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**Oh God where art thou? : Does a relationship to the divine help women from diverse religious and spiritual backgrounds make meaning in the aftermath of intimate partner violence? : implications for clinical social work**

Lori Lucia. Donley  
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Lori Lucia Donley  
Oh God Where Art Thou?  
Does a Relationship to the Divine  
Help Women from Diverse Religious  
and Spiritual Backgrounds Make  
Meaning in the Aftermath of  
Intimate Partner Violence?:  
Implications for Clinical  
Social Work

### ABSTRACT

This study was undertaken in response to recommendations for further investigation by previous researchers regarding resiliency and vulnerability concerning recovery from trauma survivors of intimate partner violence (IPV) relevant to their religious and spiritual belief systems. Nine female IPV survivors, who had successfully exited the abusive relationship and identified as actively involved in a religious and/or spiritual tradition were interviewed. Three psychotherapists were interviewed who had professional experience treating this population. A qualitative research design was adopted in order to gather data from subjects considered to be experts in their own experience. Semi-structured open-ended interviews were conducted and coded.

Major findings confirmed that survivors interpreted the Divine or sacred as not instrumental in causing the abuse, but instead provided them with opportunities to grow, learn and make life-changing choices. Likewise, survivors reported that their belief systems helped them to cope with past and present stress, permeated their perspective on daily life and was considered to be vital to satisfying clinical experiences. However, survivors utilized psychological interpretations to explain their participation in and the fact of the abuse as well as attempts to understand their abuser. Clinicians' observations

regarding a correlation between survivor outcomes and religious/spiritual traditions were also found. Recommendations for further research include conjoint qualitative studies by researchers with pro and con biases regarding belief systems and recovery from IPV, especially as pertains to marginalized populations within this group.

OH GOD WHERE ART THOU?  
DOES A RELATIONSHIP TO THE DIVINE HELP WOMEN FROM DIVERSE  
RELIGIOUS AND SPIRITUAL BACKGROUNDS MAKE MEANING IN THE  
AFTERMATH OF INTIMATE PARTNER VIOLENCE?:  
IMPLICATIONS FOR CLINICAL SOCIAL WORK

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2007

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## CHAPTER I

### INTRODUCTION

The objective of this study is to explore the phenomenon of courage and strength that impels and sustains survivors of intimate partner violence or IPV who leave their relationships and resist the temptation to return to them. Battered women who leave their abusive partnerships most often need to contemplate a drastic change in their economic security, legal battles, the prospect of single parenthood, and the warm embrace of their families and friends who may not understand. The loss of love and partnership, no matter how dysfunctional, is in itself a significant loss. Does it require a leap of faith to leave? More often than not, seasoned clinicians tell us, women leave an abusive partner due to some material circumstance such as an injury or threat to the children (DiGiorgio, 2006). If so, how does faith help women, specifically women from diverse religious and spiritual backgrounds, make meaning of this significant change in their lives? Concordantly, can clinicians apply this significant aspect of human behavior in their practices to better serve clients?

Chamberlain (2000) describes an historical context for intimate partner violence. This historical context begins with the subordination of women to men dating back to ancient Egypt and regions of Mesopotamia. The worship of male gods, monarchs, theologians and warriors provided the basis for current values and beliefs in our culture today. In feudal system of government, masters owned serfs just as men owned their women and children (Tucker, 2004). In America, the Puritans were no exception.



women's subservience to men was stringently propagated by the imposition of male political and financial dominance over women who were considered to be no more than chattel (Chamberlain, 2000). Males, particularly White males, have continued to enjoy privilege to the present day. It is only in comparatively recent history that women have found a voice, obtained equal rights, have had access to professional accomplishment and have called for the redistribution of power on the political stage, in the workplace as well as in their marriages. Unfortunately, women and other marginalized groups still struggle to gain the power and privilege that Christian, heterosexual white males continue to enjoy. The process of inclusion has not been a linear or swift process.

Battered women are the subject of this study, if for no other reason than the sheer number of victims which is compelling in itself. Kubany, Hill & Owens (2003) noted one finding from a previous study conducted by the American Psychological Association Task Force on Violence and the Family (1996), "Nearly one of three American women experiences at least one physical assault by an intimate partner during adulthood (p. 81)." A random sample in a study conducted by Randall & Haskel (1995) showed that one in four urban women experienced physical assault by a male intimate partner. It was estimated that approximately 1 in 3 women seen in emergency rooms (22% to 35%) presented with injuries due to domestic violence. Judith Herman (1997) reported that 42 percent of battered women have attempted suicide in the United States. Given the prevalence of abuse, what helps women make meaning of their experiences? What helps them sustain their transformation as they maintain safety from the abuser, potential isolation from family and friends, and the added responsibility of most likely being the sole caregiver for the children?

Religiosity and spirituality is a vital human ontology that science and psychology have traditionally failed to recognize. Freud viewed religion as an immature aspect of the self towards the end of his career. Rizzuto (1993) used an object relations perspective regarding the development of spiritual experiences and stated, “The undeniable fact that all people have their own sacred landscapes as explicit or implicit context for their lives has been ignored by clinicians” (p.16). And still other mental health professionals associate the potency and scope of religious and spiritual beliefs with forms of emotional disturbance, at worst, psychopathology.

In direct contrast to the historically scientific approach to psychotherapy, Koenig (2005) stated that, “Those from a religious perspective...say that science is not capable of defining all of reality nor is it the sole determinant of what is real or not real. Instead they claim that there is much reality that exists outside of the observable and the measurable” (p. 135). American society has experienced a cultural upsurge regarding our national involvement in religion and spirituality. In *Health*, May 2006, the National Opinion Research Center published statistics confirming that nearly half the adults in the United States feel they have had one or more life-altering turning points in their lives that led to a transformative experience in their religious or spiritual lives (National Opinion Research Center, 2006).

Schuster, et al (2001) conducted a national survey of stress reactions for The New England Journal of Medicine. Substantial stress was determined by asking respondents 5 questions from the Posttraumatic Stress Disorder Checklist. Participants had to score with at least one positive result for “significant stress.” The study (n=560) showed that 98% coped by talking to others, and that 9 out of 10 Americans turned toward religion

following the traumatic events of September 11<sup>th</sup> in order to cope (the study was not specifically targeted for those with PTSD). It is not surprising that spirituality/religiosity has recently caught the eye of researchers and social work schools alike as a culturally significant form of resiliency. Northcut (2000) pondered whether the lack of support for spiritual and religious themes in professional mental health is in fact a form of professional oppression.

In order to contribute to better understanding and providing better services for religious and spiritually diverse survivors of domestic violence in the future, this qualitative study proposes to interview those female survivors of intimate partner violence (IPV) who have left their abusive partners, are not involved in a battering relationship, and have achieved a level in their recovery where they are searching for meaning. At the same time this study aspires to contribute to previous research concerning vital human issues that relate to culturally competent care for this population. Participants from religious and spiritually diverse backgrounds were interviewed using a set of open-ended questions based on inductive reasoning to search for significant themes evident in the data. Senter & Caldwell's (2002) study served to inform the methodology and sampling for the study. Northcut's (2000) paper on constructing meaning through gathering spiritual narrative history influenced the interview process. Participants were residents of Colorado and were recruited by snowball sampling which originated from religious institutions, advocacy and support groups in the area. It was hoped that they will either have assisted in or allowed notification of potential participants via mailed invitations or allow flyers to be posted once the Human Subjects Review approved

contact with potential participants. The study was meant to address social work professionals and graduate students.

The proposed study hoped to build on previous research concerning battered women. As research on survivors of IPV from diverse religious and spiritual backgrounds is decidedly under-explored, this researcher hopes to contribute to further understanding of spiritual and religious resiliency or vulnerability, and how battered women make meaning of their experiences. The findings of this study will hopefully contribute to the body of knowledge that informs clinical social work practice in order to provide the most supportive and effective therapeutic care possible for battered women. The narrative perspective was considered the best suited therapeutic approach to embrace making meaning of spiritual/religious experiences as relates to this specific group and their concerns. Therefore, open, semi-structured interviews was the modality used to gather data.

## CHAPTER II

### LITERATURE REVIEW

This chapter reviews the literature relevant to the research question: Does a relationship to the Divine help women from diverse religious and spiritual backgrounds make meaning in the aftermath of intimate partner violence (or IPV)? A conceptual framework regarding battered women's trauma, religious and spiritual worldviews and their significance in clinical social work practice is considered. As research on the proposed population has only recently begun, two research studies specifically for women from various cultures and religious backgrounds is discussed. Additional studies and theories for combat veterans (particularly with regard to PTSD) and Holocaust survivors is included due to these populations' prominence prior to studies focused on survivors of domestic violence. Issues concerning the protective qualities and vulnerabilities of religiosity and spirituality especially as regards recovery from significant trauma is explored as well. Embedded within the literature, creating meaning within the clinical narrative is found to be particularly relevant to recovery and creating a welcoming environment for vulnerable populations in the therapeutic setting.

Battered women are the subject of this study, if for no other reason than the sheer number of IPV victims in the United States which is compelling in itself. Kubany, Hill & Owens (2003) noted one finding from a previous study conducted by the American Psychological Association Task Force on Violence and the Family (1996), "Nearly one

of three American women experiences at least one physical assault by an intimate partner during adulthood (p. 81).” A random sample in a study conducted by Randall & Haskel (1995) showed that one in four urban women experienced physical assault by a male intimate partner. It was estimated that approximately 1 in 3 women seen in emergency rooms (22% to 35%) presented with injuries due to domestic violence.

Literature relevant to battered women’s trauma relating to Posttraumatic Stress Disorder (PTSD) provides a clinical backdrop for the population in crisis. Protective factors listed that mitigate the severity of PTSD symptoms demonstrate the efficacy of internal and external sources of strength at the client’s disposal. The powerful influences of religion and spirituality is surveyed as they relate to resiliency. However, contrary findings are discussed in relation to the vulnerabilities of religious and spiritual beliefs and their potential negative influences, specifically on women initially seeking safety from abuse. The research question for this study bases its theoretical framework within postmodern therapeutic practice. Narrative psychotherapy lends itself to the creation of meaning with ephemeral and concrete issues alike which is especially relevant to the spiritual and religious lives of clients in pre and post-crisis. Spiritual and religious considerations are also viewed as a culturally competent way to provide professional mental health services for clients to which this study proposes to contribute. Fontana & Rosenheck (2004) suggest that it was the experience of their own weakened faith that drove Vietnam veterans to seek clinical services more than clinical symptoms or social factors. “They [the Veterans Association] concluded that pastoral counseling addressed spiritual needs and may need to become a more central part of the treatment of PTSD patients” (Fontana & Rosenheck, 2004 p. 583).

This research study was not designed to explore Posttraumatic Stress Disorder per se. However, in order to demonstrate the intensity of trauma that is often experienced by battered women, PTSD warrants inclusion in this literature review. PTSD was first conceptualized as a diagnosis for war, rape, torture, natural and human-made disasters, and has been more recently applied to survivors of domestic violence. At the turn of the 20<sup>th</sup> century, World War I war veterans returned to the United States with what was then known as “shell shock” or “battle fatigue.” In 1941, Kardiner wrote *The Traumatic Neuroses of War* and went on to develop the clinical blueprint for the traumatic syndrome as it is widely accepted today. With World War II, military psychiatrists became interested in seeking treatment for “combat neuroses” and tried to remove the stigma of psychological collapse proposing that any man may break under the pressure of combat given enough exposure to it (Herman, 1997). However, The National Center for Posttraumatic Disorder reported that in 1980, the American Psychiatric Association added *Post Traumatic Stress Disorder* to the DSM-III. The etiological agent was emphasized as external to the individual (the traumatic event) and was not categorized as an internal weakness (traumatic neurosis); the concept of trauma is essential to understanding the scientific model of PTSD as a diagnosis (The National Center for Posttraumatic Stress Disorder). The following is a partial excerpt from the required criteria checklist to determine a PTSD diagnosis in the DSM-IV-TR:

[Part A] The person has been exposed to a traumatic event in which both of the following were present: (1) The person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury or a threat to the physical integrity of self or others. (2) The person’s response involved intense fear, helplessness or horror... [Part B] The traumatic experience is persistently reexperienced... [Part C] Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before

trauma)... [Part D] Persistent symptoms of arousal (not present before trauma)... (American Psychiatric Association, pp.218-220).

One can draw the conclusion that women who have experienced intimate partner violence share similar symptoms with veterans and victims of war and disaster. Survivors may have faced actual or threatened death (of themselves or others); experienced intense feelings of terror, extreme vulnerability or shock while still involved in the abusive relationship. After women extricate themselves from the relationship and the daily possibility of attack, they may understandably continue to experience intrusive thoughts, re-experience traumatic events; and further may actively pursue ways to self-protect as in becoming hyper-aroused in their environment, and strenuously seek to avoid any reminder of their trauma. However, clinicians rarely (if ever) diagnosed battered women with PTSD after it's inclusion in the DSM-III. Thus far, descriptions, etiology and definitions of PTSD have been explored regarding diagnosis of combat veterans. Some theorists' arguments have illustrated PTSD as a legitimate trauma response particularly for veterans; but can battered women truly have such significant responses to IPV? Relatively recent research and clinical theories are explored in the next section, and illustrate how consideration for this diagnosis for some survivors of IPV came about. In the next section, further investigation of the clinical connections between battered women and their experiences of significant trauma responses such as PTSD are presented.

### *Battered Women: PTSD and Complex Trauma*

Battered women are described as victims of *intimate partner violence(IPV)*; but *what really is IPV?* An apt definition of IPV is offered by researcher Hassouneh-Phillips



(2003), “IPV is defined as a pattern of assault and coercive behaviors, including physical, sexual, psychological and spiritual attacks and economic coercion, that adults or adolescents use against their intimate partners” (p. 681). Prior to the turn of the 21st century, many studies explored the relevance of PTSD to battered women and the variables that impact symptom severity. Kemp, Rawlings & Green (1991) studied prevalence rates of PTSD to the symptom-exposure relationship. Astin & Lawrence (1993) sought to recreate Kemp et al’s study. Astin and Lawrence diagnosed their participants with the help of PTSD instruments (using the PTSD Symptom Checklist and Impact Event Scale) and measured pre/post trauma variables believed to impact PTSD symptomatology levels. Commonly observed psychological sequelae concerning battered women were: self-imposed isolation, depression, anxiety, disruption of personal relationships, feelings of helplessness, dissociation, sleep and appetite disturbances and (notably) re-experiencing traumatic events when exposed to relevant stimuli (Astin & Lawrence, 1993). Several research studies, at this time, began to suggest that these symptoms be considered as a subcategory for PTSD.

Judith Herman (1997), a trauma theorist, discussed the dynamics of captivity and offered examples of traumatic relevance between battered women (and children) and political prisoners.

Political captivity is generally recognized, whereas the domestic captivity of women and children is often unseen...The barriers to escape are generally invisible...Women are rendered captive by economic, social, psychological, and legal subordination, as well as by physical force (Herman, 1997, p.74).

A significant difference between between political prisoners and domestic battering is that the woman is often slowly enticed into captivity by the perpetrator’s courtship of her.

This important difference can compromise others' empathy for the victim resulting in her further isolation; and the very nature of a romantic relationship often presents difficulties for the victim herself to identify her ensnarement in time to easily escape. Overall, the attitude that women 'signed up for this' relationship perpetuated blaming the victim and unfortunately added to clinical misdiagnosis by focusing solely on victims' pathology and ignoring their trauma (unlike the leeway given by society and clinicians to political prisoners). This perception of battered women could regrettably delay treatment of survivors by clinicians and doctors alike, until the last decade or so. However, as most women take pride in creating and sustaining relationships, they may often minimize and excuse the perpetrator's behavior, which can create additional challenges to assessing risk or diagnosing trauma and PTSD.

A woman may fear her partner, but care for him in what Herman describes a *traumatic bond*. This traumatic bond complicates the situation because a woman may cling to the very person that is threatening her life. Eventually, a woman may find herself giving up her most dearly treasured values. This situation is akin to political prisoners giving up their last remaining point of dignity, such as not revealing any valuable information in the presence of their captors. A battered woman may be so defeated that she does not defend her children against her partner's abuse of them. At or around this point, the battered woman's demoralization is most likely complete. A woman may lose her will to live and/or lose any sense of a self at all. The reality of this phenomenon is illustrated by the statistic that 42 percent of battered women have attempted suicide in the United States (Herman, 1997). Ultimately, it is a material threat, such as losing the children or sustaining a serious injury that most often mobilizes a woman to leave her

abusive partner. After the victim is extricated from this relationship, PTSD or similar trauma reactions are often more easily observed by clinicians. Judith Herman (1997) re-framed these symptoms as reactions to what she termed *complex trauma*, wherein the victim experienced multiple or chronic trauma over time. While Herman's theory of complex trauma is still considered a viable assessment of repetitive abuse, researchers have continued to pursue the connection between IPV and PTSD.

Connor, Davidson & Lee (2003) conducted a research study using the DSM-IV to assess PTSD symptoms for battered women as their research participants. Connor et al. (2003) and Humphreys (2000) both discovered findings that differed in many respects, but both agreed that mental health status is positively correlated to physical health status. Specifically, the Connor et al (2003) data was analyzed for the following frequencies of dichotomous mental health and physical health status within the participants (n=605): respondents with "good" physical health (79%, n=480) were found to have similar frequency with those found to have "good" mental health (81%, n=492); those with "poor" physical health (21%, n=124) were also found to have a similar frequency with those of "poor" mental health (19%, n=113) (Connor, Davidson & Lee, 2003, p.490). This raw data suggests a possible association between a body-mind connection as relates to trauma distress; between the scientific medical models and the psychodynamic clinical model. This finding illustrates transverse influences as they affect an individual's overall well-being. While Connor et al searched for different correlations, this study's premise is slightly different and accepts the relevance of religion and spirituality as a valid part of the whole cloth which constitutes the client's well-being; specifically the influences of spirituality and religion have (positively and/or negatively) on survivors of IPV as they

make meaning of their experiences. As a case in point, Watlington & Murphy (2006) conclusively found that spirituality reduced symptoms of depression for African American women who were survivors of domestic violence. How can such an indescribable phenomenon such as faith impact battered women's mental and physical well-being?

### *Protective Factors*

Some *protective factors* that contribute to resiliency in the face of a battered woman's distress are her social network, access to resources, improved sleep, and relaxation techniques (Humphreys, 2000). Connor, Davidson & Lee (2003) specified variables "associated with greater well-being are control, commitment, "hardiness", goal-orientation, self-esteem, adaptability, social skills, humor, strengthening through stress, and endurance of pain" (p. 487). Humphreys (2000) identified spirituality as a means of reducing stress and noted findings in her previous study that spiritual beliefs were associated with improved sleep patterns for battered women. Humphreys' findings provide the practical and possibly physical manifestation between spirituality and resiliency. A scientifically minded researcher, such as Humphreys, discovered battered women's resiliency was positively correlated to their spirituality. Is this a phenomenon found at large or is it only found in such vulnerable and isolated populations as that of battered women? If it is found in other populations, can the role of religion and spirituality be considered a potent worldview?

### *The Role of Religion and Spirituality*

Schuster, et al (2001) conducted a national survey of stress reactions for The New England Journal of Medicine. Substantial stress was determined by asking respondents 5 questions from the Posttraumatic Stress Disorder Checklist. Participants had to score with at least one positive result for “significant stress.” The study (n=560) showed that 98% coped by talking to others, and that 9 out of 10 Americans turned toward religion following the traumatic events of September 11<sup>th</sup> in order to cope. These findings underscore the relevance religion and spirituality may have on an individual’s experience of trauma. For populations where violence is a daily personal threat, there are varying personal and theoretical conceptions of the role religious/spiritual practice and that of the Divine play in victims/survivors lives. How can one define the roles and definitions of religion and spirituality for use in this study?

In *Man’s Search for Meaning*, Frankl (1946) recounted his experiences of the atrocities at Auschwitz alongside stories of profound significance. Frankl offers the insight that any man, even under extreme circumstances, can decide his own inner fate (spiritually and mentally) and live with dignity. “It is this spiritual freedom - which cannot be taken away- that makes life meaningful and purposeful” (p.87). He described men in the Nazi concentration camps who offered their last piece of bread and comforted others. “It is just such an exceptionally difficult external situation which gives man the opportunity to grow spiritually beyond himself...One could make victory of those experiences turning life into an inner triumph” (p.93). Transcending the “sufferings of the moment” Frankl (1946) could visualize himself making a gift of his trauma which is a deeply significant form of meaning regarding his traumatic existence/experiences.

DiGiorgio (2006) explained that helping other victims and being their advocate is the ultimate stage of recovery for survivors of intimate partner violence.

Transforming one's pain into service for others is akin to what Koenig (2005) believed is inherent to intrinsic religiosity in that it lends itself to creating significance to an individual's present difficulties and instills hope for better times ahead. Koenig (2005) described religion as something that helps a person make sense of the totally senseless.

Religion gives purpose and meaning for people undergoing negative life experiences or difficult situation...Meaning is important because it provides sense of purpose and direction for life that gives hope for better times ahead and gives significance to present difficulties. (Koenig, 2005, p.136)

Griffith and Griffith (2002) offered their own ideas as to the function of religion and spirituality. They considered spirituality to be focused on all forms of relationships, such as those between oneself and one's material environment; one's heritage and traditions; one's physical body, family history; and one's God or Higher Power. "Spirituality is a commitment to choose, as the primary context for understanding and acting, one's relatedness with all that is" (p.15). Religion was characterized as upholding the culture and history of spiritual traditions which sustain one's language and customs for example.

Religion represents a cultural codification of important spiritual metaphors, narratives, beliefs, rituals, social practices, and forms of community among a particular people that provides methods for attaining spirituality, most often expressed in terms of a relationship with the God of that religion (p.17).

In other words, an individual that actively participates in a religious approach to life develops a relationship with God in order to find the proper perspective with worldly relationships. Griffith & Griffith (2000) conversely defined the spiritual approach as focused on one's relationships in the world in order to work out one's relationship to the

God of their understanding (Griffith & Griffith, 2006). Individuals' intentions or abilities to actively seek balanced relationships in life may influence their resiliency, or as Connor, Davidson & Lee (2003) specified "hardiness" and adaptability among other traits.

### *Resiliency*

The definition of *resiliency* used in this study refers to the internal and external factors which allow an individual the flexibility and strength to resist, recover and adapt to stressful and/or traumatic events or circumstances such as IPV (Connor, Davidson & Lee, 2003; Herman, 1997; Humphreys, 2000; van der Kolk, 1996). For the purposes of this study, religion and spirituality are examined as potential sources of resiliency.

Joseph (1988) offered the following definition for *religion*: "The external expression of faith...comprised of beliefs, ethical codes, and worship practices" (p. 44). Canda (1988), defined *spirituality* as "the human quest for personal meaning and mutually fulfilling relationships among people, the nonhuman environment, and for some, God" (p. 243). Maeder (1998) pointed out that "Spirituality does not necessarily involve a formal religious affiliation" (p. 5).

Aspects of the Senter & Caldwell (2002) qualitative study considered whether women's relationship to the Divine, or the sacred, may have changed as a result of their IPV experiences. If a change occurred, how did it impact survivors' resiliency in the aftermath of their experiences? In a phenomenological study, Senter & Caldwell (2002) conducted open-ended interviews (n=9) with women who had survived IPV. Participants were asked, "What enables some women to leave and successfully stay away?" (p. 544).

What gives these women the courage to defend against the temptations of the familiar and stokes a profound internal resource of courage to confront the unknown? Senter & Caldwell (2002) discovered the overarching theme of spirituality as strength and a resource when leaving and maintaining safety. These participants viewed spirituality to be a life enhancing source that served as a catalyst in women's transformation from *being controlled to being in control of their lives*. Senter & Caldwell (2002) found that major differences emerged in participants' perceptions of God after separation from their abuser and when they began to focus on their own recovery. Prior to feeling in control of their lives, survivors felt anger and frustration with God which reflected their own feelings of abandonment, powerlessness, and deep despair. These perceptions were reflected in such questions as, "God, why are you doing this to me?" or "Why aren't you helping me?" (Senter & Caldwell, 2002, pp. 552-563). However, after safety had been maintained most believed they had a much closer and more mature relationship to God, an improved sense of self-agency and increased optimism concerning the future. In other words, survivor's responses to stress became more flexible, more resilient.

The following studies attempted to quantify what aspects of a woman's spirituality or religiosity can strengthen her resiliency. In her study, Humphreys (2000) concluded that inverse correlations indicated that "spirituality may be associated with greater internal resources that buffer distressing feelings and calm the mind" (p. 282). Humphreys felt that her measure had underestimated the incidence of 56% of women with PTSD in her participant population (n=50). Nonetheless, 80% felt very close to God or to a "higher power" and that their beliefs had significantly influenced their lives as a source of guidance, and provided a sense of foundation. One participant was quoted as



saying, “I believe that if it weren’t for my spiritual beliefs I would not have made it out of my situation” (p. 282).

Astin & Lawrence (1993) surmised that “positive factors [may] serve as a sort of resource pool that the individual can draw on” (p. 24). These factors are associated with lower PTSD severity. A woman can perceive she is not alone in the aftermath of trauma due to her relationship to the Divine. This relationship to the Divine can help an individual feel as if their world continues to be ordered and meaningful despite the trauma (Astin & Lawrence, 1993). *Extrinsic religiosity* was defined as, “an individual’s participation in religion” in order to “receive secondary gains such as socialization or getting other personal needs met” (Astin & Lawrence, 1993, p. 19). The findings of this study showed that extrinsic religiosity had a positive correlation with PTSD symptom reduction. Perhaps relationships to others in one’s religious community demonstrate that one is not alone and lives in an ordered context in the physical world.

Hassouneh-Phillips (2003) studied spirituality and coping among American Muslim women who were experiencing abuse by an intimate partner and women in the community who were aware of such abuse. The study’s participants followed the *sunni* sect of Islam. Hassouneh-Phillips (2003) observed both strengths and vulnerabilities in the multifaceted role “spirituality plays in resistance to and recovery from abuse” (p. 683). Despite significant religious/societal obstacles, an inner resource many Muslim women felt they had easy access to was their personal communication to Allah when there was no one else to turn to. This sentiment was echoed by one participant, “My prayers were the only reason I did not go crazy” (p. 688).

### *Vulnerabilities of Religious and Spiritual Beliefs*

Contrary to their hypothesis, Connor, Davidson & Lee (2003) found that “having a greater level of spiritual belief was associated with [a] greater degree of distress” (p.491), resulting in an increase of PTSD symptoms. Connor, et al surmised that spirituality may not always serve as a protective factor for PTSD, but it may help IPV victims to better cope with high distress or poor health. The findings of Connor, et al’s study could not explain the complexity of whether “religious faith may enhance the ability to cope with negative life events; while for others, negative life events may result in greater religious faith” (p. 491) or whether stronger spiritual beliefs restore the individual’s well-being. In other words, does religious faith give one the ability to cope with trauma or does trauma bring about greater religious faith? By the same token, does spirituality bring peace of mind? Connor, et al believed they may have underestimated this “correlation of variables” (p. 492). They were not convinced that their findings were conclusive.

Drescher & Foy (1995) asked the question, “How can belief in a loving God be sustained when the innocent are subjected to traumatic victimization?” They studied Vietnam veterans (n=100) at the Menlo Park and the Brentwood inpatient treatment facilities in order to elicit information regarding whether or not to incorporate spirituality in the assessment of veterans’ coping resources or whether spirituality could be used in their relapse prevention programs with this traumatized population. Traumatic events often spur profound questions regarding the nature of God’s relationship with human beings. Drescher & Foy acknowledged that Vietnam veterans scored lower than the

average war veteran regarding religious orientation and were less likely to utilize their religious affiliation to gain the social support they needed.

Astin & Lawrence (1993) demonstrated in their study that intrinsic religiosity, coded as a pre-trauma personality trait, was not a positive influence on PTSD symptoms. *Intrinsic religiosity*, defined by Astin & Lawrence, is when “an individual participates in religion because it pervades their worldview and way of relating to others” (p. 19). Surprised by their findings, Astin & Lawrence cautioned subsequent researchers to consider that, “a woman can become intrinsically religious at any time during the pre to post-trauma experience” (p. 25) and that if they had considered this phenomenon their findings might have been very different.

Hassouneh-Phillips (2003) described the vulnerability of *sunni* American Muslim women’s religious beliefs that teach endurance of a husband’s abuse will give them *ajars* (rewards) in Heaven. This teaching often hampered Sunni women’s ability to seek safety for themselves. Hassouneh-Phillips discovered that the level of orthodox interpretation influenced their own perceptions of individual freedom and shaped their post-abuse recovery. She noted that “it is important to understand how to harness the powerful force of spirituality when considering culturally competent care for Muslim American women” and that “further research is needed in order to provide meaningful care to abused women from diverse faith backgrounds” (Hassouneh-Phillips, 2003, p.692).

Senter & Caldwell (2002) echoed the sentiment regarding women’s spiritual vulnerabilities when it comes to “misunderstandings” about spiritual and religious beliefs. Women in their study also stayed in abusive relationships because of their religious and spiritual beliefs and the teachings/dogma of their religion.

Herman (1997) commented that captives of prolonged trauma can lose the concept of their personhood.. Due to this loss of self, Herman postulated that the entirety of a person's beliefs and faith can be called into question. She concluded that it is a rare person indeed who can keep their faith intact through catastrophic circumstances such as traumatic captivity. Elie Wiesel (1960) articulated the bitterness of being forsaken by God in his book, *Night*:

Never shall I forget those flames which consumed my faith forever. Never shall I forget that nocturnal silence which deprived me, for all eternity, of the desire of the will to live. Never shall I forget those moments which murdered my God and my soul and turned my dreams to dust. Never shall I forget those things, even if I am condemned to live as long as God Himself. Never. (p.32)

How does one survive after such atrocities? How can one have faith in the world? How can one ever accept what was thought to be an all-powerful God again? Where is God in the midst of such horror? Wiesel (1960) recorded in *Night* that, "A dark flame had entered my soul and devoured it."

Van der Kolk (1996) noted that cultures each provide different religious and social systems and therefore have their own interpretation of emotional and physical suffering and trauma. "Variations in their interpretations as to whether suffering can be cured, must be endured, or is a means of communicating are functions of cultural differences in the strategies for seeking solutions to suffering" (p.403). This underscores the significance of considering diverse religious and spiritual beliefs as cultural differences in clinical social work. How does an individual make meaning of trauma, such as IPV, with the inherent strength and vulnerabilities of one's faith?

### *Clinical Implications*

How can clinicians help survivors of repetitive trauma, such as IPV, make sense of their experiences in light of their resources as well as their vulnerabilities from intrapersonal (i.e., genetic endowment, spiritual/religious introjections, etc.) and ecosystems (i.e., family, friends, religious institutions, etc.) perspectives? Above, Judith Herman introduced the concept of *complex trauma* and drew similarities between the traumatic experiences of battered women and other chronically traumatized populations. The writings of well-known Holocaust survivor, Elie Weisel whose Jewish faith is embedded in his narrative, describe his experiences of extreme complex trauma. Below, Herman's (1997) stages of recovery from complex trauma are explored through Weisel's recovery process as described by biographers, literary critics as well as by himself. This is done in order to examine one theoretical approach to the process of recovery, which rests in the survivor making meaning of their own survival and ultimately finding purpose in it.

#### *Recovery from Complex Trauma:*

Judith Herman (1997) suggested that there are three stages to recovery from trauma: reestablishment of *safety* (physical, environmental and personal); *remembrance and mourning* (spanning preparation for creating a narrative; reconstruction of the narrative and traumatic memory; and authentic mourning of a loss of love and a myriad of other losses); *reconnection* with the innate ability to defend oneself, reconnection with the self and others; and finally *finding a survivor mission*. Herman stated that these stages of recovery do not necessarily occur in a linear fashion, but can present as a spiral

where one revisits different phases of recovery from different levels of integration. However, Herman (1997) stated that recovery from repetitive or chronic trauma termed “complex trauma” is more difficult to diagnose than clients who experience one instance of trauma. Treatment is long-term and more comprehensive. Herman recommended that unequivocally detailed questions be asked and that any intervention must be delicately timed in order to be effective. Perhaps the most urgent statistic stressing the importance for the most effective treatments available may be Herman’s own findings that almost half of female IPV victims have attempted suicide.

Most assuredly this researcher does not wish to equate Holocaust survivors to those of domestic violence. However, in order to more clearly explicate Herman’s (1997) theory of recovery from complex trauma, Elie Wiesel’s life and works based upon his personal experiences of the Holocaust are included here. We can roughly trace Wiesel’s recuperative process as a highly functioning and visible survivor. Herman articulated that initially a survivor needs to regain physical, emotional and mental safety. It is acknowledged by Wiesel, literary pundits and biographers alike that he attended to his own recuperative process for approximately ten years (Estess, 1980; Mass, 2000). Mass (2000) briefly described Wiesel’s biographical journey. Initially, Wiesel physically recovered, was reunited with his remaining sisters, resumed his studies by attending the Sorbonne (becoming a journalist), began to study the Bible (renegotiating his damaged spirituality), all of which culminated in his first visit to Israel. One might draw the conclusion that Wiesel was regaining a sense of equilibrium and relative safety in the world [Herman’s stage one recovery]. Upon meeting Francois Mauriac, Wiesel was encouraged to write about his experiences in the Holocaust. Herman postulated that stage

two recovery involved the ability to recount and mourn trauma. One can observe this phase of the process within Wiesel's own literary narrative commencing with his first book *Night* (an approximately 100 page book that was initially 800 pages long!). Within his artistic process, Wiesel was able to relate his own experiences with that of his Jewish brethren. Herman's proposed final stage of recovery is described as that of reconnecting with the world in a meaningful way by means of *finding a survivor mission* (p. 207). In Wiesel's case, he became an eloquent witness to the Holocaust in order that the *world never forget* the atrocities the Jews suffered at the hands of their persecutors [stage three recovery]. Much like his character, Moishe the Beadle in *Night* attempted to communicate his experiences to his local community, Wiesel verbalized what was incomprehensible to the world community in order to enable them to face any possible repetition in the future (Wiesel, 1960). Fortunately for us, Wiesel has been much more effective than Moishe. Wiesel's ability to find a survivor mission is often akin to some survivors of IPV in their final stages of recovery. These women often seek to comfort, bear witness publically (and privately) , and advocate for battered women in a variety of ways either legally, economically. (DiGiorgio, 2006).

#### *Narrative Construction and the Making of Meaning:*

As clinicians consider how to treat traumatized clients, broadening the narrative storyline regarding clients' present and past resiliency is often the goal (Bird, 2001; White, 2005). Pursuing an individual's religious and spiritual perspectives may be part of such a storyline (Northcut, 2000) . Whether aspects of an individual's experiences have supported or adversely impacted their own resilient traits and/or resources, they are still

part of an individual's narrative and can be part of how they create their past and current identities (White, 2005). Narrative treatment provides an opportunity to give voice to one's experiences. A clinician can help facilitate and articulate the power differential within the therapeutic alliance (Bird, 2000). This could be especially helpful for battered women as they renegotiate the power differential encountered in the rest of their lives. As Watlington & Murphy (2006) discovered, these voices can be very valuable.

The alchemical process of making meaning can be lost in quantifiable studies, especially when research relies solely on surveys and complex instrumentation to determine the efficacy of the ineffable. Watlington & Murphy (2006) conducted a complex quantitative study regarding the roles of religion and spirituality in African American women survivors of IPV and found that they had missed out on valuable data that could have been obtained from participants' stories. Watlington & Murphy (2006) made the following comment on the weakness of their study:

The quantitative nature of the study prohibits women from speaking and defining the variable for themselves. Likewise, it is difficult to discern if the measures are adequately tapping into the constructs as defined by this population of abused women. (p.853)

Whether a client is struggling with or benefiting from their beliefs, articulating the meaning of a spiritual experience can help to contain the experience, preserve helpful comments, and strengthen the therapeutic relationship (Northcut, 2000). Traditional psychology has as its foundation Freud's own concepts of drives, determinism and his orientation toward the science of mental processes. As such, many clinicians might have a difficult task when attempting to reconcile the paradoxical, ambiguous and transcendental nature of spiritual and religious beliefs with psychological concepts.



Therapies that adopt the construction of meaning between therapist and client provide a conceptual framework that relies on the relativity of truth and thereby lends itself more easily to the examination of biased human experience such as spirituality. Postmodern narrative therapy adopts a philosophical position that endeavors to help clients seek meaning rather than find insights. Likewise, Northcut (2000) encouraged “spiritual and religious issues to emerge in the treatment relationship” where a third definition of terms is constructed between both the client and the clinician (p. 157). Northcut (2000) offered specifics with which to further illuminate and invite the client’s religion/spirituality into the therapeutic dialogue. In order to accomplish this task, Northcut used the following concepts/tools to achieve this goal: creation of a spiritual (family) history, generate a timeline, deconstruct the dominant story using Cornett’s (1998) model of the six elements and ultimate reconstruction of meaning. Aspects of Northcut’s approach informed the interviewing model for the current study. “Clinicians can more effectively augment client strengths and reduce vulnerabilities through understanding psychodynamic theories and constructionist informed practice. Including religion and spirituality...enhances this goal”(p. 168).

Apart from spiritually focused treatment, aspects of narrative therapy are relevant as regards attitudes and practices of narrative therapists in that a client’s values, beliefs and ways of life are prominent in the treatment process. This approach helps the client renegotiate their understanding of troubling experiences. Narrative therapist and theorist Michael White (2005) referred to *re-authoring* and *re-membering* conversations as a way of attending to the intimate concept of one’s identity and the meaning of past traumatic (or other significant) events. *Re-authoring conversations* encourage clients to deepen

alternative story lines. White (2005) claimed that these conversations re-energize a person's attempt to understand 1) what is happening, 2) how it has happened and 3) the meaning of it all.. Ultimately, these conversations lead to *identity conclusion* which actively involves the client's values, and commitments to ways of living among others. Given this orientation toward therapy, a clinician could directly address a trauma survivor's experienced loss of self. One can surmise that religiosity and spirituality could play a part in dialogues concerning re-authoring and re-membering the client's past, present and/or future identities.

*Re-membering* conversations are therapeutic dialogues which seek to invite "a multi-voiced sense of identity" for people (p.13). In other words, a client is encouraged to identify and revise the various memberships of life and their current importance or relevance. This modality actively focuses on the client's identity (survivor) in relation to a significant figure in life (abuser) and what influences each has had on the other that impacts their identities.

White (2005) reframed psychological pain and emotional distress as traumatic consequences that can be considered a *testimony* to intentional states that were violated due to trauma; a *tribute* to a survivor's relationship with their values and beliefs, hopes, commitments, etc. that were vigorously demeaned; distress can be a considered the continued *legacy* to trauma that occurred when the world around them was unresponsive.

Bird (2001) discussed the innate "power relation that exists" in the therapeutic alliance resulting in its inherent political nature. Bird insisted that clinicians' ethical obligation is to deconstruct that power in narrative therapy by renegotiating language that represents lived experience rather than using language that colludes with the dominant

(privileged) culture (p. 9). Bird (2001) affirmed that narrative therapy is the collaborative process that strives to “make sense of a lived experience through a process of exposing and negotiating meaning (p.12).” She concluded that such therapy focuses on a *relational externalizing inquiry*. This is a line of questioning and discussion that is inherently based on discovery rather than interpretation of meaning for the client, indicating that there is no fixed truth. As such, one can surmise that the power differential in the therapeutic alliance can be used to make transparent the survivor’s powerlessness in a grossly unbalanced power relationship with her abuser. As a disenfranchised, marginalized person, a survivor of IPV may benefit greatly from the therapist’s careful attention to maintaining an overall awareness of and languaging that deconstructs the power of privilege (such as being a white heterosexual male in American society).

#### *Inclusion of a Spiritual and Religious Worldview in Clinical Practice:*

Conceptually, narrative clinical treatment focuses treatment on clinician and client mutually creating meaning together within the therapeutic alliance. In the following section, arguments are made to include a client’s worldview which can be steeped in their religious and spiritual experiences. Ultimately, this could prove to be not only an ethical consideration for clinical social workers, but a more effective clinical approach as well.

Kahle (1997) surveyed 151 therapists regarding their readiness to include spiritual issues in the psychotherapeutic treatment of their clients. He found that 98% of clinicians were open to including subject matter of spirituality and God in psychotherapy, if the client introduced the topic initially. However, just 60% of clinicians were willing to *introduce* the subject of spirituality and only 42% were willing to initiate discussion of

God (Kahle, 1997, p.13). Over half of the respondents cited that professional education, clinical training and worksites discouraged such topics as suitable for inclusion in psychotherapeutic practice (Kahle, 1997, p. 147). However, when asked where they received encouragement to include such topics in therapeutic discussions, the therapists in the sample most often identified their clients and patients. Clinicians seem concerned that religious differences could create barriers inside of the therapeutic alliance. Where does inclusion of these topics fall? On the side of clinicians' comfort level or their concern regarding potential barriers in the therapeutic alliance? Or does it take into consideration a clients' desire to explore their intimate relation to the Divine?

Despite the low religious orientation found in the Vietnam veterans in their study, Drescher and Foy (1995) found that 26% of respondents reported that their combat experiences made their faith stronger. This strengthening of faith was positively correlated to regular "church" attendance. Participants' childhood involvement in religion and combat experiences were found to be two influential factors in those reported having a stronger faith than before combat. Drescher and Foy concluded that intervention strategies might be developed for those veterans with PTSD who wanted to work on their religious involvement as a way of increasing their coping resources. Interventions for group treatment were developed that included the completion of a spiritual autobiography; discussion of key issues, spiritual exercises, selected readings and religious ritual, and religious participation outside of the group.

Griffith & Griffith (2002) encouraged clinicians to access their sense of curiosity and wonder when encountering spiritual and religious themes in treatment. They emphasized that a client's experience is more important than exploring the belief itself.

Griffith & Griffith described *democratizing* the structure of therapy wherein therapists may be but visitors in the world of marginalized clients. There are “other factors that influence what happens in therapy that go beyond the person of the clinician” (p.37).

Taking this to a more radical perspective, even the physical meeting place can be considered a positive or negative influence on the client and thereby the treatment.

Griffith and Griffith referred to colleagues in New Zealand from The Family Centre in Lower Hutte who insist that a trusted community *cultural consultant* be present when a European New Zealander treats a Samoan or Maori client. Griffith & Griffith (2002) respond positively to this approach:

There may be much we can learn in the United States from our international colleagues about countering in mindful ways the negative influence of cultural practices and institutions when they exclude expression of spiritual and religious experiences (p. 38).

In other words, when a client feels they are respected by the clinician, they can begin to speak freely about their spiritual and religious experiences. Griffith & Griffith believe that caring, humility and openness provide enough common ground to span the gulf of misunderstandings that can happen concerning religious and spiritual experiences. A psychotherapy practice that is inviting to religious persons may share a great deal with other culturally competent psychotherapy practices in which, for example, people of color or LGBTQ clients could find equally hospitable (Griffith & Griffith, 2002).

The Diagnostic and Statistical Manual of Mental Disorders-Fouth Edition (DSM-IV), was the first in its series to list spiritual and religious problems not as a psychological disorder, but as problems of living that would lead individuals to seek professional help from mental health clinicians. The studies that follow provide

examples and theoretical constructs for the inclusion of clients' religious and spiritual beliefs into the therapeutic alliance. Watlington & Murphy (2006) confirmed that:

Attending to client's spiritual and religious issues is an important aspect of being a multi-culturally competent counselor and has vital implications for the delivery of mental health services. In fact, the American Psychological Association (1992) ethical principles underscore the importance of religion as an important aspect of human diversity that deserves appropriate attention when providing services (p. 854).

Watlington & Murphy added that their findings support clinicians' use of religion and spirituality as a therapeutic tool when working with this population.

Abernathy, Mimms & Boyd-Franklin (2006) provided a particularly revealing example of a therapist who incorporated the client family's belief system into clinical practice in a single qualitative case study of an African American aunt and her nephew. They used the case to illustrate Sue's (as cited in Abernathy et al., 2006) theories of cultural competence which incorporate the client's "religious worldview" (p.102). Spiritual, trauma and feminine worldviews were considered. *Dynamic sizing* refers to generalizing or individualizing the experiences of the client. This technique requires that the therapist possess knowledge of cultural group characteristics and the skills to consider the client from within their cultural context or from outside it. In the case study, the nephew was caught stealing, which caused the aunt to consider offering the child up for foster care. The therapist engaged in the clinical use of prayer and tailored it to be "consistent with their faith tradition and was used here as a vehicle" (p.107) to help resolve anger in the family and draw them closer together. The aunt reconciled with her nephew and decided to remain his guardian. Although the clinician was not sure how to word the prayer, she adjusted quickly to the client's wording and needs. This is a

relevant case where religious belief successfully galvanized the client family's strength, by synthesizing cultural knowledge with a psychodynamic intervention.

### *Summary*

The scientific model for psychology followed self-determinism. The phenomena of spiritual and religious beliefs were considered by Freud to be aspects of the immature self or the developing self. Postmodern constructionism brought about the advent of narrative psychotherapy, represented in this literature review by such theorists as Bird (2001), Northcut (2000) and White (2005), which sought to help clients make meaning of their life experiences rather than search for insights into them. This theoretical framework is well suited for clientele with a religious or spiritual worldview, where clients are joined by the therapist to create meaning together.

Hassouneh-Phillips (2003), Abernathy et al. (2006), and Watlington & Murphy (2006) argued that cultural competency must include an understanding of the client's religious or spiritual worldview. Northcut (2000) observed that including spirituality and religion in narrative therapy effectively enhances the goal to strengthen clients and reduce their vulnerabilities. Astin & Lawrence (1993) and Connor, Davidson & Lee (2003) focused their studies on a variety of resiliency factors for battered women as they relate to the severity of PTSD symptoms. Both teams encountered negative results regarding the vulnerabilities that spiritual and religious beliefs can bring. Yet both teams identified weaknesses in their studies that could have accounted for their findings. Similarly, Watlington & Murphy (2006) found that religious involvement did not lessen symptoms of depression and PTSD. They did conclude that spirituality reduced symptoms for

depression in participants. Watlington & Murphy admitted that the inconsistencies with their hypotheses may have been a result of the study's quantitative design which excluded important narratives of participants and their definitions for the terms used in the survey. Ultimately, Watlington & Murphy recommended further study and clinicians' use of religion and spirituality in provision of culturally competent services to African American women who have experienced IPV.

Humphreys (2000) found a highly positive relationship between spirituality and lower levels of distress for battered women with PTSD. Senter & Lawrence (2002) found that spirituality was perceived by participants as a life-enhancing catalyst by which battered women felt transformed. Participants in their study reported benefiting greatly from clinical intervention as well, especially when therapists articulately advocated for their client's health. It was found that therapists can indeed assist clients with spiritual resources during the adjustment process of leaving and having left the abusive relationship. This review demonstrates not only the presence of spiritual and religious resiliency within battered women, but the efficacy of clients making meaning within the therapeutic relationship.

Researchers and theorists alike, precipitating the current research study, have called for further investigation into the relationship between survivors of IPV and the vulnerability and resiliency factors relevant to their recovery from trauma. Only relatively recently has the clinical community become interested in the effects of survivors' religious and spiritual worldviews on their healing from abuse and whether or not their belief systems create barriers or invitations to gaining control of their lives. Despite the small scope of this investigative study, the researcher nevertheless heard their



call for further information regarding this population, their belief systems and outcomes.

At the time of this writing, published quantitative research has been conducted more than their qualitative research counterparts. The quantitative studies have been able to gather larger samples which are useful for generalization, but researchers also found contradictions and unexplained results. Even though their samples were smaller and less prone to generalization, qualitative researchers invited survivors' voices into the clinical discussion; participants provided their own definitions and specifics of their experiences which addressed the aforementioned inconsistencies. Sometimes studies and theorists provided answers, but often generated important questions relevant to the marginalized status within the IPV population, such as: race, ethnicity, and religion/spirituality.

Previous qualitative studies, interested in belief systems of IPV survivors, have largely focused on Christianity and its impact on the population in one way or another (although Hassouneh-Phillips' (2003) study researched American Muslims). As a result, this researcher found that investigation of diversity within the vulnerable population of IPV survivors was warranted; specifically subjects with diverse religious and spiritual worldviews. Finally, clinicians were interviewed *in addition* to survivors in order to directly compare results of both interviews. This was not found in the literature.

Ultimately, all the research and theory generated in the past decade or so has been in the service of better serving the vulnerable population of IPV survivors. This research study is no different.

## CHAPTER III

### METHODOLOGY

The purpose of this study was to explore whether a relationship to the Divine helps women of diverse religious and spiritual traditions make meaning of intimate partner violence and how their relationship to the Divine helps them accomplish this significant psychological/emotional process. From the perspective of different religious/spiritual beliefs, does a faith in God or Higher Power assist or hinder battered women in gathering their inner resources in order to gain a belief in themselves as worthy of continuing to live safely post-crisis? Does religion/spirituality significantly impact a client's worldview thus necessitating inclusion in culturally competent clinical social work practice? Whether imbedded spiritual and religious influences impacted survivors' narratives as they made meaning of their experience and survival of IPV will be presented in the discussion of Findings chapter.

In the last ten years or more, spirituality and religiosity have been explored in previous research both in this country and internationally. Previous studies have explored spirituality/religiosity as sources of resiliency for military veterans and have become more common in studies of other vulnerable populations at risk for serious trauma. Researchers who conducted quantitative studies regarding related questions have encountered difficulties in a variety of ways. Astin, Lawrence & Foy (1993) believed "caution should be exercised (p.25)" when interpreting their findings as their quantitative

instrumentation significantly under-explored pre-trauma variables such as intrinsic religiosity and completely unexplored personality factors. Watlington & Murphy found that African American battered women experienced an enhancement in their coping mechanisms due to religion and spirituality. However, they concluded that many surprisingly inconsistent results were due to the quantified measures utilized. Watlington & Murphy (2006) stated, “The quantitative nature of the study prohibits women from speaking and defining the variables for themselves” (p. 853). Oversights such as these can be corrected by a qualitative, voluntary, semi-structured research design to best allow women’s expert narratives to guide the discussion. It is hoped that this study will deepen understanding of this population and how best to serve them. Following the description of the sample, ethics and safeguards, data collection, data analysis and applicable clinical implications for professional social workers will be presented.

### *Sample*

The goal was to contact 12-15 women in a nonrandom, non-probability sample from diverse religious/spiritual backgrounds necessary for the study. In fact, only nine survivors were recruited by snowball sampling and three clinicians were sought from the local university’s Office of Victims’ Assistance. Purposive or focal sampling was appropriate for this study in that a discrete portion of the population was selected that has characteristics in common that make them experts, relative to their experiences, concerning phenomena specifically examined in the research (Anastas, 1999). Senter & Caldwell’s (2002) sampling criteria informed this study. Five required inclusive selection criteria were used when screening survivors 1) must be women over 18 years of

age who represent diverse religious and spiritual backgrounds, 2) must have experienced intimate partner abuse (i.e., psychological, verbal, sexual; with adjunct abuse such as, destruction of their property, abuse of children or pets) with a partner of either gender, 3) must have successfully ended the abusive relationship, 4) must not currently be in an abusive relationship, and 5) must be in a self-determined phase or recovery where she is ready to make meaning of her experiences. A 6-item phone screening instrument was used to ascertain if potential participants were suitable and would be data rich pertaining to the requirement criteria (see Appendix A for Phone Screening Instrument).

Participants were asked to complete a 7-item demographic screening survey that included questions regarding their self-report as spiritual believers and/or religious participants (see Appendix B for Participant Questionnaire). Survivors were also asked to complete the Specific Types of Abuse Experienced by Participants checklist to determine the type of intimate partner violence experienced (see Appendix C for Specific Types of Abuse Experienced by Participants, used with the expressed permission of Hooper, 2006). This was done to provide a context to women's narratives without needing to resort to invasive questioning which could have been potentially retraumatizing. Such considerations were paramount in this investigation. Veteran counselors at Boulder County Safehouse proposed that the final criteria for inclusion in the study not be based on a particular period of time since leaving their relationship, but rather inclusion be based on the participant's individual recovery process. In other words, survivors would be appropriate for inclusion in the study when they have reached a self-defined point where they can begin to make meaning of their own life circumstances (DiGiorgio, 2006; Tapp, 2007;

Arredondo, 2007; Spiritual Support Team of the Safehouse Progressive Alliance for Nonviolence, 2007). This was readily adopted by the researcher.

Participants were local residents of an affluent city and county in Colorado. They were initially recruited from local outreach organizations, religious institutions, advocacy and support groups. The researcher solicited the involvement of directors, professional workers and professional religious practitioners of relevant outreach programs; advocacy and support groups; and diverse religious institutions in the area. Such solicitation was elicited via face to face presentations with hand-outs of research documents; personal and phone interviews; provision of research documents, reference letters, cover letters, professional resume; and delivery of flyers. Due to either lack of positive responses or lack of leaders' availability, conversations with participating leaders began after the study's formal approval, in order to determine efficacy of the group's participation and/or their willingness to do so. Participant recruitment began once the Human Subjects Review was approved by Smith College School for Social Work (see Appendix D for the Human Subjects Review Approval Letter and Appendix E for the Recruitment Flyer.)

The goal was to contact at least 25-30 women in order to find 12-15 qualified participants from diverse religious and spiritual backgrounds needed for the study; as stated above this was not possible. Most direct recruitment efforts were unsuccessful, but the researcher's attempts to do so are described below. The notable exceptions were the Buddhist and 12-Step communities. Some professionals and directors of religious or psychotherapeutic organizations offered to send out community emails with electronic version of the recruitment flyer. Others displayed flyers in their centers and religious gathering places. Another verbally conveyed the relevant information of the study and

handed out flyers to members their support group for battered women. After initial efforts to contact potential participants through local leaders, a snowball sample ensued due to the privacy needs and post-trauma considerations for this population. Sampling criteria specifically required that women from religiously and spiritually diverse backgrounds participate. Recruitment of a diverse religious sample was sought from various Protestant sect churches, Catholic churches, a local Buddhist meditation center, a local Siddah Yoga center (Hindu), Muslim centers (Islam), Jewish congregations, practitioners of Wiccan or Pagan traditions, Native American Pagan followers and a myriad hybrid blends of spiritual and religious faiths. The study's representation of diversity was impacted by those that responded to my recruitment efforts. For example, Hindu and Islamic centers declined to participate in the study; and Wiccan and Pagan communities were difficult to access. However, due to snowball sampling both Hindu and Pagan participants were recruited. Another consideration regarding feasibility was the approval and availability of local agency and religious/spiritual leaders. Two Jewish congregations were heavily solicited. While both Board of Directors and one of the rabbis in particular were very interested in the study, neither rabbi was personally available nor were their staff personnel able to assist the researcher in recruiting their communities for various reasons.

The Executive Director of the Safehouse and Women's Shelter for battered women in the county approved participation of their community in the study (see Appendix F for Agency Approval Letter). This agency's Spiritual Support Team (SST) is an ecumenical team of pastoral counselors, trained by the Safehouse, who deliver counseling and resources for battered women. This team's services were offered by the

Safehouse as another service for survivors. SST likewise showed support for the research by displaying flyers at their religious gathering places, inviting their communities to participate, and inviting their survivors of IPV support groups to participate. While it appeared that these two significant and willing groups would provide the study with ample participants, this was not the case. No subjects were recruited from these or many of the resources listed above. The researcher attributed this scant response to the profound vulnerability of this population, even more than anticipated.

The sample which was successfully recruited resulted from snowball sampling, specifically actively spiritual friends who knew each other through the 12-Step community (no specific religion or spirituality is a requirement for 12- Step membership). Successful recruitment of three participants from the Buddhist community was primarily due to the fortuitous timing of the researcher. An interview with an interested staff member granted the researcher immediate distribution of flyers the day before the biggest attendance of the year at the center due to a significant celebration in the community. The staff member contacted also distributed an email to the community that day. One survivor was recruited from the local university. The researcher personally contacted all three clinicians who were successfully recruited from the local university.

### *Ethics and Safeguards*

This researcher conducted face to face and/or phone interviews, therefore, the researcher was familiar with the participants' identities and complete anonymity could not be assured. However, due to the sensitive nature of this research the researcher took special care to keep all information confidential and to protect the identities of the

participants. Precautions were taken to safeguard participants' confidentiality and all identifiable information throughout and following their participation by the assignment of numerical codes to research materials. Throughout the investigative process, all presentations of data and findings resulting from this research are presented in the aggregate and illustrative quotes are disguised to maintain confidentiality of the participants. Information will be stored securely (in a locked cabinet) for three years according to federal regulations and destroyed when it is no longer required for this purpose.

At the time of the first interview, the researcher gave participants two letters of informed consent, which they were required sign prior to completing the participant questionnaire and participation in the interview process (see Appendix G for Letters of Informed Consent). The researcher reviewed the letter of consent with each interviewee to ensure their understanding of the document to be signed. One copy was kept by each participant; the other was kept by the researcher for her records. As all participants were over 18 years of age they were legally eligible to sign their own consent forms. All participants were informed that they had the right to withdraw from the study until April 1, 2007 even after having signed the consent form.

Due to the sensitive topics covered in this study, there were some risks to participants. Revisiting experiences of domestic abuse, violence and related subject matter in the interview could cause some participants to become emotionally distraught or depressed. Any powerful feelings evoked by the interview could require further processing outside of the interview. In order to attend such risk, participants were given a list of referrals that included counseling services in the community that are offered free



or at low cost (see Appendix H for Referral List). A list of referrals was provided at the time the interview was conducted, or before the interview was conducted by phone.

Benefits of participation were explored in a recent study. Following their research assessment, Griffin, Resnick, Waldrop & Mechanic (2003) discovered that survivors of acute trauma and domestic violence found their involvement in the research was not harmful to participants (from women's shelters and from non-shelter victim assistance agencies), in fact they found it to be a positive experience. Griffin, et al (2003) found that "trauma survivors may directly benefit from disclosing trauma-related information despite the activation of intense emotions associated with the trauma" (p.226). The women disclosed that the experience was "very positive and interesting (p. 226)." It was this researcher's observation that all survivors interviewed in this research study expressed relief, excitement or satisfaction after the interview.

Participants in the current study may have experienced benefits as well as risks while taking part in this study regarding intimate partner violence. Having survived harrowing experiences of domestic violence, some participants felt a sense of accomplishment and deep satisfaction as they reflected on surviving that situation, growing and moving on in spite of it (or because of it). Almost all participants were cognizant of new insights they gained as a result of the interview. Some participants found they wanted to share their experience in order to help other women in the same situation. One participant in the Senter and Caldwell (2002) study reported the benefit she gained from participating in their research, "...because before, my voice was shut out. I was told not to have a voice, and I lost my voice, and this [participation in the research] is also my way of saying it's still there" (Senter & Caldwell (2002), p.559). In doing so,

women participating in this study may have gained the opportunity to revisit those spiritual/religious factors that helped them successfully struggle with domestic violence. This study gave participants a chance to add their voices to the body of research on domestic violence and thereby deepen social workers understanding of the role religion and spirituality have in overcoming intimate partner violence in their practices.

### *Data Collection*

The researcher used a qualitative design to gather narratives of IPV survivors, believing that this typically silenced population needed to be heard directly in order to add further definition and depth to previous quantitative studies. Women of diverse religious and spiritual backgrounds, who are survivors of intimate partner violence, were considered experts relative to their experiences and beliefs. To date, there have been relatively few studies of this diverse and vulnerable population and some researchers have called for qualitative components in further studies of survivors of IPV, while others identified the lack of personal interviews contributed to confusing/contradictory quantitative data (Astin, Lawrence & Foy, 1993; Watlington & Murphy, 2006).

Recruitment materials urged interested participants to self select by initiating contact with the researcher's confidential voicemail or email. The recruitment materials also requested respondents to indicate in what manner they would like to be contacted. In turn, the researcher contacted prospective participants to further discuss the nature of the study and screened potential participants for suitability and prospective data-richness by means of a self created screening instrument on the phone. "Are you a female at least 18 years of age? Have you experienced abuse from an intimate partner? Are you currently in

an abusive relationship? If not, how long has it been since you last experienced intimate partner violence? Months? Years? Are you currently an active participant in a religious group and/or spiritual practice?" Survivors who responded had quite thoroughly self-selected themselves given the information they had from their friends, there was only one survivor who declined to participate due to lack of spiritual/religious involvement.

Once it was determined that participants qualified for the study, the researcher arranged to meet with participants at a mutually convenient time and private location to conduct the interview. At the beginning of the interview, participants were given two copies of the informed consent form and a participant questionnaire. Questions on the participant questionnaire were designed to gather demographic information regarding age, race and ethnicity, sexual orientation, what level of education participants completed, self-report to which denomination or faith they belong. Senter & Caldwell (2002) used an Abusive Behavior Index (ABI) which is a 30-item self-report to assess range of abuse. While useful, this researcher decided not to include the ABI due to expense and to emphasize the value of narrative data to be collected, the Specific Types of Abuse Experienced by Participants was utilized instead due to simplicity for participants, availability and permission granted by Hooper (2006).

When the demographic questionnaire was completed and the consent form signed, the interview commenced. If an interview could only be conducted over the phone, the researcher sent the participant the demographic questionnaire and informed consent letter to be completed along with a self-addressed, self-stamped envelope to return to me before the interview took place. A list of therapeutic referrals was sent as well. The participant

was informed and permission given so that the interview could be audio recorded over the phone.

Within the qualitative design, respondents were asked a set of semi-structured questions which the researcher anticipated would facilitate coding of the data and create scaffolding for open-ended answers during interviews; inductive logic was used when searching for significant themes evident in the data (see Appendix I for Interview Instruments for Survivors and Clinicians). Consistent with a flexible design, open-ended questions were utilized in face to face interviews of approximately 60 minutes duration. When appointments were scheduled for interviews, the researcher asked participants in advance to permit time for follow-up questions in the future. This provision was made in order to follow up on previously asked questions or to pursue new over-arching themes uncovered by interviewing participants. However, due to time constraints this was not possible. All instruments used: phone screening instrument, participant questionnaire, Specific Types of Abuse Experienced by Participants and interview guides for both survivors and clinicians were reviewed by a professional in the field and approved by Smith College School for Social Work's Human Review Board.

In order to facilitate the gathering of narrative data from study participants, Northcut's (2000) clinical narrative approach was used to obtain spiritual (family) history. From this narrative approach to research, the collection of observational data focused on the meaning that an individual creates from their experiences, and was not derived from the clinical interpretation of them. Hassouneth-Phillips' (2003) method of gathering trauma data by asking open-ended questions about an individual's life story were also considered. From perusing participants' transcribed narratives, over-arching

themes were identified using inductive reasoning imbedded within a narrative analysis research design. This tactic allowed the researcher to look for patterns, themes or common categories. Field notes were maintained in order to strengthen reliability and rigor. They aided the researcher to better transcribe audio recordings of interviews and to add accuracy and clarity to the data analysis. Keeping field notes also helped to address the reflexive nature of gathering observations from narrative data.

During the interview, qualifying participants were asked open-ended questions regarding their life stories: their involvement with religion and/or spirituality; experiences relevant to their abuse and how they made sense of them psychologically and spiritually; and whether their religious/spiritual beliefs were or were not included in clinical treatment received and if this was/wasn't helpful. One of Northcut's (2000) questions was used on this questionnaire to further clarify characteristics of participants' involvement in a religious/spiritual life, "What importance does religion/spirituality have for you today" (p. 161). Several of Northcut's questions in particular served as core questions: "What positive or negative experiences with religion or spirituality have you had in the past? Has religion/spirituality been helpful in the past when dealing with stressful life events (p.161)? Do you believe suffering brings you closer to God or valuable mystical experience (p. 163)?"

Simple, open-ended questions were used by Hassouneh-Phillips (2003) when she asked participants to tell her of their life stories, details of abuse and their reflections on the meaning of their abuse. A transparent, open-ended question about meaning making was deliberately included in order to help participants focus their thoughts and allow them opportunity to reflect aloud: "How do you make sense of the abuse?" Due to

financial and time constraints, questions about their general life stories were eliminated, details of the abuse were not actively pursued (although they sometimes emerged in the interview) in deference to gathering data regarding participants' reflections on the meaning of their abuse.

DiGiorgio (2006) commented that women generally leave their abuser due to material circumstances (such as threat to the children, physical injuries, etc.). In the interview, the researcher included questions about the initiation of entering into and leaving the abusive relationship in order to explore the arc of experience that culminated in their achievement of relative safety in the current post-crisis state (where meaning can more easily be made), such as: "When did you meet the partner that abused you? What was the precipitating factor that made you decide to leave the abusive relationship? Who or what was the most influential in your decision to leave the relationship?"

Senter & Caldwell (2002) explored survivors' dynamic relationship to the Divine during and after leaving their abusive partner. They noted changes in women's conception of God's role when they recovered a sense of self-agency in their lives. This researcher wished to principally explore participants' conception of the Divine's role from their current perspective. To qualify for the study, participants were required to have achieved a certain developmental stage of recovery, meaning they had achieved post-crisis status and had experienced a certain level of self-agency by removing themselves (and any children) from imminent danger. Therefore, the following question was included: "How do you make meaning of the role of the Divine in terms of this abusive relationship?"

Clinical implications are an important aspect of this study as they lend applicable features to the findings. The researcher explored participants' subjective experiences of clinical treatment whether inclusive or exclusive of their beliefs. "Do you feel you can talk about your spiritual and/or religious beliefs in therapy? If you feel you *can't* discuss spiritual or religious beliefs in therapy, can you tell me more about why that is? If you feel you *can* discuss spiritual or religious beliefs in therapy, can you tell me more about why that is? If you could discuss spiritual/religious matters in psychotherapy, do you feel it was helpful? Why?" In order to further explore the practical aspects of clinical implications found in the study, the researcher interviewed clinicians who had professional experience working with survivors of IPV.

Review of research methods and practices by an expert clinical social worker in the field were utilized to establish inter-rater reliability and enhance validity and rigor of the study. This qualified professional reviewed the interview and coding instruments, and provided feedback on findings. Further reliability of the interview instrument was conducted through pilot testing with two colleagues who were not part of the sample. The individuals that partook in the pilot tests gave feedback that was highly valuable in further clarifying the efficacy of the interview guide, the logical flow of the interview, this researcher's timing and pacing as well as other factors.

### *Data Analysis*

As the primary method of data acquisition was from the interviews conducted, it is important to address the manner with which the researcher approached and interpreted the sheer enormity of the data collected. Interviews with participants in the study were

audio recorded. Then transcription of the audio taped interviews converted data into a more useable form. The transcript was then ready for coding. Coding was necessary for every aspect of data analysis; it was used to reduce and display data and was indispensable to the researcher when drawing conclusions. After saturating the narrative text with code, themes, patterns and any contradictions embedded within the data emerged and were later accounted for in the findings as *meaningful chunks* of information. Such stated themes (or chunks of meaning) found within survivors' narratives included: factors of resiliency, hopeless/despairing experiences, religious/spiritual experiences and beliefs/practices, changes of spiritual outlook, time factors, making meaning of the abuse and the role of the Divine, and clinical experiences. As survivors of domestic abuse, this researcher took special care to ensure that women's voices were heard in this study; therefore this researcher was sensitive to any *in vivo* definition of terms found in their narratives.

As this researcher was more comfortable with manual processing, this modality was used. After color-coding the transcripts relevant to different *chunks of meaning*, survivors' and clinicians' information and responses were transposed and notated under categories of demographic data, types of abuse and interview questions asked. Predominant themes, patterns and contradictions were found therein. Definition and exploration of subgroups within the variables was useful in reconnecting data to concepts vital to the study as well. And even though this study is somewhat exploratory in nature, due to the scarcity of research on this particular population, I attempted to use the grounded theory method when describing or exposing the negative results found within the data (Anastas, 1999).



The coding process aided in selection of transcript excerpts used by the researcher to impart the narrative data of participants directly into the main body of the text. This was especially valuable when presenting illustrative quotes, as clinical social workers place much significance on the subjects' narrative expression. Field notes augmented transcripts and audio recordings made during the interview process; they also added reliability and accuracy to the study. (Anastas, 1999). When the transcriber was hired, she was asked to sign a confidentiality agreement approved by the Human Subjects Review Board at Smith College School for Social Work (see Appendix J for Transcriber's Confidentiality Agreement).

## CHAPTER IV

### FINDINGS

This chapter presents the findings of data gathered from semi-structured interviews, with nine female survivors of intimate partner violence (IPV) and three interviews with clinicians practicing primarily in a victims' assistance program. Open-ended responses were encouraged. The study sought to explore various aspects of survivors' experiences. This included how survivors made meaning out of their abuse once they have attained safety. Survivors were also invited to talk about the history and unfolding story of their spiritual/religious lives. Likewise, participants were asked whether their spiritual and/or religious backgrounds had any impact on this process, if at all. Additionally, the goal was to understand any implications for clinical social work practices as gleaned from survivors' narratives, which included their viewpoints of the Divine in their lives.

There were four major findings found in the data gathered from interviews with participants. The first significant finding emerged when participants were asked about how they made sense of the abuse, all but one survivor was psychologically minded (n=8). Some of the survivors commented that the abusive situation came from their partner's abusive or tragic childhoods (n=4). A few subjects cited their own parent/family relationships or their own childhood abuse as models for abuse (n=3). Two

participants referred to their parents either not educating them about abuse or intervening in the abuse on their behalf (n=2).

The second substantive finding emerged when survivors were asked how they saw the role of the Divine in relation to the abuse. The central themes cited were learning, growth and being presented with a choice (n=8). A significant number of women reported that their spiritual/religious beliefs helped them transition out of their abusive relationships (n=6), whereas five of nine women also commented that their beliefs helped sustain them during their abusive relationships. Most of the survivors reported that an advocate or trusted other were also pivotal influences in their decisions to leave the abuser (n=7). Such advocates took the form of 12-Step sponsors/fellows, women's group, friend or therapist. All clinicians interviewed emphatically observed that survivors' spiritual and religious cultures had a major impact on their clients' recovery outcomes.

As to clinical findings, many felt inclusion of their beliefs was helpful (n=7). Two of the clinicians participating in the study commented that they felt quite comfortable with spiritual and religious themes within treatment. More than half of the survivors interviewed disclosed that their spiritual/religious beliefs are so integrated into their identities, that if excluded, they felt a large part of who they are would be left out of the room (n=5). All clinicians interviewed stated that they would support their clients' needs to utilize their beliefs in order to find direction and clarity. Some survivors went so far as to say, that when their belief experiences were not welcome in therapy that it increased their sense of isolation. All clinicians interviewed stated that there would be certain conditions under which inclusion of clients' belief experiences would be

contraindicated or unethical, such as: delusional and psychotic symptoms or where clients seek to mold their beliefs to their therapist's or have their beliefs endorsed by clinicians. Clinicians and survivors alike commented that some spiritual/religious objectives were congruent with treatment goals.

The study considered participants to be experts in their own experiences. As such, the interview instrument sought to bring forth the prowess of survivors and clinicians alike. In order to more fully explore a participant's experiences with religion and/or spirituality, the beginning of the interview asked questions concerning aspects of this history which may have impacted their lives. Survivors were then asked about the unfolding story which has led to their beliefs today. Having first established survivors' internal and external resources to some degree, respondents were asked only generally about the abuse. It was important to have survivors lead this part of the discussion as it was vitally important to this researcher that participants avoid retraumatization; and that the interviewer steer clear of becoming a voyeur. Specific questions were asked regarding factors that precipitated their leaving, making sense of it and how they viewed the role of the divine in terms of the abusive relationship. Finally, participants' experiences with psychotherapy were investigated, especially as concerned inclusion of their worldview within the clinical context and whether this had any importance for them. The findings of these interviews are presented as follows: demographic data of survivors; specific types of abuse experienced; history of spiritual/religious development; the stories of participants' spiritual/religious life experiences leading to current beliefs; reflections on the abusive relationship, leaving the abuse, the role of the divine; and the nature of

successful and ineffective clinical experiences as relates to their spiritual/religious worldviews.

### Demographic Data

The sample for this study consisted of nine female survivors of IPV and three clinicians. The geographic location of all participants (n=12) was in Colorado. The known data of the clinicians is also described below.

#### *Participant Demographics for Survivors*

The demographic data for survivors (n=9) is described here. The age range was between 29 and 60 years of age, with six participants over the age of 50. Eight identified as White and one identified as African American. This demographic also represents the racial composition of the geographic location. One participant was born in France and English is her second language. Of the White participants, ethnicities claimed were: Irish/ Slovak/Austrian, Croatian, Russian/Jewish, American, English-American, English, Irish/Lithuanian/Newfoundland and French. The sexual orientation identified by eight of the survivors interviewed was heterosexual, one identified as questioning. The educational level of participants again reflected the city in which the study was conducted. The educational level of the participants ranged from completion of one year of college to PhD. One had one year of college completed, three had completed a B.A., four had completed masters' degrees, and one had a PhD.

Participants identified the religious traditions to which they were born. However, with the exception of one participant, all had changed their religious/spiritual affiliations.

The following is a list of participants' original faiths followed by the changed religious/spiritual affiliations to which they now belong: Jewish/Siddah Yoga practitioner, Church of the Nazarene/General spirituality, Congregationalist/Buddhist, Episcopalian/Buddhist, unidentified Christian faith/Pagan, Catholic/AI-Anon, Catholic/First Presbyterian, Catholic/Catholic, and Catholic/Buddhist. It is also important to note that four participants described their involvement with 12-Step programs at one point in their lives or longer. This may be a reflection of the community within which this study was conducted, as the 12-Step community is very present this area of Colorado (see Table 1).

#### *General Clinician Demographics*

The clinicians (n=3) did not complete demographic data per se. However, it was determined that all three were female and white. Two of the clinicians were licensed social workers LCSWs and one had a Masters in Transpersonal Psychology. One clinician disclosed that she was lesbian. The sexuality of the other two was unknown. Clinical experience ranged from 2-27 years. One clinician identified working with approximately 14 survivors of IPV, one mentioned 100 IPV survivors, and the third disclosed working with up to 150 survivors of IPV.

Table 1

Demographic Characteristics of Survivors

	Age Range:	<29 n=1	37-46 n=2	51-58 n=5	60< n=1
<hr/>					
n=9					
<hr/>					
Race					
	African American	-	-	1	-
	White/European	1	2	3	1
Born Religion					
	Jewish	-	-	1	-
	Catholic	1	1	1	1
	Protestant	-	1	3	-
Chosen Religious/Spiritual Tradition					
	Catholic	1	-	-	-
	Protestant	-	-	1	-
	Buddhist	-	1	1	1
	Pagan	-	-	1	-
	Siddah Yoga (Hindu trad.)	-	-	1	-
	Other	-	1	1	-
Educational Level					
	B.A. (not completed)	-	-	1	-
	B.A.	-	1	2	-
	Masters Degree	1	-	2	1
	Ph.D.	-	1	-	-
Participants with Children					
		-	1	5	1

### *Types of Abuse*

This section describes the types of abuse survivors experienced. The IPV survivors (n=9) were asked to fill out a questionnaire that listed different types of abuse to which the participant either circled “yes” or “no.” All nine survivors identified having been physically abused. Physical abuse was originally part of the criteria for participation, but it had been removed as this criterion was noted to be more generalized. All nine identified having been psychologically abused. Seven acknowledged being verbally abused. There were sub-categories for verbal abuse. This section of the questionnaire listed situations in which the survivor had been subjected to verbal abuse. Two subjects recognized being verbally abused in front of family members; three had been thus abused in front of friends and children. No participants had been verbally abused in front of co-workers. One survivor disclosed experiencing “other types of abuse not listed perpetrated in front of children.” Four participants acknowledged being stalked by their abuser, five disclosed being sexually abused, five experienced property damage, one responded that their child/children had been abused, two reported that they were forbidden to leave home and finally two survivors answered that their pets had been abused (see Table 2).

### *Spirituality/Religiosity*

Diverse spirituality and religiosity are essential variables that may impact how subjects make meaning of their lives and thereby the abuse they have endured. These variables are investigated below. This section principally presents findings regarding



Table 2

Specific Types of Abuse Experienced by Participants\*

Types of Abuse	Affirmative responses (n=9)
Physical .....	9
Psychological/ Emotional .....	9
Verbal .....	7
In front of: Family.....	2
Friends .....	2
Their Children .....	2
Co-Workers .....	0
Other Types of Abuse Not Listed in Front of Children .....	1
Stalking .....	4
Sexual .....	5
Property Destruction .....	5
Child Abuse .....	1
Forbidden to Leave Home .....	2
Abuse of Pets .....	2

\* Instrument used here by permission of Ivy Hooper (2006)

survivors' spiritual/religious development, loosely tracks a timeline made transparent in participants' narratives, and investigates diverse beliefs and attitudes among subjects.

### *Histories of Religious/Spiritual Development*

The questions included in first part of the interview tracked the evolution of the participants' spiritual development. There were two reasons that this section was considered sufficiently important to include in the interview. One was to explore the initiation of their spiritual/religious diversity. The other reason was to determine whether these initial spiritual/religious experiences had shaped the meaning these women made of their lives.

Initially, subjects were asked who were the most significant people and/or events in their spiritual development. Six respondents (n=9) answered that meeting their spiritual teacher and/or leader had the most lasting impact on their spiritual development. One survivor answered that initially it was her intellectual relation to spiritual readings, but the most significant spiritual events/people came from her involvement in Al-Anon. One respondent stated that yoga, self-help books and Alan Watts tapes had a lasting effect on her spiritual quest.

Survivors were asked to recall one particular experience(s) which has had a lasting spiritual impact on them. These answers varied widely: getting involved with Al-Anon; a psychic reading/finding different spiritual traditions; spiritual retreats; meeting their guru; being around their spiritual teacher; suddenly realizing "she didn't belong in her Christian church"; being passed a figurine of the Willingdorf goddess in a women's

gathering; having a profound experience with a shaman; and the first time this respondent ever meditated.

Participants were asked if their initial spiritual journey came from a deliberate effort or began as a spontaneous event. Three survivors replied that it was a deliberate effort. Three participants responded that it was spontaneous; two of those used the word “serendipity” as their descriptors. One subject stated that her spiritual journey was initiated through a combination of deliberate and spontaneous events. Two respondents replied that they were on a spiritual journey “as far back as [they] could remember.” The vast majority of survivors (n=8) replied that they had changed their spiritual outlook since childhood. Only one subject had continued her childhood affiliation with Catholicism. However, even this participant described how other spiritual elements influence her relationship with and conception of Catholicism, such as getting in touch with the spirituality of the natural world, involvement in a 12-step program, and that her college education had made her concept of God as more gender neutral than when she was a child.

### *The Story: Participants’ Spiritual/Religious Experiences*

The second part of the interview was designed to further investigate participants’ belief systems. These questions were critical as the premise of the study had to be verified or discounted as to whether the lens of spiritual/religious diversity imbued their worldview with which survivors made meaning of their life experiences, specifically their experiences of abuse at the hands of their intimate partners.

### *Positive/Negative Experiences with Religion/Spirituality*

Participants were asked about any positive or negative religious/spiritual experiences they had in the past. Almost all survivors (n=8) initially recounted negative experiences. Only one respondent answered in a more neutral manner. This participant had no negative experiences, except “a longing that I have to implement what I’ve learned and be a better person, faster.” The survivors from Catholic upbringing had a variety of responses. One survivor recalled “the profound loneliness” she felt in Catholicism; another recalled the Catholic taboo regarding sexuality. Another respondent cited the Church’s negative impact on her best friend who is gay and that her priest (from childhood) had been convicted of the sexual abuse of a child. The fourth survivor commented on the cruelty of Catholic clergy on children (herself included). This last respondent also observed that it can be very difficult to get started with meditation practice.

...There’s a sense of when you’re beginning, it’s very confusing and overwhelming, but there’s a sense of a willingness to keep going, to get through that. I was describing it to a student that it’s kind of like going through a forest. You can sense the light, maybe you can’t see it, but there is something moving you forward. There are all these things that get in the way, the birds, the snakes, or whatever, which are your thoughts, but there is some sense of trusting, and then you begin to trust yourself in the process. And that’s the path. It took me a LONG time to get there, but there is a lot of benefit for going through that. (60 year old survivor)

Other survivors also recalled negative experiences. One participant commented that her spiritual experience of Judaism “was very, very dry.” One Buddhist survivor lives in “fundamentalist territory” and feels the oppression of the community’s imposition of Christian values on public ceremonies. A Pagan woman recalled getting very vocal and negative comments when Christians (in another Colorado city) discovered

she was Pagan. Yet another found the hypocrisy of how people act inside and outside of church to have a negative impact on her perception of Christian religions.

Three respondents recalled positive experiences. One woman considered getting confirmed in the Catholic faith as a positive experience for her. She also felt it was a very positive experience attending a Jesuit college overseas, “I just love Jesuits!” Another survivor commented on her initial experience with Siddah Yoga practice, “...experiencing the fact that you’re divine, that’s really profound.” Another participant recalled, “I love the ritual of Catholicism, the Mass.”

#### *Perspectives on Suffering and the Divine*

Building on the negative and positive experiences subjects had previously explained, they were asked if they believed if suffering brought them closer to God or to a mystical experience. The response (n=8) was a resounding “No.” Only one believed that suffering would bring you closer, but even she had questions about this notion. This participant added that she believed it helped her to connect to others more and had given her more empathy for others. However, all participants, who had answered in the negative, reflected on how suffering was useful. Five respondents commented that there was the opportunity to grow, change and learn from suffering. One of these survivors responded that it helped her “make sense of life,” to sort things out. A Buddhist survivor believed suffering was inevitable, but that *changing* “suffering patterns are the path.” Two other Buddhist participants stated that alleviating suffering is the path. One survivor, a Siddah Yoga practitioner, stated that “I do believe that suffering pressures one

to seek relief, which pressures me to turn inward or to a spiritual path...I don't think that you need to self inflict suffering.”

### *Importance of Religion/Spirituality for Participants*

In order to determine the vitality and immediate sense of participants' faith/beliefs in the present, subjects were asked to comment on the importance religion/spirituality has on them today. All survivors (n=9) emphasized that their spiritual/religious worldview was very relevant to their everyday life experiences. What follows are examples of their responses; “It's just how I live.”; “I think it's the thing you can always count on.”; “...it actually permeates everything I do or think about.”; “Buddhism is a way of life. It's not just a belief system.”; “It's the most important thing in my life.”; “My spiritual life...helps me get out of bed everyday. It helps keep me going.”; “...it's important to have a spiritual journey...it drives my life.”; “It's a guiding principle of my life and of claiming my freedom and of claiming my happiness and of claiming whatever right to finding my own way...you know...my own truth...something that links me to everything else.”; “If I had to give up anything in my life, I would give up anything other than that [spiritual practice].”

### *Spiritual and Religious Practices*

Finding out about spiritual practices was a way to determine the spectrum of involvement with which survivors engaged in their beliefs. Their answers also served to provide a window into the richly diverse ways subjects lived their beliefs and as well as highlighting common practices which transected different traditions. The practice of

meditation crossed many spiritual traditions (n=7): three Buddhists, one Siddah Yoga practitioner, one Protestant, one Al-Anon member and one general spiritual practitioner. Al-Anon, Protestant and Pagan participants reported prayer as an important aspect of their practice (n=3). Most survivors reported gathering with others of their own faith for community experience of spiritual practice or religious observance as another important aspect of their practice (n=7), 12-Step (meetings), Protestant (church service/bible study), Catholic (church services), Siddah Yoga (chanting/text chanting/meditation), Buddhist (meditation center, retreats), Pagan (ceremonies and rituals) traditions alike. One Catholic participant and one Pagan survivor both reported connecting with the earth as a way get in touch with their spirituality.

There were many practices that were specific to individual spiritual traditions or religions. The Pagan participant's practice centered on ceremonies and rituals that commemorate various phases in the earth and changes in life. She made a noteworthy comment regarding her involvement in daily practice, "It also enters into my work [psychotherapist], because I tend to go to looking at the blend of mind, body, spirit, emotion...I'm looking at them at a lot of different levels." Some specific Buddhist practices included: vajrianna practice, solitary retreats, Ton Len ("exchanging self for other"), Mietre (loving kindness), ritual visualization practices and Kognue Nigman practice lineage. Two of the three Buddhist participants reported practicing yoga. Siddah Yoga practice also includes darshan with the guru, text-chanting alone as well as with the community (i.e., Shri Guru Gita), and call and response chanting. The Catholic participant reported taking communion and reciting the Novena.

### *Beliefs and Stress*

The next two questions focused on whether participants' spiritual/religious beliefs may have helped them deal with past and present stress. These questions were conceptualized in order to form a general picture regarding survivors' use of this resource, as it may have been a factor involved their resiliency either at the time of, or after the abuse. The responses were unanimous. All survivors found that religion/spirituality was helpful in past and present stress. One Protestant woman specified that it had been helpful in dealing with the abuse. "...during the time when I decided to leave my husband, I was doing 12-Step work...especially one person, who really helped me use the 12 step practice to be able to have the courage to say, 'I'm leaving.' So it was very profound." The Al-Anon member commented, "It's [spirituality] been the saving grace for half a dozen things at least. If it was not for that, no, I don't think I would have the strength to go on." The Siddah Yoga practitioner spoke to the profundity of her spiritual practice concerning the current stress of having to be a witness in a courtroom.

Well, for instance, that trial date...I just, just hung onto the mantra. And I hung onto the power of the lineage and the Siddahs to sustain me and hold me and support me, like a strong rope to hold onto the truth. And they stand for the truth. This whole spiritual lineage stands for the truth and the greatest of all, the greatest good. So, my mantra repetition and chanting that day, and for having done chanting everyday going into that day, I went in there with that. I did not go in there alone, even though I was alone. I had my spiritual teachers and my practice to give me strength to speak the truth, to detach from the fear, enough to be able to do what I had to do. (56 year old survivor)



### *Belief in a Supreme Being*

The final investigation of survivors' spiritual/religious narratives explored whether or not participants' conceptualized a supreme being as part of their belief system. Responses were mixed. Three respondents answered in the affirmative. A supreme being was seen as: "unconditional love of Higher Power which is also inside." Another survivor commented that a Supreme Being is inside ourselves and the enlightened masters. Whereas another replied that she believed there was a Supreme Being but could not explain or describe it. One responded both positively and negatively, "its energy out there. God is just a name put to this force." One participant was unsure. Four survivors responded that a supreme being was not part of their belief system. Replies included that a deity is part of us; there is only being in the moment; that there is only the open-hearted and enlightened part of ourselves; and that there is only "connecting with your natural well-being...your innate wisdom."

### Life and Abuse

It was of paramount importance that the interviews minimize any possibility of secondary traumatization for participants. A common theme that resurfaced throughout this section was the issue of shame, guilt and actively trying to forget the abuse. Accordingly, these questions did not focus on actual experiences of abuse. If a participant wished to recall incidents of abuse, it was entirely her choice. Instead, the discussion of abuse in the interviews, and as presented below, conformed to the following sequence: time of life the abuser was encountered, factors and influences leading to the decision to leave, length of disengagement from the abuse and any repetitive experiences

of intimate abuse, making sense in the aftermath of the abuse, including the role of the divine.

*Time Measures: First Encounter to the Last*

Some women were not enthusiastic about elaborating on the time they first met their abusive partner and answered with one word answers. Others were able to explain the circumstances of their meeting more easily. The length of time that had elapsed since their meeting was also reviewed. To most it was a surprise as to how long it had been. And finally, the duration of the relationship was noted.

The years since meeting the abusive partner ranged from 8 years to 37 years ago. The average elapsed time since their meeting was 22 years ago. The period of time survivors were united with their abusive partners ranged from 2 years to 14 years. The average length of these relationships was 5.3 years. The years since survivors left their abusive partners ranged from 2 years to 32.5 years. The average time since the survivors successfully left the abuser was 15 years. Only five of nine women described the circumstances under which they met their abusive partner. The most common situation where these participants met their abusive partners was at college (n=3). The other two met under social circumstances, i.e., out dancing with friends and at a popular psychologist's workshop.

Seven of nine survivors stated that they had no further contact with their abuser. However, two women reported that they had abusive relationships following their initial experiences, but were not in an abusive relationship at the present time. One is currently in a non-abusive and happy marriage. The other is not currently in a relationship and is

questioning her sexuality. She has also become an advocate for victims of domestic violence in addition to victims of other types of violence. Three of nine women disclosed that they had to endure ongoing co-parenting contact with their abuser due to long-term ties regarding children. One of the three (n=1) had an ongoing relationship with her abuser due to shared pets until two months ago.

### *Leaving the Abuser: Growing Wings*

An intentional effort was made to provide the survivors with a strengths-based approach to discussing their painful histories, meaning the focus was not on their sometimes near-lethal entanglements, but rather on their successful, yet formidable disentanglements. The interviewer's gaze turned away from the daily horrors of the past and instead turned toward exploring the circumstances and influential factors that led the survivor to successfully leave the abusive situation. This process was the crucial step between leaving the known, horrible but familiar, and taking a leap of faith into the unpredictability of the unknown. After the interview, all participants commented that they did not feel it re-activated their trauma. Some even reported that the interview helped them to rethink their current lives as well as the abuse from a spiritual/religious perspective. Most reported feeling uplifted and relaxed following the interview.

There were some common themes that the researcher observed in the participants' general comments during this section of the interview. Following the interview, virtually all the survivors reported that they had forgotten many aspects or the specifics of the actual abuse. Some reported this was an intentional effort. "The third time he actually hit me. The second time, I can't remember what happened. I spent a lot of time not thinking

about that.” Many cited shame and guilt as barriers to leaving (or when leaving) the abusive situation: “And I kept thinking it was my fault.”; “...in an abusive relationship...and in leaving the relationship, I felt guilt.”; “...it’s typical with most abuse situations, it’s very isolating, with no family or friends around, that feeling of shame and I didn’t want to tell anyone this is going on. So, I pretty much handled it myself.”

Specifically, survivors were asked about the precipitating factor that made them decide to leave the abusive relationship. Almost all reported an increase in the abuse and/or an increase in the abuser’s addictions, sexual misconduct or mental illness. Three of nine participants cited that “he cheated on me.” Two of nine survivors reported that either their partner had stolen money or the overall financial situation worsened. Both of these situations were predicated by the abuser’s relationship to drug addiction. One stated that there was an incident when their child had witnessed the abuse. One participant cited a series of incarcerations related to crack addiction, physical violence against her as well as his “cheating” on her. Only one subject disclosed that the precipitating factor to leaving her husband was when he became hospitalized for major mental illness. Three survivors reported an increase in physical violence. “...but when I was preparing to leave and he got the notion that I was leaving he got more physically violent.” One of these three participants described an extreme incident when the abuser attempted to kill her. She described that this not only precipitated her decision to leave but was also the most influential factor in her decision to leave.

Well, he tried to kill me...I tried to escape from him. We had already been exchanging, like we were in a big argument in a car, and he had already hit me previously. So, I’d already kind of seen him haul off and hit me before, and I knew that that could happen again. ...he raced after me and tackled me and jumped on top of me and tried to strangle me and beat my head against the

pavement until I passed out. I was yelling and screaming the whole time that I couldn't breathe. ...It's really scary. And...um...so he saw me lose consciousness. I remember blacking out, and I could not breathe, and he had his hands around my neck. ...but then I woke up very fast and I could breathe. And I remember the look on his face, because he had basically killed me. He got up and ran away. And I got up and I recovered and I got in the car and went home. ...Yeah, I called the police and everything...I didn't press charges, but I filed a report. (37 year old survivor)

When survivors were asked who or what was the most influential in their decision to leave the relationship, many women (n=6) responded an advocating individual or group helped them recognize the abuse and assisted in giving them the courage to finally leave. These influential factors consisted of: an Al-Anon sponsor; another 12-Step member; her therapist and ACOA (Adult Children of Alcoholics); a variety of 12-Step groups (Nar-Anon, Al-Anon and SLAA); a women's group for Men Who Hate Women and the Women Who Love Them, especially the leader of the group; and a friend. Two of nine women reported that they simply "took care of things" on their own. The last participant stated that, "I got completely, absolutely petrified. He scared me so much, and there was nobody to help me and I had to take care of the situation myself ... We set up a sting operation, I coordinated with the detective... Then they staked out my place and they got him."

### *Making Sense of the Abuse*

The section above explored what helped the participants extricate themselves from living in an abusively intimate relationship. The next section explores the focal query articulated in this study which takes into account the passage of time following disentanglement from the abuser's ongoing violence; particularly as it pertains to the way

survivors of IPV make meaning of their experiences in the aftermath of their abuse. In order to meet criteria for participation in the study, participants had to have achieved safety from abuse, and self-determine that a sufficient amount of time had passed in which to sort out relevant (to the study) past experiences. Therefore women were encouraged to speak at length about this question.

All but one participant was psychologically-minded when reflecting on how they made sense of their abusive experiences (n=8). This was perhaps due to the average educational level of the sample and that all had undergone psychotherapy at least one time in their lives. Almost half of the interviewees mentioned that their partner was abusive due to their own history as abused children (n=4); one cited their own “intergenerational trauma” in addition to their partner’s own abuse as a child; while another commented that her ex-partner had a family tragedy in World War II in addition to being mentally ill.

I know about intergenerational trauma, and my dad’s parents were alcoholics and I know they were abusive to each other and I’m sure to my dad, although there is some secrecy around that...my parents yelled a lot, they still do...it kind of sets up a dynamic...So, I think of that and I think of my relationship and I think of how, kind of, there was this weird dynamic...I realized after the abuse started that his mother was abusive to him [abusive partner]. And his mother survived...World War II...I think [she was] physically abusive. (29 year old survivor, MSW)

They said he was schizophrenic, paranoid schizophrenic...[which was] exacerbated by these very dramatic things in his life. His father was actually killed by the Germans and then he had to identify his father’s body...he was like six years old. ...They were hiding in a hospital...basement until the end of the war...So in some sense, I don’t blame him. I feel like there was a lot of tragedy in his life and, you know, also when you feel a real connection, a karmic connection, that was my karma in this life. (60 year old survivor, M.A.)

A few women cited their own parents/family relationships (n=3). One participant spoke of her own abuse as a child which set her up to seek out other abusive relationships, while another recalled her parents' abusive relationship as impacting her.

I make sense of it because I was an abused child...it's a way of getting mastery over things...And for some reason the last one [last abusive relationship] I chose was like...repeating the abuse of my father mostly. But I think the last one was particularly challenging for me because it repeated both the situation of...violence towards me, by my father. (46 year old survivor, Ph.D.)

I'm attracted to two men in a row, and after the second one I started to think, why is it, am I just unlucky?...I remember being in my crib and looking down the hallway and hearing the violence and knowing in my heart, and here I was 1 or 2 years old, that something was wrong and then 18 or 17 years later, as an adult, having the imprint of having a violent dad...I was actually, somewhere along the line, recreating that pattern. (37 year old survivor, B.A.)

Two out of nine women referred to parents' not preparing them or intervening on their behalf. One of the two women also cited her own immaturity, as she entered the abusive relationship when she was 18 years old.

I don't think my family stressed that. They really didn't know about that kind of thing...But I didn't get the sense of understanding about it when I was younger so getting involved in these relationships I felt I was very unaware...I feel like I was just naïve and unaware...I had the whole idea that he's possessive because he loves me, you know? He loves me and wants to know where I'm at every second. I wanted so much to be loved that I framed it that way. You know, I saw it as love as opposed to seeing it as control. (51 year old survivor, M.A.)

The only way I can make sense of it is immaturity...not being assertive and standing up for myself. And not, in the very beginning, saying "Get the hell out of here, now!"...And, I have to say, I wish my parents kind of saw some of it in the beginning stages, and I wish they had taken me aside and said, 'Look, you don't have to do this [get married to abuser]. It's better to say, no. Don't get married.' And I was that young that, I didn't know. (51 year old survivor, B.A.)

One woman felt she entered the relationship to learn from a psycho-spiritual point of view. "I feel like I really learned a great deal about the world that for some reason I didn't know. And for some reason I felt I needed to learn that."

Even though there was no specific question concerning this aspect of the abuse, eight of nine participants observed other defining characteristics they felt contributed to the abuser's escalating violence. A few noted their partner's use of drugs: crack, cocaine, marijuana (n=3). Still others observed that their partners used alcohol heavily or characterized them as alcoholics (n=3). One stated that her partner's major mental illness contributed heavily to the abusive situation. One survivor commented that her abusive partner dissociated when he abused her, as he seemed to have not the slightest recollection (no "hearts and flowers" stage) of the abuse. She was very eager that I include her observation of this phenomenon in the study. She stated:

Can I just say one thing? ...He had no recollection of having done it. And I actually just thought, 'he's just lying, he's in denial.' He knows he hauled off and whacked me...I would ask him, 'Why did you punch me?' or something like that. He would look me straight in the eye and say that 'I didn't do that. What are you talking about?' I mean, it was like some sort of dissociated state...There's another level of violent men who actually dissociate and their not drugged or drunk or stoned. They're in their normal everyday consciousness, they haul off and hit women and they are actually dissociated when they do it. Something happens. (37 year old survivor)

#### *Participation in the Abusive Relationship*

The question "How do you view your participation in this relationship?" was one of the most rephrased questions asked during the interviews. Participants were concerned that they might be at fault somehow. In the later interviews, the researcher rephrased the question in a variety of ways, for example "When you look at how you were in the relationship, what did you bring to the relationship?" This question was asked to further investigate the way participants made sense of their relationship.

Survivors' responses to this question varied widely and appeared to be based on individual circumstances. The range of responses reported were from complete denial to



being controlling, to feeling at fault, or feeling they needed to take care of the abuser. What follows are excerpts from their responses: “Did I participate in the abuse? Yes. Absolutely. But was it my fault? No.”; “I just needed to be loved by someone who I thought loved me. You know I took it upon myself to be at fault...I felt like I was on the defense all the time. And the way I would deal with that was to go on the offense.” ; “There was a pattern of me being controlling in the relationship...but also dealing with a lot of things around guilt...Guilt, control, material things.”; “Well, I think I just always thought of myself as the one who had it together and I would always keep it together.” ; “I was really enjoying this person’s mind...[and] the physical aspects were attractive.” ; “...just not believing it [the abuse], just being in total denial.”; “Well, I was the victim...I was interested in this very fascinating person. And then feeling very responsible for this great artist, you know, taking care of him.”

### *The Role of the Divine*

This question was central to the interview because it was important to ask directly about any spiritual/religious lens with which subjects may have perceived their abusive experiences. Patterns emerged primarily in two categories: learning/growth, and a chance to make a different choice in the moment and for the future. Less than half of the women reported being presented with a choice (n=4), whereas an equal number of women described an opportunity to learn and grow (n=4). Only one respondent out of nine answered that she did not see that the Divine had any role. Different spiritual/religious perspectives were at times subtly present within their answers. For the following

presentation of survivors' response categories will be identified according to their declared spiritual/religious traditions.

Learning and growth were not always verbalized within individualized answers, but one or the other was mentioned in order to be placed in this category.

If I have had any lucidity in my life it is from recovering from that experience...There are two ways of looking at it [divine role] and both are correct. Why me? And why was I so lucky to learn so much from it? I got this, because this is what makes me who I am; this is what makes me grow. (Al-Anon participant)

That I am loved by a divine power, I had a lot to learn in that relationship...there's a way I can forgive him...I forgive myself, because I was clueless. (First Presbyterian participant)

I happen to hold the belief that we come into this lifetime to learn certain things...I believe in reincarnation...Those experiences that we have, facilitate our learning...it helped me get rid of my naïveté about people...my spirituality helped me to begin to see the Divine feminine and to understand strongly how important it was that I not allow myself to be abused, that it isn't OK. I grew from it and I learned. (Pagan participant)

I feel like this was a very strong karmic connection for good or bad...And in some ways he was my teacher....You know the phenomenal work wakes you up, you get lessons from it. And then how do you use that?...And then discovering the Buddhist path as a way to work with it. (Buddhist participant)

The theme of choice and doing things differently were described in a variety of ways.

I think the Divine gives us a choice or many choices in life. I think God was with me through the whole experience. And I do think my connection to my spiritual self and God gave me the strength to leave the relationship. (Catholic participant)

...I do believe that we can take responsibility for breaking out of our patterns, recognizing what's unhealthy for us, and making a vow to move forward and evolve. So again, divinity always comes back to your own heart and whether you're going to follow your own truth or just stay stuck in a pattern. (Buddhist participant)

I justified or I viewed everything as results of choices or of karmic occurrences. In other words, not so much that it's fate, but that in every situation people have the opportunity to let go of certain aspects of their personality or worldview that hinder them or doesn't serve them. (Buddhist participant)

I'm better than that. That's not my reason for being here, to be someone's punching bag....that I have better things to do with my life. And I think that having that spirituality gave me the strength to be able to get out of that relationship. (General Spirituality participant)

There was one sole participant that felt the Divine had no condemning or redeeming role whatsoever regarding the abuse. This survivor stated:

I don't see how the Divine played a part in the abuse at all...No; this is purely human bullshit, of the lowest chakra. It could lead to the Divine – I can see that- but the actual abuse being linked to divinity- no. (Siddah Yoga participant)

One participant, in addition to commenting on the learning she received from the relationship, commented that she felt there was another important Divine purpose which accounted for her involvement with the abusive partner. She recalled:

And I do feel, like, because of my daughter we had to get together...And she's such a light, such a gift to the world and to me that there was a reason there for us to get together and that feels divine. (First Presbyterian participant)

#### *Additional Themes Observed*

The next section is comprised of several patterns and observations made after coding the data. The headings were not part of the interview instrument per se. However, the data comes directly from interview transcripts. The following themes are addressed: confusion about whether their relationship was abusive, the ways in which their spirituality/religiosity helped them transition out of and endure the abuse, evidence of change in participants' spiritual/religious outlook and how it felt to find their new tradition, and the spiritual/religious impact survivors experienced post-abuse.

### *Not Knowing It was Abuse*

Some survivors mentioned that they did not fully realize that they were experiencing abuse (n=6). These survivors reported that they did not have a conceptual base with which to determine their partner's behavior as unacceptable: "I didn't realize it was abuse."; "I did not know that what I was leaving was abusive."; "This other person came into my life and that was part of it I think; just helping me to see that I shouldn't be treated like that."; "I don't recall really understanding, like I do now, the dynamics of abusive relationships, what they look like and the whole thing."; "He slapped me across the face...I was, like, what's going on? I was really confused. And I feel like I stayed in that confused state for months." Another survivor clearly articulated this confusing experience.

It just never ceases to amaze me how much the characteristics to this trauma are *not knowing* what's happening to you. I mean, knowing, but not knowing. Knowing there's something horrendously wrong, but being completely incapable of knowing, or accepting the fact that you are in it...we have to be groomed into the situation of abuse, in order to be the perfect victim. (46 year old, Al-Anon participant)

### *Variety of Factors within Spiritual/Religious Narratives*

Many participants in the study noted that their spiritual and/or religious experiences helped them transition out of the abusive relationship (n=6). Illustrative responses were: "I think God was with me through the whole experience. And I do think my connection to my spiritual self and God gave me the strength to leave the relationship. (Catholic participant)" and "I was going to meetings [12-Step] and getting my head straight, slowly, that made me less tolerate his shiftiness...by that point I just had tons of support. (Siddah Yoga participant)"

Several survivors reported that their spiritual and/or religious experiences sustained survivors while they were still in the abusive situation (n=5). Participants stated:

I believe victims need to make sense of their suffering....It's very good to use spirituality simply as what makes sense of the situation you are in, rather than what's going to help you get out. Plus I believe it is a salient feature of most religions to help you do just that—use your spirituality as a means of staying where you are...spirituality was that for a long time, because it helped me understand why my life was so horrendous, I mean, somewhere the promise of redemption, made me think, okay, so this is not entirely random. This is not entirely for nothing. (Al-Anon participant)

I kind of started to connect with meditation just on my own, just watching the fire. We used to cook on the fire, and you know, having those experiences, it wasn't idyllic in any way, because he was kind of nuts...but at times it made things okay...I'm sure the fire was soothing. There is a sense of connecting to the earth that is incredible. (Buddhist participant)

Another interesting trend noted was that the majority of women reported they had changed their spiritual outlook before getting out of the abusive relationship (n=7). Three of the seven women who reported this change recalled that they joined 12-Step programs right before leaving the abuse. One reported she became Pagan right before leaving the abuse. Three participants noted a change in their spiritual outlook before deciding to get out. These women became Buddhist, joined 12-Step (later First Presbyterian) and one became a general spiritual practitioner. Two of nine women changed their spiritual outlook after leaving the abuse. Both were Buddhist.

The researcher noticed that in eight of nine participant narrative stories, the survivors described how they felt when they found their new spiritual/religious tradition. Two of nine women described this experience as “falling in love.” Three women described this experience in terms of “a sense of trusting,” “...warmth and groundedness.

If you have a connection to something spiritual, you treasure it very well.” “It just brings me peace.” A fourth overlapped her description of this experience and added, “Nature gives me a sense of calmness.” (n=3) Two women described the life changing aspect to finding a new spiritual tradition. “It was very interesting to hold in my hand and feel the presence of a female deity who looked like me and that she was touchable and that changed my whole life actually. (Pagan participant)” The other survivor described the power of her experience.

Meeting Swami Muktananda...was very, very, very, very powerful. It changed my life. He took you by the feet and shook the change out of your pockets...I mean very, very, very strong shakti, very strong spiritual energy... very strong path to follow...lots and lots of blissful experiences...way too many to even imagine. It's brought peace to my mind and well being and brought me substance. (Siddah Yoga participant)

There were other miscellaneous, but noteworthy trends found. Three of nine women made references to their concept of spirituality which did not include “A White man with a beard.” It was also noted that over half disclosed that the abuser and the survivor shared a spiritual/religious tradition in common (n=5). During the narratives of abuse, six of nine women described their situation as significantly isolated.

### *Spiritual/Religious Impact on Survivors after the Abuse*

In their lives after the abuse, most women experienced an impact from their spirituality/religiosity (n=7). Previously, in the section on making meaning of the role of the divine, participants described being given a chance to make a choice, to learn and grow. Upon reflection, other comments were made that directly addressed their lives post-abuse that included gratitude for their experience, discovering the right to live,

becoming a priestess, discovering the Buddhist path as a way to work with pain and suffering, standing up in a contentious legal situation and telling the truth, and finally becoming a stronger person and being connected to a sense of truth.

I feel like it's always a process of trying to be true to something...I feel like I've carried that sense with me and that actually I keep trying to be true to that, whatever it is, and keep trying to discover it afresh...spirituality is a constant in my life. (Buddhist participant)

I got a lot of spirituality just going to meetings...meetings helped me reclaim 'the right to live,' which I was unaware of. That's probably what most victims of abuse are not always aware of, the fact that they have a right to be here and a right not be abused by their parents or spouse or whatever. So my growth and spirituality is a fighting thing...Fighting means...fighting the abuse and fighting for myself. So it has been my...my most important, my only important truth for recovery has been that...has been my spiritual ideas have given me the right and the power to essentially stand for myself...the right to exist for myself. Yeah. (Quietly). (Al-Anon participant)

### Clinical Experiences and Clinical Expertise

An important, if more practical aspect of this study, was to investigate if there were any clinical implications that applied to data gathered in the subjects' interviews. A series of semi-structured questions were designed to explore this relevance. The first three questions were more structured in order to ascertain participants' experience with psychotherapy and any diagnosis they may have received. The subsequent questions were more open-ended and pertained primarily to whether subjects felt they could or could not discuss spiritual material with their therapist and if this was or was not helpful or desired.

### *Experience with Psychotherapy and Possible Diagnoses*

All of the subjects had been in psychotherapy (n=9). This was surprising due to the fact that this was not a criterion of participating in the study. Four women were currently in treatment. Five were not currently utilizing therapeutic services.

In order to provide some context for survivors' participation in psychotherapy, they were asked to disclose (to their comfort level) if they had been given any diagnosis. And due to other studies where psychological health impacted survivors' resiliency, it was felt that documenting diagnoses could be helpful for the knowledge base regarding this factor. Three of nine survivors did not report any diagnoses (n=3). Two of nine survivors had self-diagnosed themselves as suffering from PTSD, only (n=2). One participant had been diagnosed with PTSD and depression. The other three survivors were diagnosed with differing Axis I disorders: Bipolar II, Adjustment Disorder, and Depression.

### *Spiritual/Religious Themes in Psychotherapy: Helpful or Unhelpful*

Subjects were asked if they felt they could talk about spiritual and religious beliefs in therapy. Most responded that they felt they could do that (n=7). Only two of nine reported that they did not feel they could discuss these topics in psychotherapy.

When subjects responded that they felt they could not discuss their religious or spiritual beliefs in therapy, they were asked as to why they felt that was the case. Two survivors responded that they wanted to get this kind of support in treatment, but were not able to receive it. One disclosed that the therapist was "...uptight, more intellectualized." The other commented that she would like another therapist who "has



more spiritual leanings than before, because I was leaving that part out...I want to find a therapist that has similar belief systems that will help me..."

Participants were asked if they felt they could discuss their spiritual or religious beliefs in treatment. If so, subjects were asked to discuss what helped them know their therapist would be receptive to such themes in treatment (n=8). One of the nine survivors responded she had interviewed the therapist carefully before beginning treatment. One survivor felt comfortable with her therapist in this regard because a friend had recommended this clinician. Four participants already knew that the therapist was in a spiritual community, if not their own. Three of nine subjects cited the descriptors that helped them feel most comfortable with trusting a therapist with their beliefs as empathetic, attentive and accepting. One woman stated, "Someone who can listen and just accept it [their spiritual beliefs]." There was one participant who felt that she would go to a therapist if recommended by a friend, but that if she was seeking "spiritual support" she would go to a spiritual counselor, not a therapist.

The final question asked, "If you could discuss spiritual/religious matters in psychotherapy, do you feel it was helpful? Why?" The majority of women responded that it was helpful (n=7). One woman explained, "In my religion, I'm thought of as a priestess and so for me it helps to have someone who can understand what it does mean to be a priestess...you know, holding all these various roles that I do, it's really important." One interviewee answered that it did not matter one way or the other. One survivor believed it was not appropriate to discuss her beliefs in psychotherapy. "I'm very private about my spiritual experiences." One woman felt she did not need to discuss her beliefs in therapy, but would welcome it.

Many women who found inclusion of their beliefs to be helpful in psychotherapy, expressed that they would feel treatment would not be as effective if this aspect of themselves was left out of therapy (n=5). Three participants who had past therapy experiences that excluded religious and spiritual themes, felt that their religious and spiritual life was so integrated into their sense of self that without inclusion of their worldview treatment was not as successful. These women reported that this exclusion only intensified their isolation. One woman commented, “I feel a large part of myself is left out of the room.” It appears that the opportunity for exploration and development of congruent narratives for these participants was missed. Two survivors felt that the internalization of their spiritual life goals were congruent with the therapeutic process.

### *Clinicians*

Clinicians were interviewed in order to address the clinical implications of the research question which investigated the way survivors of IPV made meaning of their experiences and whether survivors’ belief systems were a factor in this significant process. Implicit in exploring meaning making is its contribution to healing from trauma. The sample collected from this population was quite small (n=3) due to the limited time with which to collect the sample. And while the small number of these participants imposes limits to generalizing the findings, their comments are worth noting nonetheless. Clinicians’ demographic information is provided in the *Clinician Demographics* section above.

### *Comfort Level with Spiritual/Religious Themes*

Survivors were asked “If you feel you can discuss spiritual or religious beliefs in therapy, can you tell me more about why that is?” Their responses can be found above in the *Spiritual/Religious Themes in Psychotherapy: Helpful or Unhelpful* section. In order, to follow up this question from the clinicians’ perspective, clinicians were asked, “How have you communicated your comfort level with spiritual/religious themes to your client?” Clinicians primarily indicated that it was in their presentation and initial responses to clients in the initial interviews. One clinician who did not identify as a religious but identified as a general spiritual practitioner (mindfulness), commented on her response to when clients ask if she is religious:

[They ask] would you be willing to work with me about my religion and I say no, but...I do see it as my goal to help you grow in your direction, not mine, and I would absolutely support you in that role.

Another therapist, who identifies as Buddhist, responded to this question:

And one of the things that I really liked about (her graduate school) was the connectedness and the bringing in of spirituality into the process of counseling. So, its always a place I go to with people, of, where do you find your strength and how do you believe in a higher power, and do you use that in getting through this, because for me it’s a coping mechanism...When I first meet someone, and I’m telling them about who I am as a practitioner, I try to let that shine through...I just think that’s a piece of multicultural and diversity and social justice...So giving them permission to know that it’s OK and hopefully that comes through.

The third clinician identifies as “Buddish,” meaning she is influenced by Buddhism but is not practicing Buddhism, disclosed that she doesn’t have “a deity consciousness.” She simply commented, “Oh well, it’s just how you are...it’s you’re whole being, just your energy, and your demeanor and your physicality and...style.” The therapist added that,

“When people go into issues of suffering, or justice, or purpose in life or what ever...I go there.”

To follow-up communicating comfort to clients, clinicians were asked about what would make them reluctant to introduce spiritual and religious themes into the therapeutic process. One clinician who identified with a general spiritual belief system stated:

I was trained, and I believe that who I am and what there is about me, for the most part should stay out of the room, where what’s absolutely needed to be in the room is my relationship to you...I have a belief that really, spiritual belief, certainly religious practice, does not have a place in psychotherapy, except for pastoral counseling. I’m not a pastoral counselor.

The therapist, who was influenced by Buddhism, indicated that she would feel quite comfortable introducing these themes in her counseling practice. The only reluctance she would feel about introducing spiritual/religious themes would be on a case by case basis, in situations such as:

If I felt that someone was feeling around for me to endorse their belief situation or not, or enact some kind of role in their own sort of internal world about this...or to do battle with their internal representations around that, I might not want to engage with that, or I might want to do it in a different way.

The clinician self-identified as Buddhist, also reported that she feels comfortable overall with these themes. Her reluctance would emerge on an individual basis especially when clients exhibit features of major mental illness:

When people get into that semi-psychotic space, or when I feel like people are really not at all structured and could be in a space where they could slip into something like a delusional space...I think that’s where I might draw back a little bit...I’m taking also the cultural piece into account as I’m looking at all of this...I might approach it differently with different people, but I really read the client for that.

All three clinicians commented on the similarities or even the merging of spiritual teachings and psychotherapy. The general spiritual practitioner spoke to this:

Like I said when I went to the Unitarian Church in the 90's and I would have thought I was in a group therapy session a lot of the time. The sermons were often about how people felt about things and what happens when you really, psychologically, when you stub your toe on an awful event or a terrible loss...I went with my partner to her Episcopalian church a couple of times so I heard something pretty mainline, I heard a lot of pretty psychological talk. And it made me, unlike my childhood in Catholicism, that the lines between psychology and religion in some cases, may be blurring.

The therapist who was influenced by Buddhism disclosed that, "I mean, psychodynamic is a very nice fit any kind of mindfulness practice, because of the free floating attention thing that you do."

#### *Culture and Recovery:*

The three clinicians were asked, "Have you noticed any difference in religious and spiritual cultures that influenced the healing process for IPV survivors?" It was unanimous; all agreed that in their experience they observed a major influence. "Yes, yes and yes!" exclaimed one clinician. Here are their responses:

Fundamentalist people, people who are practitioners of fundamentalist religion have more stratified, patriarchal traditional belief systems are often told and feel, that they have to stay, that it's their fault, that if they just pray harder to be a better wife that things will be better, and that even if they don't get better that at least they'll get their reward in heaven...But I did have several Buddhist clients, and they're the ones actually who were, I mean, according to stereotype, would spend a lot of time on mindfulness, and gaining clarity and meditating, and trying to see how they really feel...I felt it really positively affected their outcome. I do. I really do.

I've grappled with some traditional religious beliefs like, Catholicism, for sure with clients is the concept of the church not condoning divorce... I think the positive piece is just for people to be able to, to feel that they can be forgiven. There's that piece about unconditionality, like, I know God will forgive me for choices I've made or I can do this differently next time, or we all get another chance, or, I mean, karma or reincarnation. Like, this is karma in this life and, for some people that really helps them work through a process of, it'll be different

next time around. Or this is just what I've been given to work with. In that way, that piece can be really positive.

Absolutely. I think really hierarchical and punitive systems impede healing and I also think that really, stereotypical "new-agey," everything is your own fault kind of interpretation is also really harmful...It's very disempowering...[The more empowering cultures] Ones that sort of encourage people to attune to their own experience to be curious about themselves and to believe that there is inherent value in every experience and inherent strength in every person...We learn in Buddhist philosophies, inherently, there's an injunction against harming others, but there is also an injunction about self-harm, and not like, oh, you're harming yourself, you're bad, but oh, as much as we don't want to hurt others, we don't want to harm oneself. And so that gives people a sort of a sense...you can get out. So I think that's helpful.

The disclosures enumerated in this section were deemed the most relevant to the thesis question. Therapists interviewed in this study were somewhat representative of the location where the study was conducted. Not only is there is a strong Buddhist community, but the specific city is reputed to have a widely diverse spiritual and religious community overall. The clinicians' comments as they relate to survivors' responses will be discussed more in depth in the Discussion chapter.

### *Summary*

This chapter has presented findings from 27 questions asked of nine IPV survivors in semi-structured interviews where open-ended responses were encouraged. Excerpted findings have also been presented from four questions (of a 19 question interview instrument) asked of three clinicians to address the clinical implications of findings relevant to the IPV survivors in the study.

Participants were highly educated, had experience with psychotherapy and lived in a spiritually diverse community. All were psychologically minded when it came to

making sense of the abuse, whether it was their own or their partner's traumatic past, or their own immaturity/naïveté. All participants unequivocally stated that the Divine had nothing to do with creating the abuse to punish them. All but one participant reflected that the Divine had provided them with opportunities to learn, grow and make different choices in their lives. Accordingly, survivors unanimously agreed their belief systems were integral in helping them grapple with past and present stressful situations or life events. As creating a personal narrative of one's experiences is integral to the process of healing, clinical implications were pursued from interviews with survivors and clinicians alike.

The majority of women disclosed that it was helpful as well as effective to talk about religious and spiritual themes in therapy. The majority of clinicians interviewed felt that inclusion of clients' belief systems was a part of providing services which are multiculturally adept, and address diversity and social justice where indicated. One clinician was reluctant to address these themes in treatment due to her training, and personal beliefs, but clients' needs were paramount and she would support them. When a client was delusional or psychotic, wished to conform to clinician's belief systems, or to have the clinician endorse their particular beliefs, all clinicians agreed that exploration of their belief systems would be contraindicated.

Finally, all therapists had strong opinions regarding the outcomes of IPV clients with regard to their spiritual/religious cultures. All clinicians interviewed observed that survivors they've treated from traditions based on a "hierarchy" or "patriarchy" had lower chances of recovery due to issues of interpersonal control (i.e., no divorce). Whereas, all three noted that survivors from spiritual or religious traditions which

encouraged mindfulness, intrinsic worth of the individual, forgiveness, and inner clarity had better outcomes for healing overall. All three clinicians commented that there were ways in which spiritual/religious teachings merged with psychotherapeutic goals.

The interrelation between detailed findings of survivors and clinicians in this chapter will be further explored in the *Discussion* chapter. Previous studies and theoretical literature considered in the *Literature Review* will also inform conclusions drawn in the next chapter and will provide a context for the findings of this study. Limitations of this study and recommendations for further study will be specified in the *Discussion* chapter as well.



## CHAPTER V

### DISCUSSION

The findings that emerged from this study generally confirmed the overarching research question which aimed to investigate whether survivors' relationship to the Divine helped them make meaning of their abusive experiences. Survivors had a strong response regarding the manner with which their spiritual and religious beliefs imbued their entire lives with meaning. They felt the Divine had nothing to do with causing the abusive situation. However, the Divine had presented them with opportunities to grow, learn and make different choices in life-changing ways. Directly pertaining to the research question, were clinicians' observations that there was a strong correlation between their clients' spiritual/religious cultures and their treatment outcomes. However, one notable finding did not substantiate the research question in that participants' used psychological approaches to making sense of the general fact of the abuse as well as the abuser himself. Nevertheless, survivors' attitudes concerning these factors were influenced by their belief systems.

Subjects' responses affirmed what seasoned clinicians, who work with survivors of IPV (consultants and interviewees alike), have stated that an advocating individual or group is often instrumental in survivors' successful disentanglement from IPV (Arredondo, 2007; DiGiorgio, 2006; Tapp, 2007). Previous research was also confirmed as relates to the benefits of extrinsic religiosity (Astin & Lawrence, 1992; Koenig, 2005).

The majority of participants substantiated previous results found in the literature regarding how their religious and/or spiritual beliefs helped sustain them during the abusive relationship (Senter & Caldwell, 2002; Haussouneh-Phillips, 2003; Humphreys, 2000). Survivors also stated that their belief systems and/or their belief in a Supreme Being helped them transition out of abusive relationships. This disconfirmed Connor, Davidson & Lee (2003) findings which concluded that greater belief systems reported by survivors of IPV were negatively correlated to their resiliency. However, the current study's findings confirmed other research conclusions that faith had a positive influence on survivors' ability to transition out of their abusive relationships (Humphreys, 2000; Senter & Caldwell, 2002). The emphatic opinions expressed by clinicians concerning client outcomes as relevant to their belief systems, were not found in the previous studies included in the Literature Review, and disconfirmed the findings of the Connor, Davidson & Lee (2003) study.

This final chapter presents a discussion of six major themes initiated by responses to the semi-structured interview questions from which findings were presented in the preceding chapter. Clinical implications for culturally competent social work services; and potential relevance relating to theory for this particular population are discussed below. Additionally, this study's strengths and limitations will be described and recommendations for future research will be considered.

### *Major Findings and Implications*

Several findings emerged from the current study that was not reflected in the literature. Many researchers psychologically interpreted participants' thoughts, feelings

and physiology in their own studies. However, in this study the subjects were perceived as experts in their own lives and as such interpreted their own experiences.

### *Demographic Data of Survivors*

Demographic data were collected from nine survivors of IPV. Particularly relevant demographic data was contained in the research study by Senter and Caldwell (2002) not only due to the religious/spiritual analytic focus of their research but for the same number of participants associated with their investigation (n=9). Both studies found subjects to have almost exactly the same average age (49.5 for this study compared to 49.3 years of age in the other study). There is no conclusions drawn from this data, but it is notable due to the same average age of participants. The educational level of participants in this study ranged from one year of college to Ph.D. which was slightly higher than Senter & Caldwell's (2002) study and the national average. Senter & Caldwell (2002) had more racial diversity but had exclusively Christian participants; whereas the current study had almost no racial diversity but subjects came from widely diverse spiritual/religious backgrounds. The average time since participants left the abuse was also similar: this study's average was 14.7 years ago, whereas Senter & Caldwell's study found an average of 11 years. It is my belief that both studies found participants with such a noteworthy span of time since exiting the abuse, because of the significant vulnerability of this population. The subjects appear to have self-selected. It is possible that this result originated from subjects' powerful avoidance of past trauma in favor of recovering from the trauma and pursuing lives where they could thrive, even advocate for others.

This study's minimally diverse racial representation and high religious/spiritual diversity are believed to reflect the community's demographics where the research was conducted. Additionally, the high average of educational level and average age of the participants may account for the sophisticated and articulate answers found overall in the interviews.

Hassouneh-Phillips (2003) definition of abuse included assault and other strong arm tactics such as "physical, sexual, psychological and spiritual attacks and economic coercion" (p.681). These types of abuse were also found in the current study.

#### *Demographic Data for Clinicians Interviewed*

Three therapists were interviewed in order to present those voices that could provide a clinical perspective to data gathered from survivors. All three clinicians were White women, one identified as lesbian. The three clinicians' spiritual/religious belief systems ranged from a generally spiritual perspective (mindfulness), Buddhist and influenced by Buddhism. Clinicians' spiritual/religious backgrounds were perceived as relevant and was similar to Kahle's (1997) study concerning therapists' comfort with beliefs systems within treatment which be discussed below. All had clinicians had clients who were survivors of IPV.

#### *Survivors' Spiritual/Religious Development*

All but one participant reported changing their spiritual outlook since childhood. Six survivors reported that meeting their spiritual teacher and/or leader had most lasting impact on spiritual development. Most significant spiritual experiences varied widely.

Split responses as to deliberate efforts or spontaneous events led to their spiritual journeys. The most impact spiritual/religious experiences and the manner with which survivors started their spiritual journeys were not found in the literature. However, in *Health*, May 2006, the National Opinion Research Center confirmed that nearly half of the adults in the United States had one or more life-altering events that led to a transformative experience in their religious or spiritual lives (National Opinion Research Center, 2006). Some survivors indicated that their change in outlook occurred due to notable times of dissatisfaction with the religion of their families; others cited the abuse itself caused this change, while others stated they found their current belief systems following the abuse. Almost all participants (n=7) reported that they had changed their spiritual outlook from childhood *before* getting into the abusive relationship. Many reported joining 12-Step groups in addition to practicing a religious/spiritual tradition. Two reported changing their outlook after they left their abusive partner. Both were Buddhist.

#### *The Story: Participants' Spiritual/Religious Experiences*

In order to fully allow a client's narrative to emerge in treatment, Northcut (2000) proposed a model to deconstruct meaning imposed on the individual by the dominant story present in society. This model informed the interview instrument used with survivors in this research study. Northcut used several concepts with which to encourage the client's religion/spirituality into the therapeutic dialogue. For the purposes of this discussion, as pertains to the findings of this study, various aspects of the subjects' stories were used to reconstruct the way they made meaning of their experiences. Aspects of

participants' narratives concerning their spiritual and/or religious beliefs are discussed below: positive and/or negative experiences; suffering and the Divine; the overall importance of faith as concerns daily life; specific spiritual/religious practices; how beliefs may be used to cope with stress; and whether or not participants believed in a Supreme Being.

#### *Positive/ Negative Experiences with Religion/Spirituality*

Eight of nine survivors recalled past negative occurrences regarding the religion of their parents, and others remembered oppressive experiences directed toward them from members of mainstream belief systems. Some respondents recalled positive experiences from the religion of their parents or their current religious and/or spiritual traditions such as confirmation, special prayers or sacred rituals. No corresponding information was found in the literature.

#### *Perspectives on Suffering and the Divine*

All but one survivor responded that suffering did not bring them closer to God. However, there may have been a misunderstanding about whether the suffering was self-inflicted or not. Findings revealed that many respondents felt their own suffering caused them to turn inward to seek God; and their suffering helped them grow, change and gave them greater empathy for others. Van der Kolk (1996) stated that different religions and social systems have different conceptualizations of suffering and trauma, whether it is curable, must be endured or whether it is a form of communication. Drescher & Foy (1995) found that 26% Vietnam vets reported that their combat experiences made their

faith stronger (childhood religious participation and combat experiences were two factors seen to influence these vets). Conner, Davidson, et al (2003) pose an interesting question: does religious faith augment the ability to cope with distressing life events or do distressing life events result in greater religious faith? And while the current study provides no answers for this question, many participants reported that the end result of their suffering brought them closer to God and/or sacred principles. This was not seen as a reward, merely an outcome of their life experiences.

#### *Importance of Religion/Spirituality for Participants*

All survivors strongly believed that their spiritual/religious worldview had practical relevance as it permeated their daily lives. This response was particularly relevant to the literature. Fontana & Rosenheck (2004) commented that Vietnam vets returned with a spiritual crisis. This was found to be so relevant to their overall functioning that the Veteran's Association recommended pastoral counseling as a central to treating vets with PTSD. Senter & Caldwell's (2002) respondents all expressed an active participation in their spiritual/religious lives; some even commented that their beliefs were a powerful resource that sustained them during the abuse. However, after having left their abuser, survivors predominantly responded they had more optimism and more self-agency as the result of a closer and more mature relationship to the Divine, God, or the sacred.

### *Spiritual and Religious Practices*

Survivors disclosed the many facets of spiritual and religious practices, such as: meditation, prayer, community gathering to practice their religious/spiritual observances (meetings, services, ceremonies and rituals), retreats (solitary or with others), metra (loving kindness), ritual visualization, darshan, text-chanting (alone or with others), call and response chanting, connecting with the earth, communion and reciting the Novena. The literature referenced general spiritual/religious practice, such as spirituality as calming the mind, relaxation techniques, visualization (Connor, Davidson & Lee, 2003; Frankl, 1946; Humphreys, 2000; Senter & Caldwell, 2002). These practices are relevant to the Buddhist, Siddah Yoga and 12-Step meditation practices in my study. Griffith & Griffith (2002) refer generally to what religion provides: “Religion represents a cultural codification of important spiritual metaphors, narratives, beliefs, rituals, social practices, and forms of community among a particular people that provides methods for attaining spirituality...”(p.17). Several theorists and research studies found that extrinsic religiosity provided survivors with secondary gains such as socialization and/or getting their personal needs met through relationship with their religious community (Astin & Lawrence, 1993; Canda, 1988; Hassouneh-Phillips, 2003; Humphreys, 2000; 2003; Joseph, 1988).

### *Belief Systems: Impact on Past/Present Stress*

All survivors interviewed reported that their spirituality/religiosity was helpful when dealing with past and present stress in their lives. Their spiritual practice and communities were cited as factors in helping many survivors find the courage to not only



leave their abuser, but find the strength to persevere and pick up the pieces following the pivotal action of exiting the abuse and all that was connected with it.

Connor, Davidson & Lee (2003) stated that among other factors, greater well-being was associated with trauma survivors when certain characteristics were present, such as “hardiness,” goal-orientation, adaptability, social skills, strengthening through stress and endurance of pain. The literature references many studies and theories that cite coping with traumatic and non-traumatic stress (seen as resiliency) to be positively correlated to subjects’ spirituality or extrinsic religiosity (Astin & Lawrence, 1993; Dunbar & Jeannechild, 1996; Griffith & Griffith, 2002; Hassouneh-Phillips, 2003; Humphreys, 2000; Schuster, et al, 2001; Senter & Caldwell, 2002). Dunbar & Jeannechild (1996) found almost all of their subjects (n=10) responded that spirituality contributed to their decision to leave. Likewise, religiosity was described as a means of creating meaning from the totally senseless, even as a way to preserve their dignity despite circumstances (Astin & Lawrence, 1993; Frankl, 1946; Van der Kolk, 1996). Further, intrinsic religiosity or spirituality was found to provide the individual with hope for a better future and assist in converting pain into purpose, such as providing services for others, even becoming an advocate (DiGiorgio, 2006; Frankl, 1946; Koenig, 2005). Survivors in the current study verbally confirmed a connection between their belief systems, some intrinsically others extrinsically, and their ability to endure, leave and recuperate from their traumatic relationships. Connor, Davidson & Lee (2003) would likely describe such resiliency as “hardiness” where survivors considered themselves to become stronger due to their stressful experiences. As one participant in this study

stated, the most proud accomplishment of her life was her ability to leave and grow from her abuse experiences. She attributed the ability to do both to her spirituality.

The literature mentioned vulnerabilities due to spirituality and that either extrinsic or intrinsic religiosity could impinge on a survivor's ability to cope and/or impact the survivor's ability to leave the abuse (Connor, Davidson & Lee, 2003; Hassouneh-Phillips, 2003; Senter & Caldwell, 2002; Watlington & Murphy, 2006). As will be further discussed below, this was found in data gathered from clinicians as they discussed outcomes as highly relevant to their client's particular religious traditions. Some survivors spoke of guilt as a barrier to contemplating and leaving their abuser which they attributed to their current religious traditions or the religious traditions of their families.

### *Belief in a Supreme Being*

Less than half of subjects interviewed expressed a belief in a Supreme Being. Two of those involved in Christian religions were both struggling with the personification of God as represented in their religions of choice. The characteristics of a Supreme Being were described by participants as unconditional love of a Higher Power which also resides inside the self. One subject stated that a Supreme Being is within us and the enlightened masters. Three who responded affirmatively did not attribute a fixed gender to the Supreme Being in question. One attributed the Supreme Being to be feminine. Four subjects declared that a Higher Power was not part of their belief system. Three of the nine participants specified that a Higher Power was "not a man with a white beard." The results concerning the indeterminate quality of a Supreme Being were unexpected. The split results regarding belief or non-belief in a Supreme Being were anticipated. The

overall results can be explained by the religious and spiritual diversity determined by the sample.

The participants in the Senter & Caldwell (2002) study described an increasingly positive relationship with the Christian God of their understanding after their abuse. The Supreme Being supported them in regaining their personal power, guided them in redirecting their lives, and survivors reported a generally more positive and mature relationship with God. Participants in this study were not asked to report on the changes in their relationship to a Higher Power, but almost all subjects reported continued guidance and an increased commitment to and/or involvement with their spiritual or religious traditions. This was reflected in the data gathered regarding whether their beliefs helped them cope with past and present stress.

### *Life and Abuse*

In the interest of deconstructing/reconstructing the way in which subjects' made meaning of their traumatic experiences, several avenues of their narratives were investigated. The interval of time since participants extricated themselves from the abusive relationship was considered to be a factor in which survivors self-determined a practical perspective on leaving their abuser, making sense of the abuse, how they participated in the abuse, and how the Divine or sacred may have played a role in or offered opportunities as the result of their traumatic experiences are discussed below.

### *Time Measures: First Encounter to the Last*

As described above, survivors reported having exited the abuse from 2 – 32.5 years; the average being 14.7 years. Only two survivors reported repeat abusive relationships. Survivors of IPV are a very vulnerable population and may be responsible for this researcher finding only a small sample. The sample the researcher found was mostly with women who had experienced a significant passage of time from exiting their abusive partner to the present. Most did not have children with their abuser which helped curtail further involvement with the perpetrator.

Regarding the difficulty in recruiting participants for this study, Senter & Caldwell (2003) state in the literature that the early stages after leaving the abuse are focused on healing and helping the self, only once ample consideration had been made for these needs could attention be refocused onto survivors' altruistic desires. It is possible that survivors who have left the abuse recently would not be ready to contribute their voices to research or yet conceptualize of helping others since their own needs can be so significant and their self-esteem so low in the early stages of recovery. Dunbar & Jeannechild's (1996) findings led them to surmise that the length of time a woman is out of the abusive relationship may be positively correlated to the restoration of her self-esteem; specifically they found that women who have been out of the abuse for 16 months or more had re-established their highly resourceful skills and behaviors.

### *Flight*

A few survivors in the present study reported that they had either forgotten or suppressed memories relating to the abuse and some went so far as to say that they had

made a concerted effort to forget the events. Herman (1997) commented that women may minimize or excuse the abuser's behavior. This may contribute to survivors' defense mechanism of repressing the abuse seen in the current study. Perhaps this defense served the ego as survivors attempted to rebuild their lives following the abuse. No further relevant information was found in the literature which may be due to researchers focusing on what subjects remember rather inquiring after what they do not recall.

Survivors cited the abuser's addictions, sexual misconduct, mental illness, increases in physical violence and their child witnessing physical violence as precipitating factors to their leaving the abusive relationship. Herman (1997) commented that a material threat often mobilizes the victim. Likewise, DiGiorgio (2006) found that material reasons almost always lead to a battered victim leaving the abuser, such as injury to self or children or financial reasons. However, not found in the literature reviewed were any data concerning an abuser's escalating behavior to addictive or mental illness as precipitating factors to exiting the abuse that was found in this study. Although the researcher is confident that such data can be found.

The most influential factors given by six of the nine respondents regarding their decision to leave the abuse were an advocating individual or group that gave them perspective on the abusive situation and helped them find the courage to leave (i.e., 12-Step group members/sponsor, women's group, therapist, or a friend). Four of these women cited the spirituality of their 12-Step groups was instrumental in finding this perspective and courage to leave. The high instance of 12-Step programs cited in the study may be due to that group's well-established presence in the community. Those that

were most isolated had less support to leave. It was in those situations where women found a friend or the legal system helped them “take care of things.”

Astin & Lawrence (1993) spoke of extrinsic religiosity as providing socialization or satisfaction in getting their personal needs met. One could surmise that the extrinsic religious aspects of socialization (with regard to personal needs) to which Astin & Lawrence refer is akin to what this current study found regarding some survivors’ spiritual communities as advocating for survivors’ safety and well-being. Senter & Caldwell (2002) found a theme of spirituality as strength and a resource when leaving and maintaining safety from abuse. Participants in their study reported spirituality as a catalyst from which they, as victims who were being controlled, transformed into survivors who were in control of their lives. Other literature cited more general influences such as Humphreys (2000) who reported that 80% of her subjects referred to feeling very close to God or a higher power as a source of guidance and grounding. She cited one respondent in particular who stated she would not have made it out of her abusive relationship had it not been for her spiritual beliefs.

### *Making Sense of the Abuse*

All but one subject reflected psychologically on the fact of the abuse and why it occurred in their intimate relationship(s). They cited intergenerational trauma, their partner’s childhood abuse, their own childhood abuse or dysfunctional family systems. In addition, eight of nine participants cited the escalation of their partner’s violence was due to drug or alcohol addictions; dissociative traits; or mental illness. No literature depicted subjects considering the psychological history of their abusers or themselves as

a way to make sense of the abuse. I attribute the dearth of such findings to researchers' own psychological interpretations as they correlate to outcomes and themes. However, most researchers did not directly ask participants how they made meaning out of their experiences; with the notable exception being Hooper (2006). In her study, Hooper investigated how Latina survivors made meaning of IPV relevant to their culture and their spiritual/religious beliefs (more specifically in the Catholic Church).

### *Participation in the Abusive Relationship*

The question of determining how study survivors understood their participation in the abusive relationship was the most rephrased question in the study. My interpretation of the reason for that is this population is very sensitive to being blamed for the abuse. Society's general bias toward battered women is that they bring the abuse on themselves. Pop psychology has made popular interpretations regarding women's low self-esteem as the reason for attracting an abusive mate. Dunbar & Jeannechild (1996) found instead that battering destroys self-esteem instead of the reverse. Their words fly in the face of the general assumptions concerning a woman's ongoing relationship with her intimate abusive partner. Study participants' responses regarding their ongoing involvement with their abuser were being in denial, feeling at fault for the abuse, being controlling, needing to take care of the abuser, or being entranced by the abuser's special talents and gifts. Herman (1997) referred to women staying in the abusive relationship because they are slowly ensnared in it, as it was initially a love relationship. This describes the *traumatic bond* which complicates the abuse experienced as the victim may cling to the very person who is threatening her life. Eventually a woman may stop defending her most precious

values. Hassouneh-Phillips (2003) found that subjects stayed in the relationship in compliance with the spiritual teachings of the *sunni* sect of Islamic teachings and for the *ajars* they would receive in heaven if they endured the abuse. However, such detailed and direct accounts of how survivors participated in the abusive relationship found in the current study were not found in the literature; however, some survivors reported delays in exiting the abusive relationship due to guilty feelings of going against religious teachings.

### *The Role of the Divine*

Overall, most participants mentioned the role of the Divine in the abuse was to give them a chance to make another choice in life, or a chance to learn and grow. The theme of learning and growth did not fall along spiritual/religious lines. The theme of choice was most often referred to by the Buddhist participants, but this idea was also cited by Catholic and generally spiritual respondents as well. It was unexpected to find no mention of the Divine as orchestrating events to test or punish. However, this finding is consistent with subjects' responses regarding suffering and the Divine. Respondents' assignments of the Divine's role were also unexpectedly optimistic. The researcher accounts for a contributing factor to such optimism as the prolonged absence of the abuser and the abuse in their lives allowing for further recovery of self-esteem and from the trauma overall. Descriptors of what the Divine or the sacred gave them are notably pro-active. This is attributed to the average recovery time and experience with psychotherapy. As discussed below in the *Clinicians* section, participants were not strict observers of a patriarchal religious tradition, which might encourage them to stay in an



abusive relationship, without having a strong inner alternative spiritual life with which to discover their own personal worth, thoughts and feelings.

The literature seems to talk around the specifics of the Divine's role as specified by subjects in the current study. However, Senter and Caldwell (2002) results did bear some relations to the findings of the current study. Senter and Caldwell found that regardless of differences in their Christian faith practices, all the women in their study acknowledged improved relationships with God and more awareness of God's presence in their lives as a result of their struggles. The current study's findings are completely compatible with Senter & Caldwell's findings in this regard.

Women in the present study were provoked by the persistent abuse to take an additional step in coming to terms with their lives, which certainly included how the Divine factored into their experience. Drescher & Foy (1995) observed that traumatic events often prompt deep questions concerning the nature of God's relationship with human beings. In the recovery process, which Herman (1997) elucidated in *Trauma and Recovery*, the survivor needs to find safety, remembrance and mourning and reconnection with self and others before finding a survivor mission. In the current study, survivors' conception of the role of a Divine power helped them make meaning of the abuse by creating a significant overarching narrative relevant to these stages of recovery. Frankl (1946) suggested that the Divine offers the chance to grow beyond ourselves under extremely difficult situations. Perhaps, Frankl was able to make a gift of his trauma as a writer and lecturer due to this divine opportunity to grow. Koenig (2005) described intrinsic religiosity as lending meaning to an individual's difficulties, providing hope for better times in the future make sense out of the utterly senseless.

As relevant to making sense of the role of the Divine in the aftermath of survivors' abuse, other literature referred to survivors' interpretation of the teachings of their religion as reasons for staying in the abusive relationship (Hassouneh-Phillips, 2003; Senter & Caldwell, 2002). Others cited that a spiritual or religious belief can actually increase the severity of PTSD, or create a greater degree of distress (Astin & Lawrence, 1993; Connor, Davidson, et al, 2003).

#### *Additional Themes Observed*

This section is included to provide further context for the major findings discussed above. The themes and particulars which are discussed below pertain primarily to participants' experiences regarding their belief systems. Discussion of subjects' worldview as a factor in sustaining and/or assisting survivors in transitioning out of the abusive relationships is thought to be relevant to the research question. Additionally, whether undergoing a change in spiritual/religious outlook, affective or material experiences regarding finding a new faith, and the repercussions various spiritual/religious belief systems had on life following the abuse are likewise considered in relation to literature found.

#### *Variety of Factors within Spiritual/Religious Narratives*

Six of nine study subjects reported their spiritual/religious beliefs helped them transition out of the abusive relationship. More than half of the participants cited that their beliefs sustained them while they were still in the abusive situation (n=5).

Hassouneh-Phillips (2003) quotes one American Muslim subject to state that if it weren't

for her belief in God she would not have made it out of her situation. They quote another participant expressing that her prayers were the only reason she was able to maintain her sanity while she was still in her abusive marriage. Many subjects in the Senter & Caldwell (2002) study articulated that their faith expressed in prayer and meditation helped give them the guidance and strength to end the relationships.

*Specific descriptions of finding a new faith:* Respondents described what it was like to find a new faith. Two subjects described it as falling in love. Four study participants explained it as a sense of trusting and peace. Two depicted it as powerful and life-changing. The one participant who did not change her faith described, however, that nature had become a large part of her spiritual experience. She said that nature gave her a sense of grounding and peace. For all participants it was described in terms of a powerfully intimate experience. While no corresponding finding was discovered in the literature, Senter & Caldwell (2002) gathered descriptions of survivors' significant change in their relationship to the God of their understanding (subjects were Christian). Instead of asking for release from suffering, these subjects explained that they felt much closer to God, had more adult relationships with God, and were in charge of their lives with God's help.

*Spiritual/Religious Impact after the Abuse:* Nearly all subjects (n=7) described the significant impact their spiritual/religious beliefs/traditions had on them following the abuse. The impact of faith emerged in a variety of insights, discoveries and abilities: gratitude for their experiences, discovering the right to live, becoming a priestess,

discovering the Buddhist path as a way to work with pain and suffering, strong faith helping to encounter currently stressful events effectively, becoming a stronger person and being connected to a sense of truth. The participants in the current study described how their beliefs/faiths permeated their every day life experiences. Senter & Caldwell (2002) subjects confirmed that even though they had regularly practiced their religion prior to and during the abuse, their understanding of God was enhanced by their own experiences not as dictated by others (like before).

### *Clinical Experiences*

Survivors' encounters with psychotherapy regarding possible diagnoses received or experienced, and participants' varying experiences regarding whether or not spiritual/religious themes were helpful in their treatment are believed to be directly applicable to the clinical implications considered for this research study. Clinicians' opinions and observations regarding the IPV population are also contemplated below for the same reason.

### *Experience with Psychotherapy and Possible Diagnoses*

Findings showed that four study subjects had been formally diagnosed with PTSD and/or depression, anxiety and bipolar II. Two participants diagnosed themselves with PTSD like symptoms such re-experiencing emotional responses to their abuse with stressful stimuli and avoidance of situations that evoked the abuse. Three respondents reported no diagnosis. Judith Herman (1997) stated that in the recovery process survivors' make sense of *complex trauma* through their organic resources and

vulnerabilities. Astin & Lawrence (1993) observed similar symptoms to those of the current study, where battered women were found to have depression, anxiety, self-imposed isolation, disruption of personal relationships, dissociation, sleep and appetite disturbances, and were found to re-experience traumatic events when re-stimulated.

Excerpts from the PTSD diagnosis in the DSM-IV-TR refer to the individual having experienced actual or threatened death; serious injury, fear, helplessness or horror. The findings showed that participants had experienced many such situations, such as attempted murder, having large objects thrown at the survivor; another described the terror of having her partner punch his fist through a wall right next to her face. The DSM-IV-TR also describes persistent avoidance of stimuli and persistent symptoms of arousal. Two subjects in the current study articulated that they had a terrible fear of flying, which they described as relating to a fear of being killed, that they had not had previous to their abuse. Other participants described generalized fears that sometimes stopped them from doing everyday tasks.

#### *Spiritual/Religious Themes in Psychotherapy: Helpful or Unhelpful*

All subjects had been in psychotherapy and most study participants felt they could discuss spiritual/religious themes in therapy at one point or another. Only one of the nine responded that she interviewed the clinician without knowing their spiritual standing. All others came to their therapist on a friend's recommendation, previous knowledge that the therapist was in their (or a) spiritual community, or that the therapist exhibited qualities that projected empathy and understanding. Survivors expressed that when their spiritual/religious beliefs were left out of treatment they either felt further isolated or that

a large part of them was exiled. In such cases, they believed that treatment was ultimately unsuccessful despite their therapist's skills.

Griffith & Griffith (2002) encouraged therapists to engage their sense of curiosity and wonder when they come upon spiritual and religious themes in treatment. They state that it is more important to discuss clients' experiences with their faith rather than the actual belief system itself. They speak of *democratizing* the structure of therapy where clinicians are but visitors in the world of marginalized clients. Construction of meaning between clinician and client can ease the power differential by co-creation/co-definition of spiritual/religious definitions and experiences (Bird, 2001; Griffith & Griffith, 2002; Northcut, 2000; White, 2005). Griffith & Griffith affirm that when clients feel respected by the clinician, they can speak more freely about their religious and spiritual experiences. They state that clinicians' caring, humility and openness will provide enough of a common position to bridge the gulf of misunderstandings that can happen regarding faith experiences. This lends itself to the social justice remarks clinicians made in the current study and corresponds with the perspective, wants and desires expressed by the majority of subjects in the current study.

Northcut (2000) promoted spiritual and religious matters to emerge in the therapeutic relationship. She invited this dialogue as part of effective narrative therapeutic practice. Northcut stated that clinicians need to include the client's spirituality and religion to enhance client strengths and reduce their vulnerabilities.

### *Clinicians' Comfort Level with Spiritual/Religious Themes*

Two of three clinicians interviewed claimed Buddhist influences. These clinicians responded that they felt quite comfortable with spiritual/religious themes in therapy and would go so far as to introduce the topic. One clinician, a general spiritual practitioner, was less comfortable. However, she stated she would support a client to grow in their own direction, even if it meant exploring their religious and spiritual thoughts and feelings. This clinician spoke of her training and cited her strong belief that spiritual and religious beliefs have no place in psychotherapy; that she is not a pastoral counselor. However, all three clinicians commented on similarities, even merger of spiritual teachings and psychotherapy. All three clinicians interviewed cited circumstances where exploring or inviting spiritual/religious topics would be contraindicated: when clients are delusional/psychotic, looking to align themselves with the therapist's belief systems, or are looking for endorsement of their beliefs.

The literature provides some context for the findings above. Kahle (1997) found that 98% clinician respondents were open to discussing spiritual/religious themes and God in psychotherapy; 60% were willing to introduce the topic of spirituality; 42% were willing initiate discussion of God. Over half cited professional education and training, as well as worksites discouraged these topics. Psychotherapists were also concerned about creating barriers within the therapeutic alliance due to religious/spiritual content. However, despite all these discouraging factors, clinicians reported they were encouraged by clients and patients to discuss such topics in treatment. Kahle's findings were similar to the present study with regard to clinicians' comfort levels, influences and especially as concerns clients' wishes to include religious and spiritual themes in treatment.

### *Culture and Recovery*

All three clinicians interviewed strongly believed that outcomes of IPV clients were related to different religious/spiritual cultures. All appeared to agree that hierarchical and patriarchal religions negatively impacted survivors' abilities to leave, maintain safety and ultimately recover. The religions the therapists had most experience with were Fundamentalist Christian and Catholic religions. Reasons cited for the clinicians' perceptions were edicts against divorce and/or the precepts of the church precluded the importance of individual needs or considerations for safety above marital duties. One clinician cited that she found New Age religions to negatively impact survivors. She thought this was primarily due to their belief in a metaphysical law where individuals create their own reality and that they are to blame for their own misfortunes. The clinicians interviewed found that spiritual and religious traditions, which had the most positive outcomes concerning recovery from IPV, had some or all of the following: encouraged individuals to seek their own truth, believed individuals were significant, could be forgiven, will get another chance (reincarnation or karma), and/or had edicts about harming others or the self. Buddhism was cited most often, but all spiritual practices and religious faiths falling under this umbrella were included.

Literature was found which addressed resiliency factors relevant to spiritual/religious belief and clinicians' inclusion or reluctance to include clients' religious/spiritual beliefs which were discussed above. However, no literature regarding survivors' religious/spiritual culture as relevant to client outcomes was found.



### *Summary*

Survivors lent their once silent voices to this research study. Even though this sample was particularly challenging to assemble, the subjects who participated responded openly and honestly with the expertise of their experience. The average passage of time between leaving the abuser and now was substantial and may have motivated most subjects to participate as they were less vulnerable. Participants unanimously communicated that their intrinsic religiosity and spirituality were imbedded in the way they made sense of the abuse after it occurred. Respondents indicated that the Divine or sacred had given them the opportunity for growth, learning, to make life-changing choices, and to become even closer to their existing faiths or change their spiritual outlook altogether.

As anticipated by veteran clinicians in the field, survivors described either one or more advocates who assisted them in discovering their own self-agency; those who were isolated named clinical or legal interventions. Most reported that it was the extrinsic nature of their spiritual communities which made a profound difference in changing their perspectives on the abuse and assisted the survivor in developing a sense of self that was worthy of safety. Such interventions led to the momentous decision to leave the abuser never to return.

All survivors interviewed attempted to understand their abuser, the abuse and their participation in the abuse through a psychological lens. As all participants had undergone treatment in psychotherapy this should not be surprising. However, it was unanticipated for two reasons. First, it was not a criteria for participation in the study yet all had experience with therapy. Second, given participants' strong response to how their

spiritual/religious beliefs imbued their worldview, they did not reach to this form of resiliency as a way to understand themselves and the abuser as pertained to their abusive relationships.

Many clinical implications found in this research study were substantiated by both survivors and clinicians alike. Survivors reported their positive and negative experiences with clinicians. Almost all survivors stated that exclusion of their spiritual/religious experiences in treatment further isolated them and restricted bringing the whole of them into the therapeutic alliance. Most felt this negatively impacted their satisfaction with the outcomes of such interventions. While clinicians were mixed when reporting their comfort level with introducing or working with spiritual and/or religious themes in treatment, they all concurred that there were clinical situations where such inclusion would be contraindicated. All clinicians interviewed strongly agreed that a client's religious and/or spiritual tradition could greatly affect survivors' outcomes positively or negatively.

### *Limitations*

Specific limitations of the current study were the small sample size, predominant representation of White participants and disproportionately high level of education among subjects interviewed. All participants volunteered and it may be the nature of the sample which reflects the characteristics of the group; women at mid-life who had achieved high levels of education and all of whom had exposure and access to psychotherapy. However, the group was sought and found to be quite spiritually diverse.

This researcher believes that inclusion of Jewish, Islamic and Native American spiritual traditions would have lent an even more comprehensive perspective to the study.

Another substantive limitation was the very small sample of clinicians obtained due to time constraints. They were included in order to illustrate a clinical perspective subsequent to the clinical implications of survivors' responses. While this is a limitation, it is a strength in that the other perspective was indeed included in the study.

Other limitations of the study resulted from selection of recruitment sites and research methods; the outreach facility of the women's shelter, spiritual support team, churches and synagogues were not the productive sites as originally hoped (despite vigorous efforts on the part of the researcher). However, many recruits came from the Buddhist Center, 12-Step programs (product of snowball sampling) and the local university.

This study was intended to be an exploratory qualitative research project, and was not designed to be a comprehensive investigation of IPV survivors' trauma narratives and spiritual experiences relative to the clinical implications therein. Implicit within the interview instrument as well as the open-ended nature of the answers are further manifold questions.

#### *Implications for Social Work Practice*

It noteworthy that while more clinicians in the Kahle (1997) study felt their training and/or worksites discouraged inclusion of spiritual/religious themes in treatment, most felt open to discussing or even initiating such topics. The results of the current study specific to clinicians may not be generalized; however, findings echoed the Kahle study

in most respects. In the present study, the two younger clinicians felt their training had encouraged them to embrace clients' needs to discuss spiritual/religious themes in treatment as a form of social justice and cultural competency. None of the clinicians interviewed commented that their department expressly discouraged addressing issues concerning belief. However, such topics are often discouraged implicitly within an agency, due to the classical training of most established psychotherapists. It is such ingrained attitudes which this study sought to address.

Given previous research which indicated survivors of IPV often attempt suicide, effective treatment of this population is at a premium (Herman, 1997). Most survivors interviewed in the present study expressed a deep need for inclusion of their beliefs in treatment. They felt efficacy of treatment was compromised if their experiences relevant to their beliefs were denied to them in therapy. From a holistic perspective, exclusion of a client's experience can be detrimental without clinical cause. Such exclusion was thought by survivors to be reflective of the therapist's worldview, or personality make-up as "uptight." As a result, survivors felt that a deeply significant part of them was somehow unacceptable.

Each respondent in this study expressed that their beliefs were not only profoundly intimate, but permeated their experiences of every day life. The question of whether diversely religious and spiritual relationships to the Divine or sacred influence the way in which survivors make meaning of their IPV experiences has been answered in the affirmative. This study supports inclusion of survivors' belief experiences as indicated in treatment of this population. All the clinicians interviewed observed how different religious/spiritual traditions impacted survivors' abilities to find safety and

attain recovery from IPV. This is another example of how pertinent such influences can be.

Given the vulnerability some survivors experience with respect to their religious and spiritual traditions, it can often impede their attainment of safety and/or recovery. It becomes even more important for clinicians to consider belief structures as an essential part of treatment. Encouraging victims to explore their personal needs with regard to their beliefs creates the possibility for a more balanced power differential between therapist and client, and can provide the client with a more complete and authentic dialogue. Including the client's vulnerability with regard to a patriarchal religion or non-forgiving spiritual tradition could create the opportunity for a survivor to find their own self-agency as they negotiate their own needs with respect to their beliefs.

### *Implications for Theory*

Theorists and researchers alike have only relatively recently begun exploring the compelling need for clients to address spiritual matters in clinical treatment, particularly as a worldview, social justice, and/or cultural competency issue (Abernathy, Mimms & Boyd-Franklin, 2006; Griffith & Griffith, 2002; Hassouneh-Phillips, 2003; Kahle, 1997; Koenig, 2005; Northcut, 2000; Senter & Caldwell, 2002; Watlington & Murphy, 2006). Theorists who specialize in trauma and narrative therapy agree that treatment must include the voices of any marginalized population. Survivors of trauma undergoing treatment progress along a continuum of recovery where achieving safety, coming to terms with the traumatic event(s), creating a personal or mutual narrative, hopefully terminates with the survivor's sense of personal power in their own lives or even a wish

to advocate for other victims (Bird, 2001; DiGiorgio, 2006; Herman, 1997; White, 2005). Narrative theorists affirm that the power differential between therapist and client must be neutralized as much as possible in order for the process of discovery to occur (Bird, 2001; White, 2005). In the service of empowering the client and providing effective treatment, it can be argued that in order for a balance of power to occur with the therapist and others in life, in order for the trauma narrative to take shape an invitation of the client's most dearly held spiritual/religious beliefs in addition to social, familial and personal values must be integral to treatment. Belief structures have a rightful place in theory concerning recovery from trauma not only as a resiliency factor, but in itself as a transformative catalyst in the trajectory of a survivor's outcome.

#### *Recommendations for Future Research*

While this research study gathered relevant and meaningful data, the number of participants was small. The magnitude of the IPV survivor population's vulnerability was surprisingly underestimated. Nearly all of the respondents had experienced a significant passage of time since exiting the abusive situation which could have made them more willing to participate. Had the researcher been able to take more time to adapt her recruitment strategies, it is likely that a larger sample would have been assembled. It is possible that clinicians who run groups could help recruit. While the researcher canvassed local religious institutions, if given more time it would have been possible to follow-up with religious leaders and administrators regarding the study. It would have helped greatly to have had some financial backing insofar as recruitment was concerned so that a greater number of participants could be reached by the local media. Time was

also directly correlated to the small number of clinicians included in the study as well; as this population had no qualms in participating in the study it would have been possible to recruit many more participants. Finally, inclusion of a more diverse representation of religious and spiritual backgrounds would help to address the existing the literature on this population.

The short time allowed to complete the research study, made it impossible to do follow-up questions with all participants. Questions that would have furthered the scope of this study, would have been: “At the time, did you ever feel abandoned by and/or angry with the Divine or sacred? If so, how or why?” “Please define your concept of religion and spirituality.” “Do you ever feel like taking revenge on your abuser?” “Do you feel you could ever forgive the abuser?” “Did your relationship to the Divine or sacred principles change after your left the abusive situation? How?” “Do you feel that your suffering was caused by the Divine at the time of the abuse?” These questions would have further explored or clarified the survivors’ change in spiritual and personal perspective from before to after the abuse, discovered survivor’s ideas about religion and spirituality (possibly enriching current definitions for the study), as well as investigating the concepts of revenge and forgiveness.

Future research should include qualitative research on survivors of IPV for two reasons. The most compelling reason is to serve this population by giving typically silenced voices a chance to serve themselves and others and to include subjects’ voices as experts in their own experience. Secondly, in this study and research that was reviewed for this study, qualitative research tends to gather more accurate data because subjects

define and describe their experiences more comprehensively than quantitative data will allow.

Joint research between researchers with different biases (pro and con) as to inclusion of spiritual and religious beliefs in treatment of IPV survivors could perhaps bring more objective results with which to reach a larger clinical community and generate more psychotherapeutic involvement with this issue. In addition, having joint researchers from with different perspectives could assist with skewed data; studies with one researcher who has implicit biases are more vulnerable to such an occurrence. A larger study with more financial backing and longer time frame would address the limitations found described above in this study.

Finally, in order to more thoroughly address much needed research with survivors of IPV, marginalized populations within the sample are required. Further research needs to be conducted on survivors of more diverse spiritual/religious backgrounds (their intra and interdependent variables), such as Jewish and Muslim religions, the wide variety of Native American spiritual traditions, Wiccan and New Age based religions/spirituality, those represented in the current study and a myriad of other traditions not mentioned here. Marginalized populations related to race, ethnicity and sexual orientation need to be explored in depth. The reason given for more research on these populations is to further understand the varying factors of resiliency and vulnerability which may impact their metabolism of trauma and how they can inform clinicians' improved care for survivors as a result.



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## Appendix A

### Phone Screening Instrument:

- Are you a female at least 18 years of age?
- Have you experienced abuse from an intimate partner?
- Are you currently in an abusive relationship?
- If not, how long has it been since you last experienced intimate partner violence?  
Months?    Years?
- Are you currently an active participant in a religious group and/or spiritual practice?

Appendix B

Participant Questionnaire

Number Code: \_\_\_\_\_

1. Age: \_\_\_\_\_

2. Race: \_\_\_\_\_

3. Ethnic Origin: \_\_\_\_\_

4. Sexual Orientation: Heterosexual:\_\_\_\_ Bisexual:\_\_\_\_ Lesbian:\_\_\_\_ Questioning:\_\_\_\_

Transsexual:\_\_\_\_

5. What is the highest grade level you have completed? \_\_\_\_\_

6. Of which religious affiliation do you belong? \_\_\_\_\_

7. Or, which spiritual practice do you engage in? \_\_\_\_\_

## Appendix C

### Specific Types of Abuse Experienced by Participants\*

Types of Abuse	Affirmative responses (n=9)
Physical .....	9
Psychological/ Emotional .....	9
Verbal .....	7
In front of: Family.....	2
Friends .....	2
Their Children .....	2
Co-Workers .....	0
Other Types of Abuse Not Listed in Front of Children .....	1
Stalking .....	4
Sexual .....	5
Property Destruction .....	5
Child Abuse .....	1
Forbidden to Leave Home .....	2
Abuse of Pets .....	2

\* Instrument used here by permission of Ivy Hooper (2006)

## Appendix D

### Human Subjects Review Approval Letter



Smith College  
Northampton, Massachusetts 01063  
T (415) 585-7950  
F (415) 585-7994

January 6, 2007

Lori Donley Dormont  
3280 Cripple Creek Trail  
Boulder, CO 80305

Dear Lori,

Your amended materials have been reviewed and you have done a very careful and thoughtful job in their revision. All is now in order and we are happy to give final approval to your project.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain signed consent documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

I hope your recruitment efforts are successful and that you are able to get the sample of participants to complete the study as described. Of course, if you are forced to make some changes in your population or your recruitment strategies, we will be glad to review them.

Good luck with your very interesting study.

Sincerely,

A handwritten signature in black ink that reads "Ann Hartman".

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

Cc: Jean LaTerz, Research Advisor



Appendix E

Recruitment Flyer

Newspaper Advertisement:

**\*Seeking Volunteers for Research on Survivors of Intimate Partner Violence (Not Currently in an Abusive Relationship) from Diverse Religious and Spiritual Beliefs\***

Participants from diverse religious and spiritual beliefs are needed for an MSW master's thesis study on women's process of making meaning in the aftermath of intimate partner violence. If you have a history of surviving intimate partner violence, and are no longer in an abusive relationship, please contact:

**Lori Donley Dormont      720/350-5409      ldormont@smith.edu**

All inquiries and interviews are strictly confidential. Please include either an email address or a mailing address with your inquiry so that study information can be mailed to you. **Participants must be 18 years of age or over.**

Flyer:

***\*\*Seeking Volunteers for Research on Survivors of Intimate Partner Violence  
from Diverse Faiths and Spiritual Beliefs\*\****

\* \* \* \* \*

Participants from diverse religious and spiritual beliefs are needed for an MSW master's thesis study on women's process of making meaning in the aftermath of intimate partner violence. If you have a history of surviving intimate partner violence, but are no longer in an abusive relationship, please contact:

**Lori Donley Dormont      720/350-5409      ldormont@smith.edu**

All inquiries and interviews are strictly confidential. Please indicate a mailing or email address with your inquiry so that study information can be mailed to you. **Participants must be 18 or over.**

Appendix F

Agency Approval Letter



www.safehousealliance.org

February 15, 2007

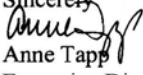
Smith College  
School for Social Work  
Lilly Hall  
Northampton, MA 01063

Services:

*[Faint, illegible text, possibly bleed-through from the reverse side of the page]*

To Whom It May Concern:

Safehouse Progressive Alliance for Nonviolence (SPAN) gives permission for Lori Donley Dormont to locate her research in this agency. We do not have a Human Subjects Review Board and, therefore, request that Smith College School for Social Work's (SSW) Human Subject Review (HSR) Committee perform a review of the research proposed by Lori Donley Dormont, an MSW student at Smith College School for Social Work. Safehouse Progressive Alliance for Nonviolence will abide by the standards related to the protection of all participants in the research approved by SSW HSR Committee.

Sincerely,  
  
Anne Tapp  
Executive Director

Appendix G  
Informed Consent Letter (Survivors IPV)

Dear Interested Participant,

Thank you for your interest in participating in my research project. My name is Lori Donley Dormont and I am currently pursuing my Master of Social Work (MSW) degree at Smith College School for Social Work (Northampton, Massachusetts) which requires all students to complete a Master's Thesis in satisfaction of the research component of that degree. The findings of this study may be used for future presentation and publication. All identifying information will be disguised and presented as a whole.

I am conducting a study designed to explore how women of diverse religious and spiritual faiths make meaning of their experiences after having survived domestic violence. Findings of this research will be used to add to the body of knowledge on the influence of religion/spirituality on recovery from domestic abuse. This study hopes to help clinical social workers provide better services for survivors of intimate partner violence.

Your decision to participate is entirely voluntary and will not prejudice future relations with any other person or institution. Participation in this study will contribute to advancing advocacy and therapeutic services to women of diverse faiths struggling with domestic violence.

If you agree to participate, you will be asked to complete a short demographic questionnaire and respond to a series of interview questions. The participant questionnaire is enclosed with this informed letter of consent and should take only 10-15 minutes to complete. It is anticipated that the interview will be approximately one hour. Due to the sensitive topics covered in this study, there are some risks to you. Revisiting experiences of domestic abuse, violence and related subject matter in the interview could cause you to become emotionally distraught or depressed. In order to address this risk, you will be given a list of referrals in the community that will include counseling services that are offered for free or at low cost.

Your confidentiality will be protected at all times by disclosing data in an anonymous manner. I will remove, disguise and securely store all identifying information for purposes of this research and destroy it after three years as required by federal law. Your cooperation is completely voluntary. You may refuse to answer any individual question. You may decide to withdraw from the study at any time until April 1, 2007 even if you have already signed a consent form. If you decide to withdraw, all data describing you will be immediately destroyed.

HAVING READ THE INFORMATION PROVIDED ABOVE, PLEASE ACKNOWLEDGE YOUR CONSENT TO PARTICIPATE BY SIGNING BELOW. (My contact information is provided below.)

\_\_\_\_\_

Signature of Participant \_\_\_\_\_  
Date

Please use the **Self-Addressed Stamped Envelope** and mail signed consent form to:  
Lori Donley Dormont  
Counseling and Psychological Services – A Multicultural Center  
University of Colorado at Boulder  
Willard Administrative Center, Room 134  
104 UCB  
Boulder, CO 80309-0104

IF YOU HAVE ANY QUESTIONS YOU MAY CONTACT ME AT:  
ldormont@smith.edu  
(c) 720/350-5409

Informed Consent Letter (Clinicians)

Dear Interested Participant,

Thank you for your interest in participating in my research project. My name is Lori Donley Dormont and I am currently pursuing my Master of Social Work (MSW) degree at Smith College School for Social Work (Northampton, Massachusetts) which requires all students to complete a Master's Thesis in satisfaction of the research component of that degree. The findings of this study may be used for future presentation and publication. All identifying information will be disguised and presented as a whole.

I am conducting a study designed to explore how women of diverse religious and spiritual faiths make meaning of their experiences after having survived domestic violence. Findings of this research will be used to add to the body of knowledge on the influence of religion/spirituality on recovery from domestic abuse. This study hopes to help clinical social workers provide better services for survivors of intimate partner violence.

Your decision to participate is entirely voluntary and will not prejudice future relations with any other person or institution. Participation in this study will contribute to advancing advocacy and therapeutic services to women of diverse faiths struggling with domestic violence.

If you agree to participate, you will be asked to respond to a series of interview questions. It is anticipated that the interview will be approximately one hour. Due to the sensitive topics covered in this study, there are minimal risks to you as a clinician participant.

Your confidentiality will be protected at all times by disclosing data in an anonymous manner. I will remove, disguise and securely store all identifying information for purposes of this research and destroy it after three years as required by federal law. Your cooperation is completely voluntary. You may refuse to answer any individual question. You may decide to withdraw from the study at any time until April 1, 2007 even if you have already signed a consent form. If you decide to withdraw, all data describing you will be immediately destroyed.

HAVING READ THE INFORMATION PROVIDED ABOVE, PLEASE ACKNOWLEDGE YOUR CONSENT TO PARTICIPATE BY SIGNING BELOW. (My contact information is provided below.)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Please use the **Self-Addressed Stamped Envelope** and mail signed consent form to:  
Lori Donley Dormont  
Counseling and Psychological Services – A Community Action Center  
University of Colorado at Boulder  
Willard Administrative Center, Room 134  
104 UCB  
Boulder, CO 80309-0104

IF YOU HAVE ANY QUESTIONS YOU MAY CONTACT ME AT:  
ldormont@smith.edu  
or by phone: 303/492-6769

## Appendix H

### Referral List

- **The Mental Health Center of Boulder County**  
The Mental Health Center, at 1333 Iris Ave. in Boulder, provides community-based mental health services to all people living in Boulder and Broomfield counties. Services are provided by the center by psychiatrists, psychologists, social workers, and nurses. All are helped, regardless of their ability to pay. There are staff members available who speak Spanish and Hmong. Call 303/443-8500 to make an appointment.
- **Emergency Psychiatric Services of MHCBC**  
24-Hour Emergency Hotline: **303-447-1665**  
This service provides crisis and/or emergency assessment for residents and visitors to Boulder County.
- **Colorado Suicide and Crisis Hotlines**  
The webpage lists Colorado crisis hotline phone numbers statewide and links to service providers: <http://suicidehotlines.com/colorado.html>  
Also listed on the site: USA National Suicide Hotlines  
1-800-SUICIDE (1-800-784-2433)  
1-800-273-TALK (1-800-273-8255)
- **The Safehouse Progressive Alliance for Nonviolence**  
  
“If you are currently involved in an abusive relationship or are protecting yourself and your children from a former partner, there is support for you. If you need additional resources, information about a safety plan, shelter, or court advocacy, we urge you to call Safehouse.” (SPAN website)  
  
Safehouse Progressive Alliance for Nonviolence  
Outreach Center: 835 North Street  
Boulder, Colorado 80304  
  
Administration: 303-449-8623  
24-Hour Crisis Line: 303-444-2424  
Fax: 303-449-0169  
E-mail: [info@safehousealliance.org](mailto:info@safehousealliance.org)
- **Tri City Outreach (Broomfield County): 303/673-9000 at:**  
  
400 Simpson St., Lafayette, Colorado
- Safehouse Denver Crisis Line: 303/318-9989

## Appendix I

### Interview Instrument for Survivors of IPV

#### *Spirituality/Religiosity:*

##### *History*

1. Who were the most significant people and what were the most significant events in your spiritual development?
2. Was there one particular experience (or experiences) that had a lasting spiritual impact on you?
3. Did your spiritual journey begin from your deliberate effort or did it begin from a spontaneous, unplanned event?
4. Have you changed your spiritual outlook or position since your childhood upbringing?

##### *The Story*

5. What positive or negative experiences with religion or spirituality have you had in the past?
6. Do you believe that suffering will bring you closer to God or to a mystical experience?
7. What importance does religion/spirituality have for you today?
8. What type of religious behaviors or spiritual practices do you engage in today?
9. Has religion/spirituality been helpful in the past when dealing with stressful life situations or events?
10. To what extent is religion/spirituality being used for such purposes today?
11. Is a Supreme Being part of your spirituality?
12. If so, how do you view that Supreme Being?

*Life & Abuse:*

1. When did you meet the partner that abused you?
2. What was the precipitating factor that made you decide to leave the abusive relationship?
3. Who or what was the most influential in your decision to leave the relationship?
4. How long have you been out of the abusive relationship?
5. Have there been any since?
6. How do you make sense of the abuse?
7. How do you view your participation in this relationship?
8. How do you make meaning of the role of the Divine in terms of this abusive relationship?

*Clinical Experiences:*

1. Have you ever been in therapy?
2. Are you currently receiving treatment?
3. Have you ever been diagnosed with posttraumatic stress disorder or any other diagnosis?
4. Do you feel you can talk about your spiritual and/or religious beliefs in therapy?
5. If you feel you *can't* discuss spiritual or religious beliefs in therapy, can you tell me more about why that is?
6. If you feel you *can* discuss spiritual or religious beliefs in therapy, can you tell me more about why that is?
7. If you could discuss spiritual/religious matters in psychotherapy, do you feel it was helpful? Why?

## Interview Instrument for Clinicians

### *Personal Spiritual/Religious Views:*

1. Are you actively engaged in a religious and/or spiritual practice? If yes, please describe.
2. If you are not, please tell me more about your thoughts and feelings concerning this.
3. If you are, would you say your spiritual journey was a deliberate effort or did it begin from an unplanned, spontaneous event?
4. Tell me about any positive or negative experiences have you had in the past with religion and/or spirituality?
5. Have you in your personal or professional life observed any occurrences where suffering brought people closer to the Divine or to the healing process?
6. What brought you to that conclusion?

### *Clinical Experience:*

1. How long have you been a therapist?
2. Degree & Licensure?
3. Have you had any training in the treatment of IPV survivors?
4. How many women would you say you have treated for IPV?
5. What percentage of your caseload did you treat for IPV?
6. Has anyone in your clinical practice ever asked, or hinted, that they would like to include their spiritual/religious experiences into their treatment?
7. If so, how did you respond?
8. Would you ever raise religious and/or spiritual themes in your clinical work?
9. Can you name what influences you had that might make you reluctant to invite such topics into the room (i.e., your training, concern for client's personal welfare and/or personal or family beliefs)?
10. Do you believe it is ethical to include religious/spiritual issues with a woman who is recovering from IPV? Why or why not?



11. How have you communicated your comfort level with spiritual or religious themes to your client?
12. If you have included such themes, have clients reported to you that the inclusion of their spiritual worldviews were helpful on their journey of recovery from IPV?
13. Do you feel that religious and/or spiritual beliefs are clinically indicated or contraindicated for effective treatment of IPV survivors? Why?
14. Have you noticed any difference in religious and spiritual cultures that influenced the healing process for IPV survivors?
15. Now that the interview is coming to a close, is there anything I have not covered or anything you would like to add?

## Appendix J

### Transcriber's Confidentiality Agreement

#### **STATEMENT OF POLICY:**

This thesis project is firmly committed to the principle that research confidentiality must be protected. This principal holds whether or not any specific guarantee of confidentiality was given by respondents at the time of the interview. When guarantees have been given, they may impose additional requirements which are to be adhered to strictly.

#### **PROCEDURES FOR MAINTAINING CONFIDENTIALITY:**

- All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.

A volunteer or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. Depending on the study, the organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested may also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.

It is incumbent on volunteers and professional transcribers to treat information from and about research as privileged information, to be aware of what is confidential in regard to specific studies on which they work or about which they have knowledge, and to preserve the confidentiality of this information. Types of situations where confidentiality can often be compromised include conversations with friends and relatives, conversations with professional colleagues outside the project team, conversations with reporters and the media, and in the use of consultants for computer programs and data analysis.

Unless specifically instructed otherwise, a volunteer or professional transcriber upon encountering a respondent or information pertaining to a respondent that s/he knows personally, shall not disclose any knowledge of the respondent or any information pertaining to the respondent's testimony or his participation in this thesis project. In other words, volunteer and professional transcribers should not reveal any information or knowledge about or pertaining to a respondent's participation in this project.

- Data containing personal identifiers shall be kept in a locked container or a locked room when not being used each working day in routine activities. Reasonable caution shall be exercised in limiting access to data to only those persons who are working on this thesis project and who have been instructed in
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ensuring that all volunteer and professional transcribers involved in handling data are instructed in these procedures, have signed this pledge, and comply with these procedures throughout the duration of the project. At the end of the project, Lori Donley Dormont shall arrange for proper storage or disposition of data, in accordance with federal guidelines and Human Subjects Review Committee policies at the Smith College School for Social Work.

Lori Donley Dormont must ensure that procedures are established in this study to inform each respondent of the authority for the study, the purpose and use of the study, the voluntary nature of the study (where applicable), and the effects on the respondents, if any, of not responding.

**PLEDGE**

I hereby certify that I have carefully read and will cooperate fully with the above procedures. I will maintain the confidentiality of confidential information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Lori Donley Dormont, for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Chappell Mannon Signature  
3/20/07 (Print Name)

Lori Donley Dormont Date  
3/20/07 Lori Donley Dormont  
Date