framework focused on the process of help seeking among IPV survivors developed by Liang et al. (2005). This framework was divided into stages including problem recognition and definition, decision to seek help, and support selection. Other factors in this framework included the mitigation of the stages by the individual, interpersonal, and sociocultural influences of the abused woman. This current study sought to understand how this framework applied to IPV survivors today.

To answer my research question, I interviewed 10 survivors of IPV from a large metropolitan area located in Southwest United States. I obtained information about their help seeking behaviors using two instruments: a demographic questionnaire and a semi structured interview protocol. In order to identify themes and report the essence of help seeking behavior of survivors, I used Moustakas (1994) modification of the Van Kaam (1959, 1966) method of analysis of phenomenological data.

Using the Moustakas (1994) modification of the Van Kaam (1959, 1966) method for data analysis in chapter IV, I analyzed each participant's verbatim transcript. I thoroughly reviewed all statements for significance and made inferences of the textural and structural descriptions. This synthesis allowed me to identify two categories and five themes with five subthemes to emerge that were universal to the 10 survivors of intimate partner violence. These five themes and three subthemes create the foundation for my

discussion of the qualitative data obtained. Participants were also involved in member checks, in which they were given an opportunity to examine the emergent themes uncovered to provide validity of their statements. I also employed additional validation strategies to address threats to credibility; however, the results of my study are not generalizable to a large population of survivors of intimate partner violence due to population validity but may be transferable on a case by case basis.

Discussion of the Findings

The theoretical framework of Liang et al. (2005) that identified the help seeking behavior of survivors of intimate partner violence served as the underpinning for further understanding and greater development on the topic of help seeking behavior of survivors of intimate partner violence. My goal was to fill the gap in the literature by understanding the perspective of the survivors of intimate partner violence from their voices using a phenomenological approach. Obtaining this native account from survivors themselves allowed the emergence of five themes and five subthemes from the data analysis.

The five themes and five subthemes were divided into two categories: (a) external factors and (b) internal factors. Each theme addressed the research question: What is the lived experience of survivors of IPV and their subsequent help seeking behavior?

The following themes captured the essence of the IPV survivors help seeking behavior in the external category: (a) *the situation* and (b) *awareness of resources* which was further divided into subthemes (1) *formal supports*, (2) *informal supports* with subtheme (i) *not worth the risk: Protective measures*. Within the internal category the following themes emerged: (a) *classification/label*, (b) *blame* which was further divided into subthemes of (1) *self-blame* and (2) *other blame*, and (c) *looking back*. Each

theme was discussed from the perspective of the 18 to 24-year-old participants and the 25 to 34-year-old participants separately and then a comparison was made between the age groups to highlight similarities and differences.

External Factors

The situation. All 10 participants shared a portrait of the relationship dynamic with their abuser. Although each response was unique, there were several similarities in the explanation of the situation of both the 18-24-year-old participants and the 25-34-year-old participants.

The 18-24-year-old. The 18 to 24-year-old participants indicated that the type of relationship or situation that they were involved in influenced their ability to create a clean break from the abuser. Of the five participants in this age demographic, none of them had children with the abuser nor did they depend on the abuser for their livelihood in any way. The relationships also tended to be shorter, less complicated, and with greater distance as three of the five participants were involved with abusers that did not live in close proximity to them resulting in infrequent or rare face-to-face interactions. The other two participants, who saw their abusers more frequently, had relationships that were less complicated and with no other entanglements and when the relationship ended it was over permanently. This is consistent with literature as Shorey et al., (2008) reviewed historical literature on teen dating relationships and found that teens who have shorter length relationships, generally do not cohabit with partners nor do they share any financial or legal bonds.

Telly shared her perspective on the uncomplicated situation as follows: “There haven’t been any actual relationships... with people that have been abusers.” She further

described the ending of these relationships by stating, “..definitely stopped talking to him. And the other guy, I’m not sure how really it ended, but you know, we didn’t talk any more after that.” Kori echoed this distant and simple relationship situation by sharing: “...the way we met, it was actually at a party. So we was together one night. Everything else was just Facetime, and calling, and texting, and stuff like that.” And when she ended the relationship it was clean and simple as she stated, “I blocked his number and I didn’t talk to him again.”

Perhaps this lack of entanglement allowed the 18-24-year-old participants to believe that this was a situation that she could handle on her own as only two of the five participants in this age demographic reached out for professional help from law enforcement. This simple and rather short nature is characteristic of young romantic relationships (Arnett, 2000; Garcia et al., 2012) and is perhaps a hallmark of young romance. This finding is similar to the findings made by Goldman, Mulford, and Blachman-Demner (2016) as they studied young people between 14 and 22 and their concepts of dating relationships. Their results support the idea that teen dating relationships are temporal in nature. The younger participants in this current study fit into this age group as they were between 18 and 22.

The 24-35 year old. The situation for the 24 to 35-year-old participants was much more complicated and entangled than that of their younger counterparts. Four of the five participants in this age demographic had children with their abusers. They additionally had either financial, occupational, academic, or cohabitation issues tied to their abusers. Survivor 1282 shared this reality as she believed she could not seek help or leave one of her abusers due to this abuser being in control of her educational and financial benefits as

he was her caseworker. She stated, “... I was scared to come and say something because of losing my benefits.”

The presence of these factors complicated the IPV survivor’s decisions to seek help and ultimately walk away from the relationships since they must consider these factors in their decisions. The presence of children is another relationship layer that makes it especially difficult, as women survivors must consider their children’s feelings and wellbeing in the process of seeking help. Tiny affirmed this by discussing her rationale for taking her abuser back after she and her children moved out on their own to end the abuse. She stated, “... I allowed him to come back into our lives. Because it’s just not mine. It’s, it’s, it’s my kids as well. And I knew that they were missing their dad.”

Research, however, is conflicting as some have found that IPV survivors may or may not take the risk and seek help based on the level of danger she feels for her children. These dangers may include the emotional effects, threat of direct physical abuse, or possible removal of her children by Child Protective Services if she doesn’t leave the abuser (Douglas & Walsh, 2010; Meyer, 2011).

Raquel shared an instance of the emotional effects on children living in an abusive home when she stated, “My children were getting out of order, as far as, they saw daddy doing things – so then, they would act out, just, -- it was just a lot of chaos and confusion...” This is in part, one of the catalyst for her ending the relationship with one of her abusers although it was not immediate.

The findings of this study indicate that a mother’s consideration of her children is an important piece to the puzzle of how women decide to seek help or not in abusive relationships as it can create a more complicated decision making process. Congruent with

literature, children can be a primary motivator for women to seek help (Randell et al., 2012). The specific topic of children, were only briefly explored in this current study and are worthy of additional research to provide greater clarity about the role children have in mitigating a mothers decisions about her abusive relationship.

Comparison. Comparatively the relationship dynamics of the 18-24-year-old participants and the 25-34-year-old participants were very different. The 18-24-year-old participants' simple relationship provided a platform for easier, cleaner and less complicated decision-making to seek help and subsequently end the relationship. The 25-34-year-old participants' more complex situation provided additional factors that potentially became barriers to their help seeking behavior. In my search, I found no literature that explicitly explored the significant difference in relationship dynamic between the two age groups. Much of the literature found confirmed that young people tend to have more temporal, shorter relationships (Meyer, 2011) which according to the current study results, contributed to them being simpler in nature. Other literature did confirm that women who have more layers of entanglement with their abusers including children (Randell et al., 2012) and finances (Postmus et al., 2012) have more factors to consider when deciding how to address her abusive relationship.

Such an example was illustrated when Nina shared a conversation she had with her abuser when she attempted to leave,

But he kept tying it back to, Well we – you split the rent with me and if you leave, I'm going to hold you liable for your half of the rent. And like and all the bills, like I'm the responsible person.

This complexity caused Nina to remain in this relationship well beyond what she would have liked. All five of the 24 to 35 age demographic participants affirmed this very same result although the complexity may have looked different. The participants had to consider the complexity of the relationship before they could make a decision or choice to either seek help or leave the relationship. This aligns very well with the theoretical help seeking behavior framework underpinning this study that theorizes that the entwined nature of the relationship coupled with the shifting behavior of abusers makes it more difficult for a woman to decipher and identify her abuse (Liang et al., 2005). According to Liang et al. (2005), the fluid nature of the wide range of interactions that an abused woman has with her abuser including co-parenting, decision making, intimacy, and working make it difficult for a woman to identify the abuse, as the relationship interactions are constantly shifting between the various roles described previously and abuse. In one instance the abuser is loving and kind as a father perhaps and then becomes violent and belligerent. This creates confusion for the abused woman and makes it more difficult to label the abuse appropriately thus interfering with her ability to make effective help seeking choices.

Awareness of resources. The participants' awareness of the options available to them was also significant in their help seeking behavior and subsequent outcomes. If the participant was not aware of a potential resource she could not access it. However, having knowledge of the resource did not indicate that she would in fact seek help.

Formal support. Formal supports consist of professional resources such as counselors, law enforcement, domestic violence organizations, shelters, hotlines, advocates, and medical professionals (Goodman & Smyth, 2011). At any given time one or many of these resources is available to IPV survivors if they choose to use them.

The 18-24-year-old. Only two of the five 18-24-year-old participants accessed a formal support. Both women contacted the police to request a protective order due to the increasing violence and aggression of their abusers as they reached the point that they felt the situation was out of their control. This is consistent with literature as previous findings support the idea that women typically do not seek help unless they see the problem as unlikely to go away without assistance from an outside source (Liang et al., 2005). Additionally, the remaining three participants in this age group, who did not seek legal intervention or any formal support, made choices consistent with other same aged survivors in previous literature. Prior evidence points to the idea that young women are more likely to seek help from informal supports such as family, friends, parents (Liang et al., 2005) or other survivors (Lewis et al., 2015) before they seek formal supports such as the police. The literature also addresses a survivor's prior experience with formal supports as an additional condition that will influence their willingness to subsequently reach out if abuse continues (Liang et al., 2005). Contradictory to the current study findings, Martin et al. (2012) found that young women had little hesitation to seek formal help due to friends not really knowing what to do and instead tell them, "just leave him, just leave him alone" (p. 961).

In the current study, the two participants who involved law enforcement both had positive interactions and experiences with the police which would potentially influence a choice to contact them again in the future if needed. Nike stated,

Um, when I did, um, make that report, um, they did tell me things like what's wrong with this guy, just -- the police was just literally just like given their all. He was like, Are you serious? Like, What is wrong with him?

Jasmine had a similar experience as she described her interaction with the police when she went to file for a protective order,

The guy, he was really nice about it and he told me that he was telling me a story about his daughter had been through stuff like that and that she had got stabbed and that I'm lucky that I got out of there without anything really bad happening to me. He gave me his card and he told me if I was ever feeling scared or if anything ever happened or if he kept contacting just to call him. It wasn't that bad.

The sense of validation, genuine caring, absence of judgement, and being filled with understanding were key traits that made this experience positive for the participants. These results are consistent with the literature. According to Martin et al. (2012), in her study of urban teens and young adult survivors of IPV, participants highlighted the importance of being able to speak with formal supports without fear of disapproval, feeling judged, or being misunderstood. Specifically they described the importance of the formal support being “someone you feel comfortable with” and who “is willing to hear”.

Other research supports the idea of positive traits of formal help seeking services as highly important to a young person's willingness to access the service. This type of positive experience influenced the consideration of future interaction with similar helping programs and alternatively if the experience was negative it potentially would have the opposite effect and create a barrier to future access (Stewart et al., 2013).

The 25-34-year-old. All five of the participants in this age demographic were aware at some point of formal resources that were available to them. Four of the five participants accessed law enforcement during or after their abusive situations. The interaction outcomes were mixed as two of the participants had negative experiences. The

remaining two survivors had positive experiences and in some cases contacted the police more than once. This varied response is also consistent with the literature. According to qualitative research focused specifically on victim's experiences with the police following domestic violence situations, the participant's encounters with the police varied from negative to positive (Stewart et al., 2013). The nature of the interaction with law enforcement and its influence on a woman's choice to use that service again has also been well documented in historical literature. If the victim's experience is negative it can create a barrier to using that service in the future if needed (Anderson et al., 2003; Johnson, 2007; Wolf et al., 2003). Conversely, if the victim's experience is positive she is more likely to use the service again as participants in my pilot study reported (Lewis et al., 2015).

Informal support. Lewis et al. (2015) identified several informal supports that consist of family, friends, spiritual guidance, other survivors and coworkers. In the current study, informal support was also identified as a subtheme with the additional specifier: *Not worth the risk: Protective measures.*

The 18-24-year-old. Four of the five participants in this age demographic first choose their informal support of friends (or same aged family members) to open up to about their abuse. Parents and family were a last resort for this age group due to the need to protect their parents or family from potential negative outcomes. Nike shared why she chose not to inform her family until the situation had gotten out of control, "So it was like I didn't want to tell him because my dad probably would try to kill him. And I was like, you know -- I can't, I can't risk that."

This sentiment was shared with four of the five participants as they each feared their parents', in particular, reaction to the abuse. Anticipated outcomes included getting in trouble herself for being in an abusive relationship to her parents wanting to harm the abuser or creating family drama as a result. The participants' rationale for not telling parents was simply to avoid these potential negative outcomes. Jasmine expressed the concern that kept her from telling her parents the truth until the situation became excessively violent, "I just feel they were going to be mad at me." This idea highlighted the notion that 18-24-year-old participants weighed their parents' negative responses heavier than the abuse they endured themselves. This misplaced avoidance caused young women to manage the abuse on their own or with friends who were also unfamiliar with how to handle this kind of situation. This finding was consistent with literature as Martin et al. (2012) found that teens avoided telling parents about their relationship issues and instead sought help from friends.

The propensity to initially seek help from friends is consistent with previous research on young women's help seeking behaviors. Cho and Huong (2017) conducted a quantitative study focused on college students and their help seeking behaviors. They had a similar finding as the current study as they too concluded that college victims of abuse used informal help more than formal help. Additionally, reflected in Martin et al. (2012), teens interviewed in this qualitative study about dating violence and help seeking behavior shared that they had a strong preference to turn to peers. Participants in this study further identified that friends may be compromised helpers, however, due to possibly experiencing dating violence themselves. Conversely, the participants in the current study felt that friends were initially a sufficient source of support. However, also consistent with the

current study findings, the participants in Martin et al. (2012) did report fear of reaching out to parents, specifically mothers, due to the shame of talking about intimate issues in their relationships.

In another study focused on help seeking behaviors of Latino young people, almost 40% of the participants did not disclose their dating violence to friends or family (Sabina et al., 2014) which is inconsistent with the current study findings as all five participants made this disclosure to friends at some point. However, consistent with the current study findings, in the Sabina et al. (2014) study, when participants did seek informal supports 42.9% relied on friends. This confirms the idea that when young people do seek help they are more likely to seek friends before they talk to anyone else.

Traits exhibited by friends the participants chose to talk with were positive as well. Open, honest, devoid of judgement, comforting, and caring were the traits that were deemed helpful by the friends the participants accessed during or after their abuse. The character traits are consistent with the findings of my pilot study (Lewis et al., 2015) as participants shared that family being there and comforting them was helpful. Additionally, in the pilot study participants also described the trait of 'not being pushy' but rather caring as important to them. Jasmine affirmed the importance of these traits highlighting that her friends were there to comfort her as she shared,

..the people that I call my friends, I've been friends with for a long time and because they had been telling me to leave him alone and that I needed to stop being with him and then move on and that he was crazy. I just wasn't listening. I was just like they were right all this time but they were really there for me for everything,

anytime I was upset or I would think about and I would get upset or mad they were there to comfort me and talk me through it.

The 25-34-year-old. All five of the participants in this age demographic did access their informal supports at some point during or after their abuse. Positive traits of friends included being caring, non-judgmental, and a good listener who did not tell them what to do. In my pilot study, Lewis et al. (2015), a similar result was found as participants shared the importance of formal or informal helpers considering their wants instead of telling them what to do.

All five of the participants in the current study acknowledged that they were close to those they spoke to and felt that the process of getting it out was pivotal in their process to walk away from the abuse. Nina shared her feelings when she finally opened up and was honest with a friend for the first time, “So yeah, I think kind of like getting it out like that, and then having—hearing it back, hearing someone tell me, like, This is your--- this is your life.” In all, five participants’ experiences of opening up to a friend, the sounding board, or hearing it back became important in their ability to reprocess the information differently. Their friends resisted the urge to tell them what to do about the situation and instead gave them the opportunity to be heard, to decide for themselves, and the promise to support her throughout.

Comparison. The two age demographics differed in their access of formal supports during or after their abuse. Only two of the five 18-24-year-old participants accessed a formal resource. The remaining participants in this age group were either unaware of formal resources or did not believe she needed formal help to address her situation instead opting to talk with her friends. This is consistent with the literature that

highlights the young abused woman's tendency to access informal help instead of formal help (Cho & Huong, 2017). In contrast, all five of the 24-35-year-old participants were aware of formal resources and four of the five accessed law enforcement at some point in their abusive relationships at the height of their physical abuse. Research indicates that if a woman deems her problem as minor she is more likely to seek informal assistance and if she believes it is a more legal issue, she will involve law enforcement as these women did (Liang et al., 2005).

Both age groups shared similarities in regard to their interface with informal supports relative to their abuse. All participants shared the idea that those who they turned to during this time must first create a safe place to have the discussion. This was an emotional safety that allowed the participants to be vulnerable. Additional positive traits included that the supporters were good listeners and allowed the participant to vent or talk it out herself. Many of the participants were told by their friends that they were not going to tell them what to do even if the participant asked for direct suggestions. The power in allowing the IPV survivor to decide for herself instills self-efficacy, the knowledge that she can be her own change agent and her thoughts and wants matter more than anyone else's agenda. This relationship was strengthened more so if the friend was also a survivor with lived experience. This finding is consistent with literature as reflected in Lewis et al. (2015) in which the participants who shared their experiences with other survivors found the greatest support when compared to other support sources. Participants shared that another survivor has insight into her situation that other formal or informal helpers do not.

Internal Factors

Classification/Label. The way a woman reconciles or classifies her abusive relationship is directly related to the action she will take to address it (Liang et al, 2005). According to the application of Prochaska, DiClemente, and Norcross (1992) Transtheoretical Model of change to victims of abuse, if the woman labels the abuse as an atypical event she will likely not make any help seeking attempts as she is in the pre-contemplation stage. Alternatively, if the woman moves to the contemplation stage she will begin to recognize and label the abuse as a problem and consider the advantages or disadvantages of taking action (Prochaska, DiClemente, & Norcross, 1992; DiClemente, 2007).

The 18-24-year-old. All five of the 18-24-year-old participants in this study inaccurately labeled their abusive situation. They either brushed it off, thought it was a joke, or felt that it was not as serious as they later learned. This was evident when Kori stated, “I was just brushing it off” and mimicked in Brianna’s response as to how she felt about the initial control exerted by her boyfriend, “I was okay, like I’d brush it off.” This minimization of the abuse contributed to their lack of immediate action. This outcome is consistent with recent research findings of college women and their leaving process from abusive relationship. Edwards et al. (2016) found that many of the women in her qualitative study either did not acknowledge the abuse at all or minimized it, which ultimately allowed them to make excuses to justify their decision to remain in the relationship. Although, these relationships were shorter in duration and simpler to end than the 25-34-year-old participants’, they were still exposed to coercive control and abuse for longer periods of time than was necessary had they initially classified the situation accurately.

The 25-34-year-old. All five of the 25-34-year-old participants initially mislabeled, minimized or dismissed the abuse. Instead they reconciled the abuse in a manner that allowed them to remain in the relationship. This misclassification caused them to not take necessary steps to end the abuse quickly and instead contributed to the length of the abusive relationship. Survivor 1282 explained her lack of knowledge about the abuse at the hands of a case worker with whom she was having a relationship, “Like I was having to sleep with him in exchange to receive services. So not knowing that it was rape...” Her lack of identifying this as abuse contributed to her remaining in the relationship much longer. Raquel explained how she understood the meaning of her relationships in a spiritual realm versus labeling them as abusive which would have prompted her to leave sooner. She said,

And I fell in love with my assignments [abusers], because I love so hard. So it was meant for me to maybe bless them or bring them to God or help them or let them see something that they didn't see in their self.

These thoughts are aligned with the idea that there were individual influences that facilitated their decision to seek help as how she classified the abuse informed her decisions on what she did about it (Liang et al., 2005). This is especially true when understood thru the aforementioned lens of the Transtheoretical Model of Change applied to women who experience intimate partner violence. The participants in this age group were in the precontemplation stage of change as they had not identified their situations as abusive and thus were not considering making any changes (Prochaska, DiClemente, & Norcross, 1992; DiClemente, 2007). In most cases, this lack of accurate classification contributed to the participants' unwillingness to tell anyone what was going on at home initially. This ultimately contributed to self-blame and co-ownership of the problem.

Comparison. Both age demographics of survivors mislabeled, misclassified, minimized, or dismissed their abuse initially. This is not unusual as is reflected in the literature as a woman's definition of IPV can be mitigated by social contexts of gender, class, and culture (Liang et al, 2005). The younger women tended to brush the abuse off and not think of it as abuse due to their perceptions of abuse from either television or other sources. They did not think that what they were going through was the same kind of abuse that other women went through because they were so young. This point was clarified by Jasmine's comment as she described her idea of abuse between a married couple she'd seen on television,

I would see stuff like that where husbands will get mad at wives but sometimes it's because wives have actually done something or and then it results in a huge fight and the man ended up putting his hands on the woman.

She did not equate her emotional abusive situation as the same as what she saw on this show in part due to the age difference and because it also was not physical yet. Additionally, Nike shared her view of abuse when she stated, "-- you know how people will tell you what, um, the signs of an abusive relationship or a fatal attraction when they tell you like, "If you can't wear a spaghetti strap. It wasn't to the point like that..." She also minimized her abuse as her abuser was using coercive control to tell her what she could and could not wear. This highlighted the need to help women accurately identify abuse at the beginning and not wait until it had escalated to the point of no return.

Blame. Shared ownership, self-blame, or unfair blame were all aspects of this theme that surfaced repeatedly. It is important to consider how a woman's perceptions of

blame influenced her help seeking behavior as the subthemes of self-blame and other blame emerged.

Self-blame. Self-blame occurred when the participants owned aspects of the abuse due to her behavior or she assumed responsibility for the possible solutions. This blame was significantly indicative of how the participants chose to address their abuse. According to Liang et al. (2005), when an abused woman interprets her violent relationship as being a result of her shortcomings she is more likely to deal with the issue herself due to the belief that she has the power to effect change in the outcomes.

The 18-24-year-old. Three of the five participants in this age group, accepted some level of shared ownership in the situation. Jasmine expressed her sense of responsibility this way, “I just felt really bad. Then I started to question like is this my fault? I felt maybe it’s my fault that he’s acting like that but I don’t know.” Telly further affirmed this sense of self-blame as she expressed her perceived fault in her sexually abusive situations, “I just felt really bad that I did it in general and like allowed it to happen, you know... ‘cause it wasn’t the first situation where I would allow things to happen.” These participant experiences are consistent with literature, as Reich et al. (2015) found that high levels of physical abuse interacted with high levels of self-blame in their study of battered women and the role of self-blame in their psychological adjustment. Two of the three participants in this age group who affirmed self-blame endured significant physical abuse at the hands of their abusers.

The 25-34-year-old. The 25-34-year-old participants also experienced a great amount of overt blame or shared ownership of the abuse with four of the five affirming an experience consistent with this theme. The blame was either implied by the abuser and she

began to own it herself or she believed initially that because of her reactions she was at fault.

This sentiment was shared by Raquel when she stated, “even though I was getting abused, I became the abuser just as well.” Nina believed for a different reason that she was part owner of the abuse making her part of the solution as she shared,

But we need to figure out how to talk better. You didn’t do this. So we – like it – like it was a *we thought*. Not like oh well you’re hitting me, you need to like not hit me anymore. But, we need to do this.

This shared ownership facilitated the continuation of abuse and ultimately became a barrier to her help seeking behavior as well. When the participants believed there was implied or accepted responsibility somehow for what was happening it was more difficult to seek outside resources to assist because they also viewed themselves as part of the problem. This is consistent with literature stated previously, as women who believe that their abuse is due to their failures are more likely to think that they have the power to change the relationship (Lianget al., 2005) therefore limiting or extinguishing any attempts to seek outside help.

Other blame. Other blame occurred when the participants were either blamed by their abuser or others for the abuse or its outcomes. This blame also influenced the participant’s decision to seek help or not during or after the abusive relationship.

The 18-24-year-old. Two of the five participants experienced other blame by their abusers. Jasmine affirmed this as she expressed, “But he blamed that on me too. He told me that the only reason he did that because I wouldn’t have sex with him. That was my fault as well.” Kori echoed this experience as she shared what her abuser told her, “This is

your fault, I don't know why you bringing him over there. I don't know why you around all these dudes. This your fault that I'm acting this way."

It appeared that other blame was a common issue within these relationships. However, for the 18-24-year-old participant, it was not a significant barrier that stopped them from reaching out to their informal supports, their friends. This finding is consistent with the literature as young survivors are more likely to seek help from friends (Sabina et al., 2014).

The 25-34-year-old. The participants in this age group also shouldered a great amount of other blame as four of the five had various experiences. Tiny shared this as a common occurrence with her abuser as she said, "But I was so used to him blaming me for everything." Michelle had a similar experience of other blame from several sources including her abuser, her mother, and law enforcement. She shared the details of her mother's blame as follows, "And I remember my mom she said once, well, you've got to keep your hands off of him, so he won't, you know, do ABC." It was after this blame that Michelle began to accept more blame and ownership of the abuse. This is consistent with other research findings about the help seeking behavior of IPV survivors. In Moe (2007), IPV survivors were interviewed and shared their help seeking interactions with family and friends. In one interview, a survivor shared that her mother blamed her for the abuse and she subsequently felt guilty and blamed herself as well.

Michelle further shared that after calling the police to come to her home after an abusive episode, she was blamed by them as well. She stated, "The police said- No, you all need to stop fighting." Furthermore she felt that the police were siding with her abuser as she recounted him saying, "Yeah, the police officer agreed with me that you know, you

need to calm down and you don't need to antagonize me or you know get me to that place where I'm going hit you." Consistent with the literature focused on the outcomes of IPV survivor's negative interactions with law enforcement, Michelle's experience of blame by the police prompted her to no longer seek their help in future violent episodes (Anderson et al., 2003; Johnson, 2007; Wolf et al., 2003). This negative experience also caused her to hesitate before telling others about her abuse much like other survivors in the literature (Menaker & Franklin, 2015).

Comparison. Nine out of ten women in both age groups either shouldered the blame or were blamed by their abuser or others. Blame appeared responsible at least in part, for the increased difficulty experienced by the 24 to 35-year-old women to seek help of any kind. This is confirmed in the literature as blaming herself or being blamed by her abuser is a set up to stall the help seeking process (Liang et al., 2005).

Upon further analysis, other blame emerged as a possible catalyst for self-blame, especially when the source of the blame was respected (Moe, 2007). In contrast, the 18 to 24-year-old participants, whether they accepted blame or not, did access informal supports of friends to discuss what was happening to them. This perhaps allowed the young women to leave these relationships a lot sooner than the women who were 24 to 35-years old.

Looking Back

The 18-24-year-old. The 18-24-year-old participants were very clear in their declarations of leaving sooner if they could turn back the clock. They would have paid attention to the red flags that were present and labeled the abuse correctly. Nike expressed this well when she stated, "I would definitely pay attention to the signs." This indicated that although a young woman may mislabel abuse in the beginning she is

capable of reconciling it accurately which could help her to avoid making a similar mistake in the future.

The 25-34-year-old. All the survivors in the 25-34-year-old age demographic stated that they would have left these relationships sooner if they knew then what they know now. Leaving after the first incident would have been a better option according to Nina, “I wish I would have blocked the relationship when it was five months when he choked me, you know, it’s a pretty clear indicator that things weren’t going to be good.” She furthered this thought by coupling it with seeking services as well, “I guess I wish I would have been more able to – more willing to seek help, even if it just like going to see a counselor.” Perhaps if this formal support was in place Nina may have been able to walk away much sooner, long before the relationship became more complicated by cohabitation and marriage.

Comparison. Hindsight provided clarity for all the participants. Nine out of the 10 participants stated that they would have left these relationships sooner if they could do it all over again. These women, regardless of age, gained great insight into their circumstances post haste. It was unfortunate for some that this had to come at such a high price as many of the older women endured very long and drawn out violent relationships. Collectively, these results are consistent with researchers that theorize that a woman must define her situation as abusive first before she can move forward with help seeking behavior. Specifically a woman must move beyond the pre-contemplation stage of change characterized by more accurate labeling of abuse, in order to begin to see her situation as one in need of change in the first place (Liang et al., 2005, Edwards et al., 2016, Prochaska, DiClemente, & Norcross, 1992; DiClemente, 2007). The abused

woman's movement to contemplation stage of change facilitates her more active help seeking behaviors.

Implications for Practice

The results of this study are used to highlight the barriers that exist to prevent survivors of IPV from seeking help. As I found in the study conducted by Liang et al. (2015), the primary and most important step in the help seeking process is the woman's accurate classification of the issue. The IPV survivor is not in a position to make any changes until she identifies the problem. There are two avenues to address this primary problem-informal and formal.

Implications for Informal Supports

Once the woman experiencing IPV has correctly labeled her abusive relationship, she is now able to decide what she will do. Without information or knowledge about the value and availability of formal resources that can often be provided by informal supports, an abused woman will often continue to suffer in silence.

The first and perhaps most important intervention for this problem is found in the community with informal supporters. Based on the results of this study, there exists an overwhelming actuality that a young survivor in the 18-24 age demographic is less likely to talk to her parents about abuse and instead will seek help from her friends or same aged peers first. Reflecting on the foundational tenet of the theoretical framework of this study, Adler posits that "humans are socially embedded and cannot be understood apart from their relational context" (Watts & Phillips, 2004, p. 276). This integration of social connectedness is key to understanding the help seeking behavior of young survivors of intimate partner violence. This additionally, presents a challenge as her friends are not

equipped to deal with this issue any more than she, a finding that is supported by the literature on the help seeking behaviors of urban young women and their belief that peers were not sufficient helpers due to their own experience of dating violence (Martin et al., 2012).

The survivors of IPV may not equate informal supporters as help seeking at all actually. Using informal supporters is more often viewed as an opportunity to vent what is happening in their current relationship (Henry & Zeytinoglu, 2012). For these informal helpers to provide the most beneficial assistance they must be informed on how to identify the signs and symptoms of an abusive relationship. Subsequently, they must then be able to adequately relay this message to her in a way that helps her to reconcile what is happening.

In order to improve the usefulness of young women's informal supports or friends, domestic violence organizations and advocates must reach these women where they are. Teens are in academic settings more than they are any other place during this age. The school systems may consider the positive impact of integrating dating violence curriculum and resources into their academic programs. Not only is this important at the secondary school level but colleges and universities can help their female population significantly by offering and creating programming that educates students on this epidemic. The public school and university might consider creating regular campaigns to elucidate their campus services provided in addition to local services (Henry & Zeytinoglu, 2012). This information needs to be clear, easy to understand, age appropriate and relatable. A solution might include creating separate materials for each age group.

Women between the ages of 18 to 24 are the most vulnerable to intimate partner violence, with approximately 50% of college women being victimized in this way (Briedling et al., 2014). Within a group of friends, at least one of them is being abused. If at least one of the other friends knows the signs and symptoms of abuse she may be able to help her friend.

Additionally, for peers to be effective helpers, the message must be sent from a relatable source. When the messenger or the message is disconnected from the abused woman's current circumstance, women of all ages dismiss their experience of violence and minimize it to being just a bad relationship or some other inaccurate reconciliation. If they hear from other young women who look just like them, who have lives that are parallel to theirs, who live in the place where they live, who go to their same university or school and they hear stories that run the range of abuse from emotional to physical violence; she will be more equipped to readily identify signs and symptoms when they show up in her own relationship and be empowered with knowledge to make a choice to seek help for herself sooner.

These same principles can also apply to the woman aged 24 to 35. They also need education about violent relationships and must be met where they are. According to the United States Department of Labor (n.d.), 21% of all working women are within this age range and are therefore spending a great amount of time on their jobs as a result. It would be extremely helpful for employers to offer educational programming to their staff about domestic violence as it clearly impacts the work environment. Again, hearing these stories from women who look like her, and who have similar lives as she, is helpful in her making a connection to classify her situation more accurately.

As mentioned previously, based on the results of this study, 18-24-year-old participants do not typically tell their parents about their abusive relationships. Therefore, it is especially important for parents to gain education about teen dating violence and insight on how to talk with their daughters about this difficult topic. This might consist of a special program for teen parents at high schools or universities during the academic year on this topic and include a discussion about signs and symptoms, red flags, available community resources, and other interventions available. It would also include a conversation with parents about the necessity of being open to have difficult discussions with their young daughters without losing control.

All five of the 18 to 24-year-old participants did not disclose their abuse to their parents because they were afraid of the negative outcomes that would occur. This highlighted that parents are a natural resource for young women that is not used due to potentially irrational fears. Parents could improve the likelihood that their daughters will speak to them about this issue by broaching the topic themselves just to check in with their daughters if they are dating. Being aware of what your daughter is doing is very important in a parent's ability to provide appropriate helps when necessary. Removing judgment, allowing her to vent, not telling her what to do while offering options and creating a safe space for open communication is key for both parents and friends of abused young women in providing the most helpful informal assistance.

Additionally, if more members in the general community are equipped with accurate insight into this problem, the abused woman of any age may be more likely to seek help from those who she knows have information and are a source of assistance. This might be her friend who attended a domestic violence training at school or her

supervisor who mandated all staff to attend a training on domestic violence recently. Ultimately, she must know that there are resources available to her that can meet her needs whether they are informal or formal.

Implications for Formal Supports

With nearly half of the women in our country dealing with some form of psychological abuse (Smith et al., 2017), it becomes important for counseling professionals to be better prepared to help based on the aforementioned statistic, as it implies that half of a counselor's caseload of female clients is suffering whether she admits to it or not. To assist with accurate classification, helping professionals can benefit from education on this topic as well to become comfortable with assessing for, identifying, and labeling correctly violent relationships for our clients. Based on the results of this study, if a woman is seeking help she may not report it as a violent relationship and until she has an appropriate label she is not in a position to do anything about it. To assist with this, counseling professionals might consider adding a question about the experience of violence in client's current or past relationships to their intake assessment. This will allow the helper to understand at the onset of counseling if this client is currently suffering from violence in her home.

Clinicians can learn from research and textbooks; however, this psychoeducation is perhaps best gained from women who have the lived experience who can share from their perspective how counselors or other formal supports can help more effectively as was highlighted in this study. Counselors may consider the value of reaching out to local domestic violence organizations in efforts to connect and volunteer with those who are doing this work in the community. This will provide counselors with additional insight

needed when working with survivors in addition to first-hand knowledge of local resources. At the least, helping professionals can seek out additional training when working with any population of women but especially when treating woman 18 to 24 or 25 to 34, as they are the two most vulnerable populations to be victimized in this way (Brieding et al., 2011).

Collectively, formal supports including mental health counselors, attorneys, law enforcement, medical professionals and advocates can better assist survivors of IPV when providing services that are void of judgment, empowering, empathetic, and understanding. Collectively, these traits foster a positive and helpful therapeutic relationship which aligns with the Adlerian Feminist theoretical framework of this study (Worell & Remer, 2002). The results of this study revealed that positive interactions with professional helpers was very helpful in the participants' help seeking process and "made her feel better" further reducing the barriers. However, alternatively, one negative interaction could cause the abused woman to never use that service again in the future even if she needed it creating a barrier for receipt of services.

Recommendations for Further Research

Firstly, results from my study uncovered the essence of help seeking behavior of survivors of IPV and the barriers that existed to their actually seeking this help; however, there is a continued need for more research to be conducted on this topic. While there is an abundance of research on intimate partner violence much of it is focused on why she stays or why she goes (Bornstein, 2006; Grauwlir, 2007; Griffing et al., 2002; Lawless, 2008) and studies that strive to understand the IPV survivors help seeking behavior do not typically consider this qualitatively and in her voice. Hearing her experience, in her

voice is invaluable when creating programming that is relatable and that will allow her to connect. These types of programs will best meet the survivor's needs when she is in need of help. Future research can extend the research of help seeking behavior of intimate partner violence survivors by examining same gender relationships or transgender relationships. Doing so may increase knowledge and understanding of the IPV experience of special populations in the community.

Secondly, research on the phenomenon may also be enhanced by employing a mixed methods approach. Using qualitative and quantitative protocols could further the understanding of the emotional and mental factors (depression, Post Traumatic Stress Disorder, anxiety, blame, etc.) that could influence the IPV survivor's help seeking behavior. This might provide insight into both her subjective experience and her objective experience.

Thirdly, I would suggest that future researchers continue to focus on the creation of effective prevention, intervention, and recovery tools to empower survivors of IPV who struggle much of the time to piece her life back together that was destroyed systematically, piece by piece by her abuser (Lewis et al., 2015). Findings from my study suggest that survivors depend an extraordinary amount on informal supports to recover from these relationships. Educating or training our general community, who happen to be her informal supports, ultimately provides her with more effective and helpful resources. This is how this epidemic can begin to be eradicated.

Finally, conducting research to understand the experiences of men who are victimized by IPV, can also be very informative for both formal and informal helpers. With the latest national statistics of an estimated 50% of men suffering from some form

of psychological abuse and 1 in 7 experiencing severe physical violence in their lifetimes (Smith et al., 2017) attention must be given to create solutions for this population as well. These statistics coupled with the stigma that men find themselves fighting to avoid, makes it difficult for them to gain appropriate help. New research can assist in this universal matter.

Conclusions

Researchers have posited that a woman will seek help for violent relationships when she believes the violence is chronic and severe. The abused woman is less likely to seek this help when she perceives it at lower levels and less severe (Macy, Nurius, Kernie, & Holt, 2005; Nurius, Macy, Nwauzor, & Holt, 2011). This conclusion draws attention to the importance and value of understanding how women navigate the landscape of abuse in efforts to ignite the help seeking process. The findings of this study added to this body of research by highlighting both Internal and External Factors that influence the 18-24 and 25-34-year-old survivor's help seeking behavior.

More research from the survivor's perspective, particularly from the 18-24 and 25-34-year-old woman's perspective, as they are the two most vulnerable populations to be victimized, is needed. This study did identify key areas that require attention from both formal and informal supports in efforts to remove barriers from accessibility and desirability of available resources. The most important area identified for the 18-24-year-old survivor was the need to increase the use of her parents as a natural resource. The participant survivors tended to avoid them when they could actually be helpful in their process of recovery. Teaching parents how to relate to their daughters is key to removing this barrier.

REFERENCES

- American Counseling Association. (2014). *ACA 2014 code of ethics*. Alexandria, VA: Author. Retrieved from <http://www.counseling.org/knowledge-center/ethics>
- Anderson, M. A., Gillig, P. M., Sitaker, M., McCloskey, K., Malloy, K., & Grigsby, N. (2003). "Why doesn't she just leave?": A descriptive study of victim reported impediments to her safety. *Journal of Family Violence*, 18(3), 151-155.
- Anderson, K. M., Renner, L. M., & Danis, F. S. (2012). Recovery: Resilience and growth in the aftermath of domestic violence. *Violence Against Women*, 18(11), 1279-1299. doi:10.1177/1077801212470543
- Arnett, J. J. (2000). Emerging adulthood. A theory of development from the late teens through the twenties. *American Psychologist*, 55, 469–480. 10.1037/0003-066X.55.5.469
- Arthur, C., & Clark, R. (2009). Determinants of domestic violence: A cross – national study. *International Journal of Sociology of the Family*, 35(2), p. 147-167.
- Becker, H. S. (1970). *Sociological work: Method in substance*. Chicago, IL: Aldine.
- Bitter, J. R., Robertson, P. E., Healey, A. C., & Jones, L. K. (2009). Reclaiming a profeminist orientation in Adlerian therapy. *The Journal of Individual Psychology*, 65(1), 13-35.
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T.,...& Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

- Bornstein, R. (2006). The complex relationship between dependency and domestic violence. *American Psychologist*, 61(6), 595-606.
- Breiding, M. J., Basile, K. C., Smith S. G., Black, M. C., & Mahendra, R. R. (2015). *Intimate partner violence surveillance: Uniform definitions and recommended data elements, Version 2.0*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Jieru, C., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—national intimate partner and sexual violence survey, United States, 2011, MMWR. *Surveillance Summaries*, 63(8), 1-18.
- Retrieved from
http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6308a1.htm?s_cid=ss6308a1_e
- Bryman, A. (1988). *Quantity and quality in social research*. London, England: Unwin Hyman.
- Buck, N. L., Leenaars, E. M., Emmelkamp, P. G., & Van Marle, H. C. (2012). Explaining the relationship between insecure attachment and partner abuse: The role of personality characteristics. *Journal of Interpersonal Violence*, 27(16), 3149-3170.
- Calvert, R. (1974). Criminal and civil liability in husband-wife assaults. In S. K. Steinmetz and M. A. Strauss (Eds.), *Violence in the Family* (pp. 88–90). New York, NY: Harper and Row.
- Cho, H. & Hang, L. (2017). Aspects of help seeking among collegiate victims of dating violence. *Journal of Family Violence*, 32, 409-417.

- Clevenger, B. M., & Roe-Sepowitz, D. (2009). Shelter service utilization of domestic violence victims. *Journal of Human Behavior in the Social Environment*, 19(4), 359-374. doi:10.1080/10911350902787429
- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among 5 approaches*. (3rd ed.). Thousand Oaks, CA: Sage.
- Curry, M., Renker, P., Robinson-Whelen, S., Hughes, R., & Swank, P. (2011). Facilitators and barriers to disclosing abuse among women with disabilities. *Violence and Victims*, 26(4), 430-444.
- DiClemente, C. C. (2007). The transtheoretical model of intentional behaviour change. *Drugs and Alcohol Today*, 7(1), 29.
- Dorfman, E. (2004). Ayelet program: Mentoring women leaving the cycle of violence. *Journal of Religion & Abuse*, 6(3/4), 101-108.
- Douglas, E., Hines, D., & McCarthy, S. (2012). Men who sustain female to-male partner violence: Factors associated with where they seek help and how they rate those resources. *Violence and Victims*, 27(6), 871-894.
- Douglas, H., & Walsh, T. (2010). Mothers, domestic violence and child protection. *Violence Against Women*, 16, 489–508.
- Dukes, S. (1984). Phenomenological methodology in the human sciences. *Journal of Religion and Health*, 23(3), 197-203.
- Dziegielewski, S. S., Campbell, K., & Turnage, B. F. (2005). Domestic violence: Focus groups from the survivors' perspective. *Journal of Human Behavior in the Social Environment*, 11(2), 9-23.

- Edwards, K. M., Murphy, M. J., Tansill, E. C., Myrick, C., Probst, D. R., Corsa, R., & Gidycz, C. A. (2016). A qualitative analysis of college women's leaving processes in abusive relationships. *Journal of American College Health, 60*(3), 204-210.
- Enns, C. Z. (2004). *Feminist theories and feminist psychotherapies: Origins, themes, and diversity* (2nd ed.). New York, NY: Haworth.
- Fielding, N., & Fielding, J. (1986). *Linking data*. Beverly Hills, CA: Sage.
- Fields, M. D. (1978). Wife beating: Facts and Figures. *Victimology: An International Journal, 2*, 647-653.
- Fugate, M., Landis, L., Riordan, K., Naureckas, S. & Engel, B. (2005). Barriers to domestic violence help seeking: Implications for intervention. *Violence Against Women, 11*(3), 290-310.
- Gall, J. P., Gall, M. D., & Borg, W. R. (2010). *Applying education research* (6th ed). Upper Saddle River, NJ: Prentice Hall.
- Garcia, J. R., Reiber, C., Massey, S. G., & Merriwether, A. M. (2012). Sexual hookup culture: A review. *Review of General Psychology, 16*, 161–176.
10.1037/a0027911
- Gelles, R. J., & Straus, M. A. (1988). *Intimate violence: The causes and consequences of abuse in the American family*. New York, NY: Simon & Schuster, Inc.
- Goldman, A. W., Mulford, C. F., & Blachman-Demner, D. R. (2016). Advancing our approach to teen dating violence: A youth and professional defined framework of teen dating relationships. *Psychology of Violence, 6*(4), 497-508.

- Goodman, L. A., & Smyth, K. F. (2011). A call for a social support-oriented approach to services for survivors of intimate partner violence. *Psychology of Violence, 1*(2), 79-92. doi: 10.1037/a0022977
- Grauwlir, P. (2007). Voices of women: Perspectives on decision-making and the management of partner violence. *Children and youth services review, 30*(), 311-322.
- Griffing, S., Ragin, D. F., Morrison, S. M., Sage, R. E., Madry, L., & Primm, B. J. (2005). Reasons for returning to abusive relationships: Effects of prior victimization. *Journal of Family Violence, 20*(5), 341-348. doi:10.1007/s10896-005-6611-8
- Griffing, S., Ragin, D. F., Sage, R., Madry, L., Bingham, L., & Primm, B. J. (2002). Domestic violence survivors' self-identified reasons for returning to abusive relationships. *Journal of Interpersonal Violence, 17*(3). 306-319.
- Henry, R. R., & Zeytinoglu, S. (2012). African Americans and teen dating violence. *American Journal of Family Therapy, 40*(1), 20-32. doi:10.1080/01926187.2011.578033
- Holtzworth-Munroe, A. & Meehan, J. (2000). Typologies of men who are martially violent: Scientific and clinical implications. *Journal of Interpersonal Violence, 19*(12), 1369-1389. doi:10.1177/0886260504269693
- Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin, 116*, 476-497.

- Johnson, I. M. (2007). Victims' perceptions of police response to domestic violence incidents. *Journal of Criminal Justice*, 35, 498-510.
- Johnson, R., Gilchrist, E., Beech, A. R., Weston, S., Takriti, R., & Freeman, R. (2006). A psychometric typology of U.K. domestic violence offenders. *Journal of Interpersonal Violence*, 21(10), 1270-1285.
- Landenburger, K. (1993). Exploration of women's identity: Clinical approaches with abused women. *AWHONN Clinical Issues*, 4(3), 378-384.
- Lawless, E. J. (2008). Place, space, and disruption: A response to the question "Why doesn't she just leave?" *Western Folklore*, 67(1), 35-58.
- Lawson, J. (2012). Sociological theories of intimate partner violence. *Journal of Human Behavior in the Social Environment*, 22(5), 572-590.
- Lewis, S. D., Henriksen Jr., R., & Watts, R. E. (2015). Intimate partner violence: The recovery experience. *Women & Therapy*, 38(3-4), 377-394.
- 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(1-2), 71-84.
doi: 10.1007/s10464-005-6233-6
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage.
- Lunenburg, F. C. & Irby, B. J. (2008). *Writing a successful thesis or dissertation: Tips and strategies for students in the social and behavioral sciences*. Thousand Oaks, CA.: Corwin Press.

- Macy, R. J., Nurius, P.S., Kernic, M. A., & Holt, V. L. (2005). Battered women's profiles associated with service help-seeking efforts: Illuminating opportunities for intervention. *Social Work Research*, 29 (3), 137-150.
- Mahapatra, N., & DiNitto, D. (2013). Help-seeking behaviors of South Asian women experiencing domestic violence in the United States. *Partner Abuse*, 4(3), 295-313.
- Main, F. O., & Boughner, S. R. (2011). Encouragement and actionable hope: The source of Adler's clinical agency. *Journal of Individual Psychology*, 67(3), 269-291.
Retrieved from <http://www.ebscohost.com>
- Mancini, J., Nelson, J., Bowen, G., & Martin, J. (2006). Preventing intimate partner violence: A community capacity approach. *Journal of Aggression, Maltreatment & Trauma*, 13(1), 203–227. doi:10.1300/J146v13n03_08
- Maxwell, M. J. (2005). *Qualitative research design: An interactive approach* (2nd ed.). Thousand Oaks, CA: Sage.
- Martin, C. E., Houston, A. M., Mmari, K. N., & Decker, M. R. (2012). Urban teens and young adults describe drama, disrespect, dating violence and help seeking preferences. *Matern Child Health J*, 16, 957-966. doi: 10.1007/s10995-011-0819-4
- McDonough, T. A. (2010). A policy capturing investigation of battered women's decisions to stay in violent relationships. *Violence & Victims*, 25(2), 165-184.
doi:10.1891/0886-6708.25.2.165
- McKechnie, L. E. F. (n. d.). *Reactivity*. Retrieved from
<http://srmo.sagepub.com/view/sage-encyc-qualitative-research-methods/n368.xml>

- Menaker, T. A., & Franklin, C. A. (2015). Gendered violence and victim blame: Subject perceptions of blame and the appropriateness of services for survivors of domestic sex trafficking, sexual assault, and intimate partner violence. *Journal of Crime & Justice*, 38(3), 395-413. doi:10.1080/0735648X.2014.996321
- Meyer, S. S. (2011). Acting in the children's best interest?: Examining victims responses to intimate partner violence. *Journal of Child & Family Studies*, 20(4), 436-443. doi:10.1007/s10826-010-9410-7
- Moe, A. M. (2007). Silenced voices and structured survival: Battered women's help seeking. *Violence Against Women*, 13(7), 676-699.
- Montalvovo-Liendo, N. (2008). Cross-cultural factors in disclosure of intimate partner violence: An integrated review. *Journal of Advanced Nursing*, 65(1), 20-34, doi: 10.1111/j.1365-2648.200
- Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Newbury Park, CA: Sage.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- National Coalition Against Domestic Violence. (2008). *Family violence prevention and services act: Funding need: \$175 million*. Retrieved from <http://www.ncadv.org/files/statecomparisonFVPSA.pdf>
- Nurius, P. S., Macy, R. J., Nwabuzor, I., & Holt, V. L. (2011). Intimate partner survivors' help-seeking and protection efforts: A Person-Oriented analysis. *Journal of Interpersonal Violence*, 26(3), 539-566. <http://doi.org/10.1177/0886260510363422>

- Onwuegbuzie, A. J., & Leech, N. L., & Collins, K. M. T. (2008). Interviewing the interpretive researcher: A method for addressing the crises of representation, legitimation, and praxis. *International Institute for Qualitative Methodology*, 7, 1-17.
- Paat, Y.F. (2013). Relationship dynamics and healthy exchange across the family lifecycle: Implications for practice. *Journal of Human Behavior in the Social Environment*, 23, 938, 938 – 953.
- Pinnewala, P. (2009). Good women, martyrs, and survivors: A theoretical framework for South Asian women's responses to partner violence. *Violence Against Women*, 15(1), 81-105.
- Polit, D. L., & Beck, T. B. (2010). Generalization in quantitative and qualitative research: Myths and strategies. *International Journal of Nursing Studies*, 47, 1451 – 1458.
- Polkinghorne, D. E. (1989). Phenomenological research methods. In J. W. Creswell, *Qualitative inquiry & research design: Choosing among 5 approaches*. (3rd ed., p. 157). Thousand Oaks, CA: Sage.
- Postmus, J. L., Plummer, S. B., McMahon, S. B., Murshid, N. S., & Kim, M. S. (2012). *Understanding economic abuse in the lives of survivors. Journal of Interpersonal Violence*, 27(3), 411-430.
- Prochaska, J., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47(9), 1102–1114.

- Randell, K. A., Bledsoe, L. K., Shroff, P. L., & Pierce, M. C. (2012). Mother's motivations for intimate partner violence help-seeking. *Journal of Family Violence*, 27(55), 55-62. doi: 10.1007/s10896-011-9401-5
- Reich, C. M., Jones, J. M., Woodward, M. J., Blackwell, N., Lindsey, L. D., & Beck, J. G. (2015). Does self-blame moderate psychological adjustment following intimate partner violence?. *Journal of Interpersonal Violence*, 30(9), 1493-1510.
- Renzetti, C. & Larkin, V. M. (2009). Economic stress and domestic violence. *National Online Resource Center on Violence Against Women*. Retrieved from VAWnet.org.
- Sabina, C., Cuevas, C. A., & Rod, R. M. (2014). Who to turn to? Help-seeking in response to teen dating violence among latinos. *Psychology of Violence*, 4(3), 348-362.
- Shorey, R. C., Cornelius, T. L., & Bell, K. M. (2008). A critical review of theoretical frameworks for dating violence: Comparing the dating and marital fields. *Aggression and Violent Behavior*, 13(2008), 185-194.
- Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Steinmetz, S. K. (1978). Violence between family members. *Marriage and Family Review*, 1, 1-16.

- Stewart, C. C., Langan, D., & Hannem, S. (2013). Victim Experiences and Perspectives on Police Responses to Verbal Violence in Domestic Settings. *Feminist Criminology*, 8(4), 269-294. doi:10.1177/1557085113490782
- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (2009). *Behind closed doors: Violence in the American family*. Garden City, NY: Anchor Books.
- Strube, M. (1988). The decision to leave an abusive relationship: Empirical evidence and theoretical issues. *Psychological Bulletin*, 104(2), 236-250.
- The Public Policy Office of the National Coalition Against Domestic Violence (NCADV). (2014). Domestic violence facts. *The National Coalition Against Domestic Violence*, Retrieved from <http://www.ncadv.org/files/DomesticViolenceFactSheet%28National%29.pdf>
- Ting, L. & Panchanadeswaran, S. (2009). Barriers to help-seeking among immigrant African women survivors of partner abuse: Listening to women's own voices. *Journal of Aggression, Maltreatment & Trauma*, 18, 817-838.
- Towns, A. J., & Scott, H. (2013). 'I couldn't even dress the way I wanted.' Young women talk of 'ownership' by boyfriends: An opportunity for the prevention of domestic violence?. *Feminism & Psychology*, 23(4), 536-555. doi:10.1177/0959353513481955
- United States Department of Labor (n.d.) *Women's Bureau*. Retrieved from https://www.dol.gov/wb/stats/Percent_dis_laborforce_age_sex_2015_txt.htm
- van Kaam, A. (1966). Application of the phenomenological method. In A. van Kaam, *Existential foundations of psychology*. Lanham, MD: University Press of America.

- van Kaam, A. (1959). Phenomenal analysis: Exemplified by a study of the experience of "really feeling understood." *Journal of Individual Psychology*, 75(1), 66-72.
- Watts, R. E., & Phillips, K. A. (2004). Adlerian psychology and psychotherapy: A relational constructivist approach. In J. D. Raskin & S. Bridges (Eds.), *Studies in meaning: Exploring constructivist psychology* (Vol. 2, pp. 267-289). New York, NY: Pace University Press.
- Wolf, M. E., Ly, U., Hobart, M. A., & Kernie, M. A. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence*, 18(2), 121-129.
- World Health Organization. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Retrieved from:
http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1

APPENDIX**Demographic and Background Questionnaire**

1. Alias (Code Name):
2. Age:
3. Race:
4. Marital status:
5. # of abusive partners:
6. Years in abusive relationship (s):
7. # of years since you've been in an abusive relationship: _____ months
_____ years
8. # of children (total):
9. # of children fathered by abuser (s):
10. Ages of children (current):
11. Employment Status:
12. Education:
13. Current Annual Household Income level:
 - a. Under \$10,000
 - b. \$10,000 - \$20,000
 - c. \$20,000 - \$30,000
 - d. \$30,000 - \$40,000
 - e. \$40,000 - \$50,000
 - f. \$50,000 - \$60,000
 - g. \$60,000 - \$70,000
 - h. Over \$70,000

14. What (if any) type of financial involvement do you have with your abuser (s) at this time?
15. Did you file criminal charges against the abuser (s)?
16. If filed, did you drop these criminal charges at some point?
17. Did you file for a civil protective order against the abuser (s)?
18. If civil protective order was filed, is it still currently in place?
19. # of attempts to leave abusive relationship (s):

Please answer the following question.

How did you piece your life together after the abuse?

VITA

SHANA LEWIS

EDUCATION

Sam Houston State University, Huntsville, Texas

PhD in Counselor Education

August 2017

Dissertation: Intimate Partner Violence and Help Seeking Behavior

Troy State University, Holloman AFB, New Mexico

M.S. in Counseling & Psychology/Clinical Mental Health

Honors graduate GPA: 4.0

2001

University of Houston, Houston, Texas

B.A. in Psychology

1998

Magna cum laude

Minor: Marketing

AWARDS/HONORS

3 Minute Thesis Runner Up

2017

\$750

Outstanding Doctoral Research Award

2015, 2016

Sam Houston State University Department of Educational Leadership and Counseling

NBCC Minority Fellowship Program (MFP) Award

2014

\$20000

Graduate Studies Merit Award

2013

Sam Houston State University Department of Educational Leadership and Counseling

\$3300

National Women of Achievement, Inc.

2013

Honoree for Community Service

Who's Who Among Students in American Universities & Colleges

1999

University of Houston

National Merit Scholar

1995 – 1999

University of Houston, Undergraduate full academic scholarship

TEACHING EXPERIENCE

Sam Houston State University
The Woodlands Campus

Teaching Assistant- Supervised Practicum In Counseling COUN 6376 Spring 2017

This graduate level laboratory course is designed to prepare the student in the practical application and integration of the principles and methods of counseling. I also provided triadic supervision for 6 of the practicum students.

Sam Houston State University
The Woodlands Campus

Teaching Assistant-Cross Cultural Issues in Counseling COUN 5392 Summer 2015

Graduate level course that examined the impact of culture and how to use that knowledge to increase effectiveness in counseling individuals cross-culturally. An emphasis was placed on learning theories, skills, and models of multiculturalism utilized in working with culturally diverse populations.

University of Phoenix, Online

Instructor—Cultural Diversity in Special Populations 2009-current

Undergraduate course in which students explore rich and unique features of ethnically diverse populations and special populations and identify their human services needs. Specific populations studied in this course include African American, Native American, Latino, Asian and Pacific Islander. Students become familiar with available local community services to meet the needs of identified populations. The development and assessment of cultural competence as it applies to social service agencies and behavioral health professionals is emphasized. *Taught on reoccurring basis. 40 classes with average 20 students per class.*

Instructor—Ethics & Values for Human Service Professionals 2013-current

Undergraduate course in which students become familiar with ethical standards for human service workers as outlined by the National Organization for Human Services (NOHS). An emphasis is placed on understanding concepts of least intrusive intervention, least restrictive environment, facilitating client self-determination, appropriate professional boundary maintenance, and employing interdisciplinary team approaches to problem-solving. Students demonstrate understanding of requirements for client confidentiality, electronic record keeping, and portability of client information. *Taught on reoccurring basis. 15 classes with average 20 students per class.*

**Instructor—Historical Development of Human Services: An Introduction
2013-current**

Undergraduate course in which students learn the historical roots of human services and the creation of the human services profession. An investigation of current and historical legislation and how legislation is influenced by public and private attitudes provides a foundational understanding of basic human services ideology. A deep exploration of economic and governance systems affecting service delivery serves to develop essential skills for understanding and interpreting historical dynamics related to advocacy and social change

initiatives in human services. *Taught on reoccurring basis. 10 classes with average 20 students per class.*

CLINICAL EXPERIENCE

Her VOICE, Houston, Texas

2014 - present

Founder/Executive Director

Manage and direct programming and fundraising efforts for a non-profit (501c3) organization dedicated to empowering survivors of domestic violence to live healthy lives through mentorship and education.

Living Well Professional Counseling Services, PLLC, Bellaire, Texas

Owner/Clinical Director

2011 – present

Manage the clinical needs of a private practice consisting of several contract therapist and administrative staff. Provide individual therapy, diagnostic, consultation and treatment planning functions for caseload of clients. Supervise LPC interns toward licensure weekly. Conduct continuing education training to mental health providers and to the community. Document all mental health service contacts on a daily basis.

Life Enhancement Services, Houston, Texas

Contracted Therapist

2011

Responsible for conducting process and psycho-educational social skills groups for minority at risk youth in the school setting. Consult with teachers, administration, and parents as needed to improve student behavior and ultimately academic performance. Documented all mental health service contacts on a daily basis.

G. Lee & Associates, PC, Houston, Texas

Therapist

2009 - 2011

Provided weekly individual and family counseling to adult, adolescent, and child clients. Performed assessment, diagnosing using DSM-IV, and treatment planning functions for clients in this private practice setting. Documented all mental health service contacts on a daily basis.

Mental Health Mental Retardation of Harris County, Houston, Texas

Children's Therapist-Licensed Professional of the Healing Arts (LPHA)

2007 - 2009

Provided weekly therapy for children in the clinic, school, and home setting. Performed intake, screening, assessment, diagnosing using DSM-IV, crisis management and treatment planning functions for clients in outpatient community service setting. Active member of the treatment team.

Harris County Department of Education, Houston, Texas

2004- 2007

Special Education Counselor/Counseling Intern

Provided weekly or bi-weekly individual and group counseling to primary and secondary students suffering from emotional, behavioral, academic, and legal problems in the school system. Provided training and other support for teachers and staff relative to mental health issues that students faced in the school districts. Active member of the ARD committee in creating and implementing interventions for special education students. Documented all mental health service contacts on a daily basis.

The Menninger Clinic, Houston, Texas

Mental Health Counselor III/Counseling Intern

2003-2004

Provided weekly individual therapy to client case load. Conducted psycho-educational groups on a variety of subjects to include trauma/PTSD, stress, social skills, depression, and anxiety in inpatient setting to adult clients. Led treatment plan activities in milieu setting for adult clients in inpatient facility. Documented all mental health service contacts on a daily basis.

The Counseling Center, Alamogordo, New Mexico

Psychosocial Rehab Specialist II/Case Manager/Mental Health Therapist/Counseling Intern

2001-2003

Performed intake, screening, assessment, diagnosing using DSM-IV, and treatment planning functions for clients in rural community mental health agency. Provided weekly individual and group counseling to a variety of clients ranging from adults to children and adolescent. Led treatment plan activities for severe adult mentally ill clients in outpatient rehabilitation program. Performed crisis intervention as allied staff member at local hospital and as a front line team member. Managed client case load ranging from 50-90 clients. Performed case management and case planning functions. Documented all mental health service contacts on a daily basis.

PUBLICATIONS

Lewis, S. D., Henriksen Jr., R., & Watts, R. E. (2015). Intimate partner violence: The recovery experience. *Women & Therapy*, 38(3-4), 377-394.

PRESENTATIONS

Lewis, S.D. (2017, May). Project H.E.L.P. National Board for Certified Counselors (NBCC). Atlanta, GA.

Lewis, S.D. (2016, Nov.). IPV: The Recovery Process. Texas Counseling Association. Dallas, TX.

Lewis, S.D. (2016, Nov.). IPV: Clinical Best Practices. Texas Counseling Association. Dallas, TX.

Lewis, S. D. & Brown, S. (2016, May). Intimate Partner Violence (IPV): Practitioner Clinical Best Practices. Washington, D.C.

- Lewis, S. D. et al. (2015, Oct.). Innovative Techniques in Supervision. Association of Counselor Educators and Supervision. Philadelphia, PA.
- Lewis, S. D. (2015, May). Her VOICE. National Board for Certified Counselors (NBCC). Raleigh, NC.
- Lewis, S. D. (2015, May). Addressing Disparities in Mental Health Treatment and Services for Minority Women Including IPV Treatment and Services. National Board for Certified Counselors (NBCC). Raleigh, NC
- Lewis, S. D., Porter, K., & Henriksen, Jr., R. (2015, March). Intimate partner violence: Advocacy Beyond the counseling room. American Counseling Association (ACA). Orlando, FL.
- Lewis, S. D. & Porter, K. (2015, March) Are Women from Minority Populations more likely to be Victims of IPV? American Counseling Association (ACA). Orlando, FL.
- Lewis, S. D. (2014, February). Factors Impacting Intimate Partner Violence. Paper presentation presented at the 35th Annual Southwest Education Research Association (SERA). New Orleans, LA.

RESEARCH EXPERIENCE

Community Program Evaluation Research Team

Dr. Nelson and Dr. La Guardia

Sam Houston State University, Counseling Educational and Leadership Department

2013-2014

The research team conducts program evaluations of local community private and/or public sectors in efforts to assist organizations to gain important information to discover the effectiveness of their programs or processes.

WORKSHOPS/KEYNOTES

Counselor Ethics

2017

Facilitator, Sun Behavioral Psychiatric Hospital

Facilitated a training for Licensed Professional Counselors and other mental health professionals about current ethical issues faced in the field. An ethical problem solving model was also introduced and applications were made to relevant case studies presented.

College Students and Intimate Partner Violence

2017

Facilitator, NAACP Prairie View A&M University Chapter

Facilitated a training for NAACP members and other university students highlighting issues of college domestic violence including definitions, red flags, resources, etc.

RSVP peer advocate training**2017**

Facilitator, Prairie View A&M University

Facilitated a training for NAACP members and other university students highlighting issues of college domestic violence including definitions, red flags, resources, etc.

College Students and Intimate Partner Violence**2016**

Facilitator, NAACP Sam Houston State University Chapter

Facilitated a training for NAACP members and other university students highlighting issues of college domestic violence including definitions, red flags, resources, etc.

Domestic Violence: The Secret is Out...Now What?**2015**

Keynote, Texas Association for Multicultural Counseling & Development (TCA Division Luncheon)

Her VOICE: An Overview**2015**

Facilitator, Houston Association for Marriage and Family Therapist

Facilitated a training class for MFTs to address issues of domestic violence and the implementation of the her VOICE program to address the growing needs of survivors of domestic violence

Beyond Sticks and Stones**2015**

Facilitator, Missouri City Church of Christ

Facilitated a training class for church youth group on issues related to bullying. Causes, effects and solutions were discussed during this interactive training.

Ethics Case Consultation and Roundtable Discussion**2011, 2013**

Facilitator, Co-Facilitator

Instructed counseling professionals in learning an effective model of ethical reasoning that can be immediately applied to daily practice. Consulted with LPC colleagues on difficult cases and taught essential skills to handle difficult clients. Introduced resources in local area that can help clinicians when working with clients with multiple treatment problems.

The many faces of depression**2012**

Facilitator-Mental Health of America (Houston)

Facilitated class with at risk teens to address the many faces of depression. Causes, prevention and interventions were discussed with group in this interactive class.

Depression: A CBT Approach**2011, 2012**

Facilitator—Intra Care Hospital, Living Well Professional Counseling Services, PLLC

Instructed counseling professionals in learning specific CBT skills used to treat depression. The nature of depression and its symptoms were reviewed in addition to rationale for why CBT is an appropriate treatment modality for this mental health issue. The impact of negative thinking, irrational/distorted thought patterns and schemas were discussed and steps of CBT

needed to address these problems were reviewed in detail. Clinicians were provided with a detailed guide to follow when using CBT with depressed adult or adolescent/child clients.

LANGUAGES

[English – native language]

MEMBERSHIPS

American Counseling Association

Member, 2005-Present

Houston Licensed Professional Counseling Association

Member, 2009-Present

National Women of Achievement Missouri City Metro Chapter

Member, 2014-Present

Mental Health of America of Greater Houston

Member, 2011-Present

Association for Counseling Education and Supervision

Member, 2013-Present

National Association of Professional Women

Member, 2013-Present

Southwest Education Research Association

Member, 2014

CERTIFICATIONS AND LICENSURES

Texas State Licensed Professional Counselor (19710)

2005-Present

NBCC National Certified Counselor

2005-Present

Texas State Board LPC Supervisor

2011-Present

Texas State LPC Approved CEU provider

2011-Present