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Abstract

The Court Experiences of Survivors of Interpersonal Violence

by

Angela Cartwright

MPH, Walden University, 2012

BS, Howard University, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Interpersonal violence (IPV) is a complicated public problem that requires collaborative and coordinated strategies in order to address this issue effectively and appropriately. Although the court system has a significant role in their response, IPV is a complex issue for the justice system to address alone. Court system experiences may significantly impact survivors' outcomes overall health and well-being. There are a limited number of studies showing that survivor experiences in the court have a significant impact on victim outcomes. The purpose of this study was to describe the lived experiences of female IPV survivors, highlighting their perceived interaction with the justice system and its effect on their goals and overall health and well-being. Rappaport's empowerment theory served as a motivational construct to help achieve IPV survivors' goals. One-on-one in-person and telephone interviews occurred with a sample of 10 IPV survivors. Qualitative data analysis was conducted via hand-coding and use of NVivo software which entailed preparing, identifying, outlining, organizing, and analyzing the raw data obtained from one-on-one interviews. The findings suggest that many survivors' courtroom experiences re-traumatized and posed risks to their safety and affected their health and well-being. The experiences were complex and often unique, and the IPV survivors' encounters had a lasting impact on their health and well-being. Analyzing experiences and interactions between women IPV survivors and judicial officers provided significant insight into how courtroom experiences can be improved, thereby contributing to positive social change.

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Dedication

This dissertation is dedicated to my mother. Throughout life's hardships on my dissertation journey, you always encouraged me to "keep going and never, never ever give up, no matter what." Although you are no longer here, you will forever live in me. This is for you. I love you.

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Chapter 1: Introduction to the Study

Interpersonal violence (IPV) is a serious, preventable public health problem affecting millions worldwide (Centers for Disease Control and Prevention [CDC], 2018). IPV can occur across genders and ethnicities; however, women are likelier than men to experience IPV from current or former intimate partners (Devaney, 2014). One in four women experiences IPV over her lifetime (Tierney, 2017).

The court system has a significant role in the response to IPV because it is the most frequent source of help for individuals experiencing IPV and abuse (Cattaneo et al., 2013). IPV against women is a complex issue for the justice system to address alone (Agnew-Brune et al., 2017). Although the justice system has produced favorable outcomes for many individuals seeking safety and protection, IPV survivors' court experiences may have long-term health adverse effects. More specifically, negative court experiences may significantly and adversely impact women's health and well-being. Further research could offer the information and resources needed to develop strategic interventions in the justice system to prevent and respond to and ensure support for people impacted by IPV (Mikton et al., 2016). Learning about survivors' IPV court-related experiences would inform court officials of the initiatives that present additional health and safety risks to women or their children (Duker, 2016). Scholars have suggested evaluating the court for its effect on recidivism (i.e., the tendency to reoffend) and the well-being of all involved individuals. Few studies have focused on court experiences and their impact on the empowerment, public health, and well-being of people impacted by IPV (Cattaneo et al., 2013).

Women affected by IPV have multifaceted and dynamic experiences (Calton et al., 2017). Calton and Cattaneo (2014) proposed gaining a holistic understanding of the justice system's response to IPV against women by understanding their subjective experiences of how the court interventions affected them. Few studies have focused on how experiences in the court impact the outcomes of an individual impacted by IPV (Cattaneo et al., 2013).

Analyzing the judicial experiences of women affected by IPV could provide insight into how to improve courtroom experiences. Gaining insight into the guidelines used to make court decisions may also indicate how to increase access to safety and justice for individuals impacted by IPV (Person et al., 2018). Chapter 1 presents the study's background, problem statement, purpose, research questions, conceptual framework, nature, and key concepts and constructs. The chapter also addresses the study's scope, delimitations, assumptions, limitations, and significance.

Background

Cattaneo et al. (2013) focused on the help-seeking experiences of women affected by IPV and found that court involvement could contribute to or hinder therapeutic outcomes. The researchers highlighted the importance of examining the experiences of women affected by IPV to improve their safety and well-being. Civil protection orders (CPOs) are effective in reducing IPV against women, indicating the need to understand how judges grant or deny the orders (Cattaneo et al., 2013).

A CPO is a viable tool for empowering and protecting individuals from IPV. However, the court process for attaining a CPO can be challenging (Agnew-Brune et al.,

2017). Visible injuries are a top contributor to a judge's decision to grant a CPO.

Nevertheless, a lack of medical documentation from not seeking medical treatment could negatively impact securing CPOs.

Moracco et al. (2015) discovered that the severity of abuse before filing for a CPO did not correlate with the judge's decision to grant or deny the order. Similarly, Lucken et al. (2015) found that major battery, such as harming a family member or child, did not always result in the affected individuals receiving CPOs. Nonphysical abuse often falls outside the scope of legal protection and categorization as a crime (Status of Women in the States, 2018).

The justice system is the most widely used IPV prevention method, as many people impacted by IPV seek CPOs or file criminal charges (Calton et al., 2017). The subjective experiences of individuals affected by IPV include procedural and distributive justice related to court fairness. Collectively, the research has suggested analyzing the court experiences of mothers-to-be, a significant population needing assistance. Women at high risk for IPV with children view the court process more positively than those without children (Calton et al., 2017).

The information presented in court does not always provide sufficient details about abuse (Person et al., 2018). A lack of physical evidence or not having a witness are barriers to receiving CPOs. In addition, judges have a limited time to review cases; therefore, many review the CPO petitions while listening to testimonies. Judges who cannot access sufficient information determine credibility on their own (Agnew-Brune et al., 2017). Therefore, individuals impacted by IPV could find their cases dismissed,

especially if judges lack IPV training. Because judges are vital in resolving IPV cases (Websdale, 2001), there is a need for further research on judges and IPV. Lucken et al. (2015) suggested research on judicial decision-making to identify variables in the demeanors and testimonies of the parties involved in court cases. Lucken et al. also recommended improving judicial training to promote consistency in judicial interpretations, standards, and procedural guidelines in CPO hearings.

Cattaneo and Goodman (2015) found that individuals affected by IPV who sought CPOs felt more empowered and were more likely to end their relationships than those who did not. Many individuals who experience IPV struggle to access or attain CPOs due to obstacles in the court (Richards et al., 2018). The goal of the CPO process is to facilitate victim empowerment (DeJong & Burgess-Proctor, 2006). The findings of this study could contribute to policy and practice.

Court Watch data revealed that basic safety protocols protected less than half of individuals affected by IPV as they exited courts, leaving them vulnerable to further threats or harm (Duker, 2016). Policymakers should recognize the legal system's potential to address the personal harms and health consequences of those impacted by IPV, create avenues for them to share their experiences with the legal system, and reshape the judicial court system to accommodate this population's unique needs (Wellman, 2013). This section presents an overview of the major topics in Chapter 2 related to individuals impacted by IPV: experiences attaining a CPO, empowerment in the CPO process, judicial response to IPV cases, ensuring safety, and judicial court reform strategies.

IPV is a significant public health issue. Thus, there is a need to convey that IPV against women is socially unacceptable. Little information exists on the court experiences of the people impacted by IPV when seeking protection and how these experiences impact survivors' overall health, outcomes, and future justice system use. It is necessary to understand the lived experiences of individuals affected by IPV to maximize the effectiveness of the court's response to empower and ensure adequate protection and safety for the individuals and their families (Cattaneo et al., 2013).

Problem Statement

Many women experiencing IPV have horrific, dangerous encounters that impact their lives and loved ones, even as they seek protective measures (Duker, 2016). Women who experience IPV enter the courtroom for various reasons, such as seeking CPOs, pursuing child custody or visitation, or filing criminal charges to protect themselves and their children (DePangher, 2017). However, the ways in which IPV survivors' court experiences impact their outcome goals, overall health, and well-being remain understudied (Cattaneo et al., 2013). Researchers have presented a narrow view of court system involvement and intervention and their effects on the outcomes of people impacted by IPV over time (Cattaneo et al., 2013). Future studies could provide a better understanding of the experiences of people impacted by IPV seeking protective measures and navigating the court system (Person et al., 2018).

The court system is central to the public health response to IPV against women (Römkens, 2006). Understanding the courtroom experiences of IPV survivors is critical to improving outcomes and addressing IPV appropriately. Increased awareness of court

experiences could provide insight into women's positive experiences and obstacles to returning to the courtroom to seek legal protection, safety, and restoration (Duker, 2016).

Purpose of the Study

The judicial courtroom system has a critical role in addressing IPV against women. The purpose of this study was to describe the lived experiences of women survivors who experienced IPV, particularly their perceived interactions with the justice system and the effects on their outcome goals, overall health, and well-being. The study's findings suggest ways to maximize the effectiveness of the public health response to IPV to empower and ensure adequate protection and safety for women and their families. This study addressed the gap in understanding the lived courtroom experiences of women affected by IPV. Data collection entailed conducting in-depth, face-to-face interviews with women impacted by IPV.

Research Questions

The following research questions were the guides used to develop descriptive narratives of the lived experiences of women who experienced IPV. The research questions aligned with capturing the lived experiences of women who experienced IPV, particularly their interactions with the justice system and the interactions' effects on their empowerment, while highlighting its impact on their goal outcomes and overall health and well-being.

RQ1: How do survivors of interpersonal violence describe empowerment?

RQ2: Were survivors of interpersonal violence satisfied or unsatisfied with their court outcomes?

RQ3: How do the court experiences of survivors of interpersonal violence impact their empowerment, outcome goals, and overall health and well-being?

Conceptual Framework

The study's framework was the empowerment process. Rappaport (1987) introduced the concept of empowerment in the social sciences, defining it as "both a psychological sense of personal control or influence and a concern with actual social influence, political power, and legal rights" (p. 121). Empowerment is an iterative process with six components. Individuals who lack empowerment set personally meaningful goals to gain power by taking action toward their goals; observing and reflecting on the impact of their actions; and drawing on their evolving self-efficacy, knowledge, and competence to achieve their goals (Cattaneo & Goodman, 2010).

Empowerment is a circular process, as individuals can cycle through components repeatedly, reevaluating experiences for reflection. The goal is personally and meaningfully increasing power via individual efforts (Cattaneo & Goodman, 2010). In the empowerment process, an individual lacking power sets meaningful goals and initiates action steps to accomplish the goals (Cattaneo & Goodman, 2010). Individuals could use the multidimensional social process to foster power and control their lives, systems, communities, and societies by acting on high-priority and important issues (Page & Czuba, 1999). In the process, individuals focus on the impact of their actions and draw on their evolving self-efficacy, knowledge, and competence to reach their goals (Cattaneo & Goodman, 2010).

IPV is the use of physical force or a state of power against another individual. Many individuals impacted by IPV experience feelings of powerlessness and shame throughout their lives. However, those who empower themselves or feel a sense of control over their IPV-related experiences and encounters typically have positive therapeutic outcomes (Cattaneo et al., 2013). Based on individuals' experiences, they may create a reflective meaning of empowerment (Conger & Kanungo, 1988).

Cattaneo and Goodman (2010) noted the importance of empowerment and its relationship with individuals affected by IPV. The empowerment process is a means of gaining power (Gutierrez, 1991), which is embedded in social interactions and the ways others exert their influence. Therefore, increased power could impact an individual's social influence in human interactions (Cattaneo & Goodman, 2010).

Empowerment is the key to improving human lives, health, and well-being (Cattaneo & Chapman, 2010). The compelling nature of empowerment has resulted in its widespread use in research, practices, and other related fields (Kar et al., 1999; Masterson & Owen, 2006). The empowerment process includes a subset of the meaningful goals an individual pursues. In Boehm and Staples's (2004) study, participants described empowerment as painful and had life-changing experiences as a common reference point. Therefore, understanding goals and how they differ among people and cultures is essential in facilitating empowerment. Empowerment involves whatever individuals find meaningful; therefore, the empowerment process requires cultural sensitivity (Cattaneo & Goodman, 2010).

Sue (1978) suggested that individuals perceive their ability to gain power based on culturally informed beliefs about personal control and the environment. Having the primary responsibility for their success, facing experiences with discrimination, and experiencing structural obstacles could prevent individuals from achieving their goals. According to Deci and Ryan (2000), individuals are motivated by personally meaningful goals to fuel competence and take action. The empowerment process influences redefining goals to take action, promoting the process's primary purpose (Markland et al., 2005). In contrast, identifying non-power-orienting goals could trigger a lengthy and complex process in goal achievement (Cattaneo & Goodman, 2010).

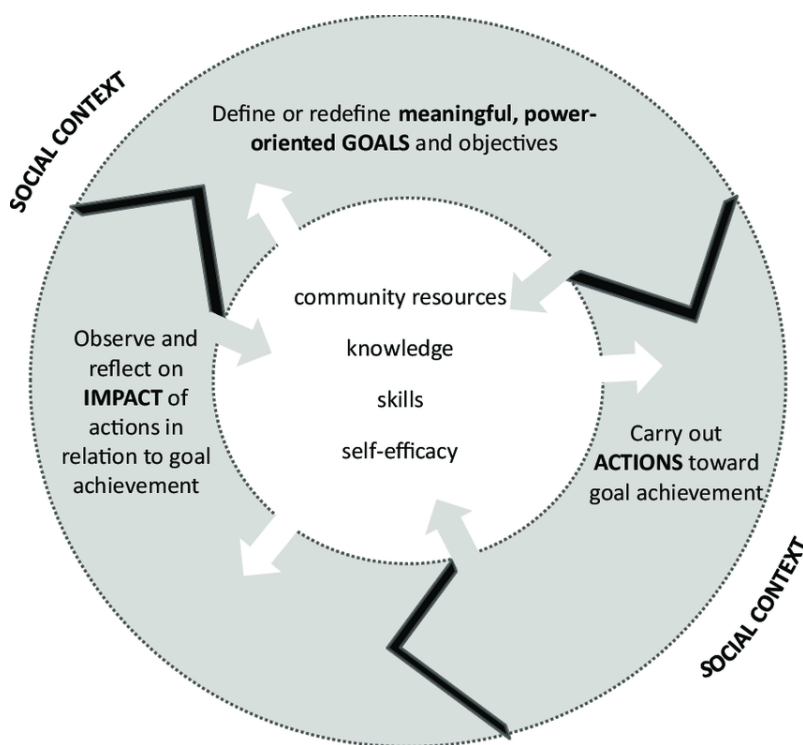
Kroecker (1995) found that psychological empowerment goals enable individuals to improve their feelings of self-efficacy, value, and control. Fitzsimons and Fuller (2002) described the empowerment approach as a method for enabling individuals to recognize the power they already possess. Many scholars have defined empowerment as individuals' belief in their abilities. Chronister and McWhirter (2006) focused on how women who experienced battery pursued goals. The authors found that applying the idea of critical consciousness to a career intervention enabled the women to progress toward their goals, indicating the impact of power dynamics. Further, Chronister and McWhirter recognized power dynamics as a key construct linked to other components in the empowerment process. Bandura (2002) found that perceived success or failure impacted self-efficacy beliefs.

The empowerment process includes power-oriented, personal, and meaningful goals. Figure 1 presents the iterative process of how empowerment impacts power-

oriented goals. Individuals may achieve their goals by taking action steps based on the empowerment process. Individuals may feel motivated by their goals, the personal value of those goals, and their ability to reach them. Additionally, people can achieve their goals with informed knowledge and relevant skills (Freire, 1970/2000).

Figure 1

Cattaneo and Goodman's Empowerment Process Model



Note. From “What Is Empowerment Anyway? A Model for Domestic Violence Practice, Research, and Evaluation,” by L. B. Cattaneo and L. A. Goodman, 2015, *Psychology of Violence*, 5(1), p. 85. Copyright 2015 by the American Psychological Association. (<https://doi.org/10.1037/a0035137>)

The empowerment model was a suitable theoretical framework for this study because empowerment, as a motivational construct, could impact how women affected by

IPV transition from feeling powerless to feeling empowered while attaining their safety goals in the justice system.

Nature of the Study

The phenomenological approach was useful in exploring the essence and meaning of the participants' courtroom experiences through the lens of the empowerment process. The findings provided an understanding of the common or uncommon IPV patterns and themes the participants experienced as they sought safety and security. Data analysis began with preparing and organizing the raw data from one-to-one interviews. Organizing, storing, and analyzing the written and audio data occurred using hand-coding and NVivo qualitative software. Scholars use NVivo to perform a research data query and code data into themes (Patton, 2002). Scholars engage in data coding and classification to verify the meaningfulness and accuracy of data by assessing them for their significance and completeness in supporting the research findings (Maguire & Delhunt, 2014).

Definitions

Civil protection order (CPO): A CPO is a court order to restrict one individual's actions to protect another individual's safety. Petitioning for a CPO could be a separate or contained process in a child-related case for custody or visitation, divorce proceedings, or criminal cases (Nichols-Hadeed et al., 2012).

Distributive justice: The belief that one has received a fair outcome in the justice system is known as distributive justice. Individuals who believe they have received a fair outcome are often satisfied and less likely to reject the court's decisions (Calton & Cattaneo, 2014; Colquitt et al., 2001).

Interpersonal violence (IPV): According to the World Health Organization (2022), IPV is the intentional use of physical force or power, threatened or actual, against another person, group, or community with a high likelihood of injury, death, psychological harm, maldevelopment, or deprivation.

Judicial demeanor: Judges should assess threats of future violence while remaining authoritative but compassionate in their court cases. Judicial demeanor is a judge's emotional presentation of authority (Ptacek, 1999) and includes a judge's tone, facial expressions, or gestures. Person et al. (2018) found that judges were good-natured, firm, bureaucratic, and formal in their interactions with men but condescending and harsh in their interactions with women.

Procedural justice: Individuals should receive fair treatment during a procedural justice proceeding. Procedural justice is a key construct in determining the perceived fairness of the court process and outcomes. People who believe they were treated fairly during a court case feel more satisfied with the outcomes and are likelier to utilize the court in the future (Calton & Cattaneo, 2014; Colquitt et al., 2001).

Therapeutic jurisprudence: The study of the effects of the law and the legal system on emotions, behavior, and mental health, therapeutic jurisprudence is a movement to advocate for scholarship and practices in the justice system to maximize the court's fairness (Hartley, 2003; Rottman & Casey, 1999).

Assumptions, Scope, and Delimitations

In-depth, in-person and telephone one-to-one interviews were the data collection methods used to create a comfortable and flexible environment for communicating sensitive data in this qualitative study. The study's assumptions were as follows:

- The participants answered the research questions honestly and candidly.
- The participants had a sincere and genuine interest in participating in the research.
- The data collection occurred following ethical guidelines.
- The participants experienced the same phenomenon under study.

The qualitative study had a small scope and size, comprising 10 women from a domestic violence center. This population was appropriate because the participants were a homogeneous group with experience of a similar phenomenon. Social researchers suggest homogenous groups when managing sensitive data to promote honest responses and maximize disclosure among participants during in-depth interviews (Duke Education, 2023). The participants' perceptions could provide stakeholders with a clearer understanding of how IPV affects the community so they can collaborate, implement effective strategies, and maximize the effectiveness of the public health response (Duker, 2016). The study also addressed uninvestigated aspects of the target population. Thick, detailed narratives contributed to the study's validity.

Limitations

Data collection for this qualitative descriptive research study occurred through direct communication in in-depth interviews with the participants. Possible limitations of this qualitative study included the following:

- biased responses due to my presence as the researcher because all the participants might not have equally articulated and been receptive toward me (Creswell, 2013);
- questionable recollections of situations, events, or feelings from past experiences (Creswell, 2013);
- use of purposeful sampling could have limited generalizability,
- insufficient participants for data saturation (Wargo, 2015); and
- possible coding errors in interpreting acts or allegations, resulting in misconstrued data (Lucken et al., 2015).

The use of two data collection methods (telephone and in-person interviews due to COVID-19 precautions, as different mediums may have impacted responses

The measures for addressing the limitations included rich, thick descriptions that enable the reader to make decisions regarding transferability. The thick, rich description also contributed to the findings' transferability due to shared characteristics. Additionally, prolonged engagement and persistent observations occurred to build participant trust. Other measures for addressing the limitations included learning the culture and checking for misinformation, engaging in a peer review, or debriefing to ensure honesty in the research process, and realistically assessing the phenomenon because participants'

responses were not always positive or negative. Member checking also occurred for credibility.

Significance

IPV against women remains a significant public health concern in the United States (CDC, 2018). The problem requires a public health response, not a family response addressed privately (Cattaneo et al., 2013). What happens in the court can impact the health, safety and well-being of families and communities affected from interpersonal violence. Therefore, judicial officials should prioritize learning about IPV survivors' experiences so they can inform and collaborate with key stakeholders in situations that present additional risks to survivors and their children (Duker, 2016). There is little research on IPV survivors seeking court safety measures and minimal guidance for health professionals, legislators, policymakers, judicial officers, frontline responders, or specialized educators working to reduce the global burden of IPV against women (Mikton et al., 2016).

IPV is one of the most common types of violence addressed by the Violence Against Women Act (VAWA; 1994) in every social, religious, economic, and cultural system. Despite considerable efforts to strengthen VAWA, there is a need for more work to improve survivor protection, support, and care (Ortiz-Barreda & Vives-Cases, 2013). The insights from this research could contribute to positive social change by focusing on the court experiences of women affected by IPV and the judicial court system's pivotal role and duty in developing innovative approaches to improve these women's experiences and outcomes. Researchers could use the study's findings to advance

professional practices and scholarship on IPV against women and empowerment in the courtroom. In addition, practitioners could build on the findings to guide court reform, support evaluation, and improve the court experiences, safety, and health and well-being of women impacted by IPV.

Summary

IPV is a public health crisis requiring a comprehensive system to improve the overall health and safety of affected populations and communities. For decades, researchers have emphasized the need to ensure therapeutic and effective courtroom experiences and outcomes for individuals impacted by IPV seeking safety and protection (Hess et al., 2015). Increasing the safety and overall well-being of women impacted by IPV is integral in elevating their status. IPV can have devastating consequences beyond physical harm or injury, impacting liberty and dignity. The lack of literature on the courtroom experiences of women seeking protection and their effect on outcome goals and overall health and well-being could obstruct the development of effective court responses. Further research should indicate how to develop effective responses, laws, and policies with a broad perspective on IPV experiences (Hess et al., 2015).

The goal of this study was to apply theory to practice by presenting the courtroom experiences of women affected by IPV. The study's findings provide insight into the needs of the population. Public health officials, judicial officers, legislators, and policymakers could use the findings to inform health professionals, criminal, political, and community responses to safety threats and prevent IPV against women in communities. A concise review of relevant literature appears in Chapter 2. Chapter 3

presents the study design and rationale, and Chapter 4 includes the data analysis and main findings. Finally, Chapter 5 contains a discussion of the dissertation, findings, recommendations, and conclusions.

Chapter 2: Literature Review

IPV is a complicated public health issue that requires collaborative and coordinated strategies and developed and implemented interventions to help to build resilience among survivors and provide them with resources and connections to address their needs. There is much to learn about the link between court experiences, outcomes, and the health and well-being of people impacted by IPV. Court-related experiences vary, and understanding such variance is important (Cattaneo et al., 2013). Researchers and practitioners in IPV-related fields have agreed that empowerment is a key element of the court experience and a mechanism for therapeutic outcomes and a better quality of life for people affected by IPV.

The court system is a central response to IPV against women, as there is no other place for individuals to obtain justice. However, courts cannot address every issue or cause of IPV against women (Person et al., 2018). Some women have positive experiences with the court process. However, negative experiences while seeking safety could cause people impacted by IPV to exit the court feeling dissatisfied with their outcomes and reluctant to return to the court for help (Duker, 2016). The justice system is the most frequent source of help for women seeking safety from their abusers (Cattaneo, 2013), and CPOs are standard protection methods for individuals impacted by IPV. Obtaining a CPO may be overwhelming, particularly in underresourced courts with limited resources and untrained staff (Nichols-Hadeed et al., 2012). Although the court is a critical provider of safety and legal protection, it is not always effective for people affected by IPV. People impacted by IPV experience horrific abuse, including continuous

cycles of abusive encounters, which could have long-lasting effects on their health and well-being while seeking help from the court (Duker, 2016). Petitioning for protection may provide a feeling of empowerment in seeking safety, yet the process could be a dangerous and vulnerable time for people impacted by IPV. Scholars have suggested evaluating the court for its effect on recidivism (i.e., the tendency to reoffend) and the health and well-being of all involved individuals. Few studies have focused on court experiences and their impact on the empowerment, health, and well-being of people impacted by IPV (Cattaneo et al., 2013).

This literature review focuses on people impacted by IPV and their experiences seeking safety from the court, including how their perceived interactions influence empowerment, health, well-being, and safety outcomes. There is a need for more court data so policymakers can create trauma-informed data-driven decisions to better serve people experiencing IPV. Exploring the court experiences of people impacted by IPV could indicate how to maximize healing potential and support and guide court reform (Duker, 2016). The literature review addresses the following topics: (a) IPV against women, (b) court experiences and empowerment, (c) the CPO court process, (d) the judicial response to court experiences, and (e) judicial court reform recommendations and strategies.

Literature Search Strategy

An electronic search occurred on the following databases and websites: Walden University, Library of Congress, Howard University, Google Scholar, Criminal Justice and Security, Public Policy and Administration, Academic Research Premier, SAGE

Journals, SocINDEX with Full Text, Science Direct, and CINAHL with Full Text. The keywords and keyword combinations searched were *interpersonal violence against women AND court, domestic violence against women AND justice system, domestic violence against women AND experiences, interpersonal violence against women AND law, domestic violence protective orders, effectiveness of protective orders, protective orders AND women, responding to interpersonal violence AND women AND court, judicial response to interpersonal violence, domestic violence AND response to family, domestic violence AND decision-making process, interpersonal violence AND public health, domestic violence AND role of United States, domestic violence court reform, interpersonal violence AND public health response, interpersonal violence experiences AND court, phenomenological research, and qualitative studies*. Searches using the criteria of English-language, peer-reviewed, scholarly journals published between 2012 and 2020, and books on IPV and experiences in court produced 223 articles. Reviewing the references of all eligible articles resulted in more relevant articles. All eligible articles underwent review until information saturation occurred.

Conceptual Framework

Individuals affected by IPV who feel empowered or have a sense of control over their experiences have positive therapeutic outcomes (Cattaneo et al., 2013). Empowerment is an iterative process in which a person lacking power sets a meaningful goal to increase power. Individuals seeking empowerment act toward their goals; observe and reflect on the impact of their actions; and draw on their self-efficacy, competence, and knowledge related to the goal (Cattaneo & Goodman, 2010).

Empowerment has deep roots in the movement to address IPV against women. Cattaneo and Goodman's (2015) empowerment process model served as the conceptual framework indicating how to meaningfully accumulate knowledge and provide lasting help for individuals impacted by IPV. The model is an iterative process of fostering empowerment by setting a meaningful goal to increase power; acting; progressing toward a goal; drawing on one's self-efficacy, knowledge, skills, community support, and resources; and observing and reflecting on the impact of the actions (Cattaneo & Chapman, 2010). According to Conger and Kanungo (1988), one's experiences may promote a reflective meaning of empowerment.

In the empowerment model, individuals cycle through components regarding objectives and goals and reevaluate their experiences for reflection. Individuals could achieve meaningful outcomes by observing the power obtained through their efforts (Cattaneo et al., 2010). Cattaneo et al. (2010) developed the empowerment model based on previous work by articulating empowerment as an iterative process, identifying core elements, and defining the process flexibly yet precisely. The outcomes may apply to research and practice recommendations.

The empowerment process focuses on personally meaningful and power-oriented goals (Cattaneo & Goodman, 2010). The process occurs amid unequal power distribution, where structures give some individuals more advantages than others. According to Page and Czuba (1999), the multidimensional social process is a way to foster power among individuals, enabling them to control their lives, systems, communities, and societies when acting on high-priority and important issues.

Historically, efforts to eliminate IPV have been to empower those impacted by IPV. Early recognition of IPV against women emerged from women who collaborated and found empowerment as a common ground in their descriptions of their partners controlling and exerting power via sexual, economic, psychological, and physical abuse (Fitzsimons & Fuller, 2002). Individuals who feel in control throughout the help-seeking process report greater satisfaction with the police, victim services, and the court system (Zweig & Burt, 2007). Hotaling and Buzawa (2003) found that individuals impacted by IPV who felt they had a voice in the prosecution of their cases were more likely to report repeat incidents of abuse that occurred the following year.

Individuals impacted by IPV must navigate a web of systems to address their unique circumstances (Davies et al., 1998). Davies et al. (1998) indicated that assisting people affected by IPV ranged from a “straightforward process to an enormously complex and time-consuming effort” (p. 90). Goals fall into various domains, such as work, safety, and children. Therefore, it is vital to articulate and map out domain-specific goals (Goodman & Epstein, 2008). Progress in one domain could have unintentional consequences in another (Goodman et al., 2009).

Wood (2015) emphasized the importance of individuals impacted by IPV sharing the same goals as their advocates to alleviate unforeseen challenges to implementing interventions on their behalf. Advocates were effective when using patience while embracing the lack of control in the empowering approach. Kallivayalil (2007) suggested restoring personal power by encouraging and creating avenues for people impacted by IPV to make decisions about their lives.

The empowerment approach includes the assumption that individuals impacted by IPV are the experts in their lives (Simon, 1994). This assumption is a way to shape organizations by building on strengths, revising interventions, and drawing from the needs of persons impacted by IPV. IPV is fundamentally disempowering. Partners committing IPV strip women of their free will, forcing them into unfamiliar situations to receive help (Busch & Valentine, 2000).

The development of the empowerment process followed several decades of empowerment scholarship (Rappaport, 1987). The empowerment process is a way to understand and articulate the goals of individuals impacted by IPV. Because those affected by IPV are unique and the experts in their situations (Cattaneo & Goodman, 2015), it may be challenging to help them articulate their desires.

The empowerment process has been the most referenced theoretical perspective in IPV advocacy (Cattaneo & Goodman, 2015). Bennett et al. (1999) described the court system as confusing and overwhelming for individuals impacted by IPV, especially those who have experienced IPV for the first time. Many women need immediate assistance with building skills to navigate the court process, such as learning court etiquette and how to navigate the judge's use of referrals (Sullivan, 2011). The empowerment process assists individuals in attaining their goals through an evolving sense of self-efficacy. Because IPV has no one-size-fits-all solutions, the empowerment process includes ongoing assessment and the expectation that action effectiveness will shift throughout the process and life (Cattaneo et al., 2011). The empowerment model was a suitable theoretical framework for this study. Empowerment is a motivational construct that can

impact how survivors impacted by IPV transform from feeling powerless to becoming empowered as they pursue their goals.

Literature Review Related to Key Variables

Interpersonal Violence Against Women

The World Health Organization (2022) defined IPV as the intentional use of physical force or power, threatened or actual, against another person, group, or community that results in or has a high likelihood of resulting in injury, psychological harm, maldevelopment, deprivation, or death. The majority of individuals affected by IPV are women. However, IPV may affect anyone, regardless of age, race, gender, or religion (Office on Violence Against Women, 2019). Other names for IPV are domestic violence, family violence, or, in the court context, intimate partner violence.

IPV against women is a pervasive public health issue and an overall burden to the nation (National Coalition Against Domestic Violence [NCADV], 2019). IPV has a significant economic impact. IPV costs exceed \$8 billion annually, with victims losing 8 million days of paid work yearly. Between 1997 and 2009, 321 women died on the job at the hands of their partners (Bureau of Labor Statistics, 2021). Analyzing 1976–2017 national homicide data from the Federal Bureau of Investigation, Fridel and Fox (2019) found an increase in IPV homicides after almost 4 decades of decline. In 2017, 2,237 individuals died from IPV, a 19% increase from the 1,875 killed, 1,527 of them women (Bureau of Justice Statistics, 2019).

On average, 20 people experience IPV every minute in the United States. One in four women experiences severe physical violence, including strangling, beating, and

burning, by their intimate partners in their lifetimes. One in 15 children faces exposure to IPV, with 90% witnessing abusive encounters that could adversely impact their growth and development (NCADV, 2019). According to NCADV (2019), IPV hotlines nationwide receive over 20,000 telephone calls on a typical day. However, only 34% of individuals with IPV injuries receive medical attention and care.

IPV against women is a significant health, social, and legal issue. Since the 1970s, the movement to end IPV against women has included legal reforms, recommendations, and revisions to the U.S. justice system and other federal agencies, and increased protection for women and children (Aron & Olson, 1997). Scholars in several fields have long studied IPV against women. However, public health agendas have begun focusing on public health approaches for IPV prevention only for the past few decades (Sumner et al., 2015).

According to the CDC (2018), IPV is a widespread threat to women's health, with numerous deleterious physical and mental health sequelae. IPV against women may have devastating consequences beyond physical injury, impacting autonomy, liberty, and dignity. More specifically, IPV may lead to adverse health consequences and physical, psychological, sexual, and psychosocial outcomes. Exposure to IPV typically prevents individuals from participating in the economy and civic and political life. Moreover, the indirect effects of IPV against women include stunted economic development, increased inequality, eroded human capital, and drained community resources (Sumner et al., 2015).

Once considered a private and personal matter, IPV against women is now a public and political issue. Often, the individuals impacted by IPV experience ridicule for staying in abusive relationships. The biggest obstacle in relationships with IPV might not be leaving but determining whether one can safely escape. Thus, IPV is a sensitive and complex issue, especially with children involved (Nason-Clark et al., 2018).

Historically, the legal system and policies have had a one-size-fits-all approach for women affected by IPV. Such an approach is a disservice because not all women suffer the same abuse, and not every child experiences the same abusive situations (Tarr, 2003). Although some public health experts have suggested increasing the legal punishment for perpetrators, many have recommended focusing on prevention and rehabilitation. IPV against women is a public health issue with negative societal consequences (Nason-Clark et al., 2018). A robust response to IPV in the criminal justice system is needed to show that IPV against women is socially unacceptable (Devaney, 2014)

IPV against women is a deeply rooted public health problem that laws alone cannot address. Public health officials should continue to increase IPV awareness, address IPV holistically and preventively, and form lasting partnerships with IPV-related service providers to prevent and restore the physical, psychological, psychosocial, financial, and spiritual health of individuals and families affected by IPV (American Public Health Association [APHA], 2018). Evidence-based research on the courtroom experiences of individuals impacted by IPV could provide an understanding of the obstacles and encounters they face in court while seeking safety and protection. Further

research may offer the information needed to develop strategic interventions in the justice system to prevent IPV, respond to IPV, and ensure support for people impacted by IPV (Mikton et al., 2016).

Despite considerable progress in addressing IPV against women in the United States, threats to women's safety profoundly affect their health, security, educational opportunities, and well-being (Hess et al., 2015). Although researchers have an essential role in reducing the global burden of IPV against women, IPV against women and their experiences remain underreported (Sumner et al., 2015). Cattaneo et al. (2013) suggested evaluating the court for its impact on the health and well-being of those participating, not merely for its effect on recidivism. Unfortunately, limited literature has focused on the court experiences of people affected by IPV and their empowerment, safety, and well-being. Agnew-Brune et al. (2017) suggested that future studies include the voices of people impacted by IPV to gain an understanding of their experiences when seeking safety and navigating the court system.

The public health system should play a primary role in initiating a public health approach to IPV focused on prevention and the critical functions of educating, training, and analyzing. Such a system could help survivors navigate systems, resolve differences, and advocate for more positive court-related resources in communities. IPV is a public health problem that is preventable. However, working toward effective prevention strategies requires a deeper understanding of individual and communal behaviors by placing public health at the center of these approaches (APHA, 2018).

Court Experience and Empowerment

Some individuals affected by IPV experience emotional consequences from their interactions with judges and other court personnel while petitioning for CPOs. Ptacek (1999) found that many individuals affected by IPV felt embarrassed, degraded, nervous, and vulnerable. Many participants identified these feelings as key moments in their lives and efforts to regain power in their relationships and seek justice. According to Cattaneo and Goodman (2010), individuals affected by IPV who go to court face considerable emotional distress; therefore, their interactions throughout the court process could significantly impact their health and well-being. Scholars of the emotional impact of the court process have found a correlation between empowering court experiences and positive court-related outcomes and satisfaction. Hence, empowering and disempowering court experiences can impact how individuals impacted by IPV feel about the court system and their health and well-being (Cattaneo & Goodman, 2010).

Jordan et al. (2008) explored the unique characteristics of IPV cases in the experiences of seeking court remedies among people impacted by IPV. Jordan found that the court system significantly impacted overall esteem, empowerment, and well-being. Seeking protection in the court was a challenging and sometimes intimidating process for individuals seeking safety and protection.

Little research has focused on the psychological well-being of women affected by IPV. Because nonphysical abuse often falls outside the scope of legal protection and categorization as a crime (Renner & Hartley, 2018), how the court experience impacts the well-being of people impacted by IPV remains unknown. Goodman (2016) found that

individuals impacted by IPV who sought CPOs felt more empowered and were more likely to end their relationships than those who did not seek CPOs. However, Richards et al. (2018) found that many people affected by IPV have difficulty accessing CPOs. Many women encounter procedural barriers, such as the court process, court costs, and confusion over required paperwork. Additionally, women impacted by IPV could face the additional obstacle of partner retaliation, including physical, sexual, or psychological behaviors to cause fear (Richards et al., 2018). Further research could provide an understanding of the CPO-seeking experiences of people impacted by IPV.

Often, women decide to remain silent or opt out of seeking help for IPV for fear the abuse could escalate (Madhani et al., 2017). The social stigma and IPV's impact on children are additional reasons for failing to disclose violent incidents to professionals. In addition, a lack of autonomy could impact women's decisions and drive to initiate the steps needed to seek relief for IPV.

DeJong and Burgess-Proctor (2006) focused on the victim-friendly aspects of CPOs in all 50 U.S. states. Seventeen states ranked in the highest category, 19 in the middle category, and 15 in the lowest category, including the District of Columbia. In 2018, Richards et al. replicated the study to provide an updated analysis of the 2014 statutes. In 2014, about 40 states ranked in the highest category; the District of Columbia and 10 other states fell toward the middle, and only one state (Tennessee) ranked in the lowest category. Many individuals who petitioned for CPOs felt more empowered and were likelier to end active relationships with abuse (Richards et al., 2018).

DeJong and Burgess-Proctor (2006) suggested that the CPO process could contribute to the empowerment of people impacted by IPV, even if they continue to experience violence from their partners. Their research has contributed to policy, practice, and literature by providing an understanding of how state CPO statutes have changed over time. The study also had implications for future research by indicating CPO statute patterns. Scholars should examine provisions with positive outcomes for people affected by IPV, including those with a smaller impact and unintended consequences (DeJong & Burgess-Proctor, 2006).

Lippman (2013) found that the court process to petition a criminal complaint required individuals to oscillate between courts and police stations. Officials in the court system often placed the responsibility of prosecution on the individuals impacted by IPV instead of transferring prosecutorial functions to local district attorney offices. As a result, the individuals had to proceed to criminal courts independently. However, long delays and adjournments in criminal courts hindered their access to justice. Additionally, many courtrooms' layouts were not conducive to petitioners' protection, as individuals and their abusers entered and exited through the same doors, increasing the likelihood of coercion and intimidation (Lippman, 2013).

Interactions with court personnel may impact individuals' experiences seeking safety from the court (Bell et al., 2013). Wexler (2013) used the therapeutic jurisprudence framework to describe the judge's role in therapeutic or antitherapeutic consequences that could affect the well-being and outcomes of those impacted by IPV. Burke and Leben (2008) expanded on the therapeutic jurisprudence framework, which includes treating

individuals with respect and generating trust. Jones (2012) also used the framework to elicit feelings of confidence and fairness in IPV court proceedings.

Cattaneo and Goodman (2010) defined therapeutic jurisprudence as the ability of a person impacted by IPV to verbalize the desired court outcomes. Finn (2013) found that victim-centered policies had better outcomes and fewer reports of reoccurring abuse and violence. Policies do not address IPV victims' feelings of empowerment, so further research could focus on these individuals' court system experiences. Although little research has shown how therapeutic jurisprudence affects the empowerment of IPV survivors, therapeutic jurisprudence appears to have a positive impact on the court outcomes of people affected by IPV.

After collecting data from 25 women who experienced abuse, Miller and Manzer (2018) found that the women went to great lengths to protect themselves and their children from abuse. Many women sought protection privately; however, when they sought help in a public setting, they felt judged and misunderstood in court. Miller and Manzer noted the women's strength and resilience in mothering and protecting their children despite legal barriers. Other researchers have explored strategies regarding how the women shielded their children to promote well-being. Rulings in favor of the partners who committed the abuse resulted in limited access to children, further abuse, and paper abuse, with drawn-out legal proceedings used to control the abused individuals (Hardesty & Ganong, 2006). Women who fear abuse might not report the violence to support systems or police due to racial bias or community pressure (Richie, 2012). Women forced to co-parent faced additional and increased risks of harm to children (Hardesty &

Ganong, 2006). The common themes of women safeguarding their children's well-being show the numerous legal barriers they overcome while navigating their relationships and the civil courts.

Misconstrued attempts to alienate children from abusers could result in court scrutiny. Hannah and Goldstein (2010) focused on abuse tactics to promote judicial bias. They found numerous rulings in favor of fathers charged with abuse, regardless of poor courtroom behaviors, especially if the men professed to nurture and love their children. Court scrutiny in favor of the partners charged with abuse also occurred due to insufficient knowledge about IPV dynamics, tactics, and patterns; the decision not to appear vengeful to maintain a balance between judges' decisions; feelings of restricted actions and choices due to the court; appearance as insane or emotionally unstable in the presence of mediators; and family therapists citing erratic behavior (Dalton et al., 2006; Saunders, 2015; Zlotnick et al., 2006).

Efforts to minimize the effects of IPV while finding opportunities for judicial officials to overcome their ignorance about IPV create frustration and danger for women impacted by IPV (Hardesty & Ganong, 2006). IPV ignorance and poor responses present a family with the risk of further victimization and danger, with those impacted by IPV struggling with ongoing control by their perpetrator. Courtroom officials' failure to recognize IPV as a form of victimization can have a devastating, lasting impact on those affected by IPV (Saunders, 2015).

Saunders (2015) focused on women trying to balance competing expectations of adequate parenting while protecting and enhancing their and their children's well-being.

Strategies interpreted as unconventional, or hostile caused the judges to evaluate the women's parenting tactics negatively. The judges' interpretations showed their lack of understanding of IPV and inappropriate responses to those impacted by IPV. Therefore, judges and court personnel should receive training on IPV dynamics and patterns, including how IPV occurs at the termination of relationships (Saunders, 2015).

In mock cases, Stanziani et al. (2017) found that court officials were likelier to find those affected by IPV guilty of failing to protect their children. The court officials were less likely to recognize such failure in the nonvictims, resulting in the disproportionate use of tactics to prosecute mothers. The findings showed a fundamental misunderstanding of IPV in relationships and asymmetrical power dynamics among judicial officers (Stanziani et al., 2017). Some court officials criminalize mothers experiencing IPV for failing to protect their children (Douglas & Walsh, 2010). Although several states have child and maternal safety mandates to protect women and children, they sometimes fail to protect them, which requires judges to consider past IPV cases (Morrill et al., 2005).

Many individuals impacted by IPV who decided to stay in relationships knew they risked their safety and welfare (Miller & Manzer, 2018). However, leaving the partners committing the IPV also presented several challenging layers and risks to safety and well-being. Therefore, there is a need for more research on how to use strategies to protect women and children as they navigate ended relationships while engaging with the court (Miller & Manzer, 2018).

The empowerment process model allowed many survivors to recognize, redefine, identify, and explore strengths and weaknesses. Empowered survivors make responsible decisions. Empowerment promotes survivor safety, builds individual strength, establishes healing strategies, and identifies and uses resources in the community to achieve stable and safer conditions while understanding the importance of managing emotions, thus achieving positive outcome goals (Quality Improvement Center on Domestic Violence in Child Welfare [QIC-DVCW], 2019).

Survivors' experience navigating the court justice system remains underresearched. Further research is necessary to better understand what changes to make in this sector of the legal system (Thaxton & Khan, 2020). Future studies' findings would provide a better understanding of the impact of survivors' court experiences on their health and well-being.

Civil Protective Order Process

A CPO is a court order to restrict one individual's actions to protect another individual's safety (Nichols-Hadeed et al., 2012). Introduced in Pennsylvania in 1976 (Goldfarb, 2008), CPOs are now available in all 50 states, although the process to obtain one might vary. Applying for a CPO usually involves filing for an emergency temporary protective order and participating in a follow-up hearing to determine if a permanent protective order, which remains effective for 1 year, is warranted (DeJong & Burgess-Proctor, 2006).

To obtain a CPO, an individual can petition the court in a separate or coupled process with a divorce, child-related, or criminal case (Nichols-Hadeed et al., 2012).

However, judges or authorized magistrates, such as court commissioners, may issue temporary CPOs lasting 7 to 10 days when individuals or their children face clear danger, harm, or the threat of harm without the perpetrator's presence. A full hearing for a permanent CPO typically includes the plaintiff and defendant, their legal representatives, or other affiliated parties (Agnew-Brune et al., 2017). Judicial officials grant CPOs if the defendants attempt to cause bodily injury or place the plaintiff in fear of imminent serious bodily injury, harassment, rape, or sexual offense (North Carolina General Statute, 2005).

A CPO is the most common legal remedy for IPV (Fleury-Steiner et al., 2016). With proper enforcement, CPOs are one of the most effective secondary prevention methods for IPV (Benitez et al., 2010; Carlson et al., 1999; Holt et al., 2003; Kothari et al., 2012; Russell, 2012). A CPO has a high potential for stopping or significantly reducing IPV in 70% of cases (Duker, 2016). People who have experienced abuse petition CPOs for immediate relief from daily IPV (Lucken et al., 2015). Although CPOs may provide immediate and long-term safety, one in five women who receive CPOs experiences further IPV incidents after the initial orders' issuance. Therefore, there is room to improve the CPO process (Nichols-Hadeed et al., 2012).

Logan et al. (2008) found that many women felt safer and reported CPOs as effective protection against IPV. Examining the effectiveness of CPOs, Logan and Walker (2010) found that stalking was a significant risk factor related to safety. However, CPOs were not violated for half the women, with many feeling less fearful of future harm. Differing viewpoints regarding CPO efficacy indicate the need for further evaluation of how CPOs impact safety for people who have experienced IPV.

Although CPOs are a vital legal resource for women impacted by IPV, petitioners do not always receive them (Agnew-Brune et al., 2017). Barriers to obtaining CPOs include difficulty navigating the court system, limited hours of access to file petitions, difficulty getting time off from work, discouragement from court personnel handling paperwork, difficulties finding childcare, and a lack of legal representation (Logan et al., 2008). Some women face difficulty meeting the state criteria for obtaining a CPO (Eigenberg et al., 2003).

Although the purpose of CPOs is to increase safety for people impacted by IPV, the process typically occurs in crowded and underresourced court environments (Holt et al., 2003). Logan et al. (2008) found that two out of five women who received CPOs did not experience future abuse; however, three continued to experience violence. The findings showed that 51% of individuals impacted by IPV perceived their CPOs as extremely effective, and 43% felt extremely safe after the 1-year follow-up for their orders; however, 58% experienced CPO violations. As a result, Logan et al. emphasized the importance of crafting CPOs to address the needs of people impacted by IPV.

Only 13% of women in a Women's Health Risk Study petitioned and received CPOs; however, more than 50% left their perpetrators (Sabina & Tindale, 2008). McFarlane et al. (2004) found a decreased risk of sexual assault and re-assault when women petitioned for CPOs after their first violent encounters with their partners. The longer the CPO is in effect, the greater the decrease in IPV risk. Similarly, Dugan (2003) found that families in states with aggressive statutes related to CPO issuance and enforcement had a lower probability of experiencing IPV.

Response to Court Experiences

CPOs can effectively reduce IPV against women (Nichols-Hadeed et al., 2012). Therefore, it is vital to understand how judges grant or deny CPOs. Jurisdictions vary in the CPO process, including eligibility, stipulations, law enforcement, and violation consequences. Further research could focus on information exchange in the courtroom to provide an understanding of how judges make CPO decisions (Agnew-Brune et al., 2017).

Civil protection orders may reduce violence and fear for individuals impacted by IPV. However, CPOs could be less effective for those who have experienced severe violence (Logan et al., 2008). Many states have statutes for authorizing CPOs to address stalking and provide safety for individuals experiencing IPV. Identifying the risk factors in IPV is the key to addressing the IPV public health crisis. Judges often face challenging decisions regarding requests for CPOs, custody arrangements, and visitation schedules. The number of IPV-related homicides and petitions for CPOs has increased (Holson, 2019), and IPV against women remains a criminalized offense in the United States. However, the extent to which CPO petitioners accurately describe their danger and how precisely a judge can ascertain their risk level remains unknown. Judges might introduce CPOs that are denied or do not provide adequate protection or safety for individuals and their families (Nichols-Hadeed et al., 2012).

Victims and court advocates often believe violence is a learned behavior and must never be condoned (Solender, 1997). However, many judges perceive this viewpoint as feminist and less credible, as it entails placing the blame on the respondent. Nevertheless,

there is a need to focus on judicial ideology and recognize provoked IPV to ensure that the petitioner and the respondent receive fair verdicts.

Judges are respected court leaders, setting the courtroom's tone and doing their best to protect people experiencing IPV and maintain access to justice (Person et al., 2018). Judges may help empower individuals and encourage them to use the court despite the threat of intimidation. Nichols-Hadeed et al. (2012) found that people often failed to accurately describe their IPV experiences due to trauma or confusion over what to report. Therefore, it is necessary to address how judges manage IPV cases in their courtrooms with little case-specific information and the impact of this variation in decisions to grant or deny CPOs. Judges make informed decisions for IPV cases if they fully understand the circumstances, barriers, and risks of future violence (Agnew-Brune et al., 2017). Further research could provide insight into improving the CPO process.

The severity of the abuse experiences before filing a pretrial order (PTO) does not correlate with the court's decision to grant or deny a PTO (Moracco et al., 2015). The factors in IPV incidents that impact a judge's decision to issue a PTO remain unknown. Judges have discretion when granting or denying PTOs. Garner (2009) indicated that judges should strive to make objective decisions by setting aside their personal beliefs, emotions, and attitudes. A CPO could be a necessary measure for improving an individual's safety. Further research is needed to identify the factors in judges' decisions to grant CPOs.

Calton and Cattaneo (2014) found that perceptions of the fairness of the court process predicted the mental health and attitudes toward the court system of people

impacted by IPV 6 months later. Many individuals impacted by IPV viewed the court as a source of power. Most noticeably, the findings showed that many women left the system and dropped out of the process before receiving CPOs. Therefore, the research lacked the perspectives of women who withdrew from the CPO process (Calton & Cattaneo, 2014).

Durfee (2009) found that having an attorney to represent the petitioner correlated with receiving a CPO. The attorneys could more effectively convince judges to grant CPOs than petitioners who filed with court advocates without assistance. Similarly, Lucken et al. (2015) found that having an attorney also enhanced the perpetrator's believability. Jordan et al. (2008) and Muller et al. (2009) noted the perpetrator's benefits of having an attorney.

Committing major battery, such as harming family members or children experiencing harm or witnessing violence, might not correlate with receiving a CPO (Lucken et al., 2015). There is an immediate need to ensure judges learn how IPV impacts the safety of people and their families and how to manage IPV-related cases to protect those impacted. Informed judges could positively contribute to IPV survivors' outcome, empowerment, health, and well-being.

Although many judges strive to avoid bias in their decisions, avoiding bias is complicated (Agnew-Brune et al., 2017). Janis and Mann (1977) found that many courtroom judges experienced ongoing worry and regret regarding past, pending, or future decisions. Judges fear escalating violence if they do not issue CPOs.

Most CPO hearings focus on a single incident that could be part of a larger pattern or abuse about which judges might not be aware. In addition, the judicial decision-

making process could occur with limited evidence, with the petitioner providing supplementary evidence to document IPV (DeJong & Burgess-Proctor, 2006). Many PTO hearings have an allotted time; therefore, petitioners have limited time to present abuse history or patterns to the judge. Throughout the years, decisions to grant or deny PTOs have not correlated with the severity of the violence (DeJong & Burgess-Proctor, 2006; Harrell et al., 1998; Zoellner et al., 2000).

Person et al. (2018) focused on how judges oversaw their courtrooms via participant interactions in the courtroom. The authors analyzed interview and observation data to discern how judges' interactions with participants impacted decision-making and case outcomes. A significant influence on case outcomes was whether the judges believed the plaintiffs met their burden of proof to support abuse claims. The study's findings showed that individuals petitioning the court for help needed more awareness of their demeanor and appearance when presenting their cases (Person et al., 2018).

Klein (2008) indicated that judicial demeanor significantly impacts courtroom proceedings. Burke and Leben (2008) found that judges' nonverbal communication (e.g., tone, posture, gesture, and eye contact) took precedence over what they verbally stated. Judges set the tone for other court personnel's demeanor. Judges could mitigate the fear of individuals impacted by IPV by making eye contact, being willing to listen, and considering the petitioners' needs. Other court personnel and judicial officers follow the judge's lead (S.T.O.P. VAWA, 2019).

Judges' use of the plaintiff's demeanor to determine credibility could result in bias (Agnew-Brune et al., 2017). Without physical evidence, judges might rely on their

ideas about which behaviors constitute violence. Judges often use the plaintiff's visible injuries in their decision-making. In cases lacking visible injuries, judges rely on other heuristics to guide their decisions (Agnew-Brune et al., 2017). Heuristics are schemas that enable judges to make decisions quickly (Casey et al., 2013).

Many IPV survivors do not want to appear fearful or afraid in the presence of their partners, which could be a coping mechanism (Zink et al., 2006). Judges might assess batterer accountability and safety based on demeanor. However, individuals seeking court assistance may feel intimidated and fear partner retaliation, the unfamiliar legal process, or disbelief from the presiding judge.

Research on judicial decision-making could show the variables in the involved parties' demeanor and testimony (Lucken et al., 2015). Judges could use such variables to assimilate what is being communicated and their responses to queries regarding the situation. Improved judicial training could be a way to promote consistency in judicial interpretations and PTO standards and procedures.

Casey et al. (2013) discussed the importance of judicial decision-making to ensure judges remain mindful, conscious, focused, and consistent with procedural justice principles. Agnew-Brune et al. (2017) noted that judges set the tone for courtroom proceedings but might have insufficient information about a case. Judges lacking case information may determine credibility by using heuristics to influence their decisions. Relying on heuristics could result in more accurate decisions and judgments than other historically practiced rational models. However, heuristics could cause judges to make uninformed decisions and errors while problem-solving as they multitask and engage in

frequent task-switching (Casey et al., 2013). Judges are essential in resolving IPV cases and finding criminal justice solutions (Websdale, 2001). Therefore, there is a need for further scholarship and research on judges and IPV cases. Additional findings on the information exchange in courtrooms could provide an understanding of CPO decisions.

Court Reform Strategies and Recommendations

With training on optimal courtroom procedures and management, judges could be more beneficial in their central role in the CPO process (Hough & Zelon, 2008).

Enhanced training could teach them how individuals experiencing IPV might behave in a courtroom. In addition, judges should learn more about communicating with IPV survivors and self-represented litigants unfamiliar with legal jargon in the courtroom setting (Nichols-Hadeed et al., 2012).

Training judges and court personnel could significantly impact court responses to IPV against women. Training could provide judges with the information needed to address the needs of people impacted by IPV, challenge IPV myths, and improve court experiences (Office on Violence Against Women, 2019). With training, judges and court personnel could understand the impact of judicial demeanor on people who have committed battery.

MacLeod and Weber (2000) emphasized exploring the impact of court personnel, focusing on limited judicial resources and a lack of expertise among judicial officers, bailiffs, clerks, and other personnel. Miller and Manzer (2018) indicated that court personnel might exert and mimic the control and power of the people committing the abuse, as they exert tremendous influence and have decision-making power over IPV

cases. However, courtroom staff are often unprepared and inadequately trained when it comes to identifying and understanding the critical features and dynamics of IPV (Morrill et al., 2005).

Growing IPV has led to increased use of resources in the criminal and family justice systems. Despite the government's steps to improve the justice response, survivors continue to have poor experiences, particularly in the family court and social service system. Therefore, it is vital to hear survivors' voices to ensure supportive court experiences throughout the process (Michigan Courts, 2023). The State Court Administrative Office Friend of the Court Bureau invited survivors of IPV to join a statewide workgroup to review the domestic relations court process. The review will address various court hearings, such as custody, parenting time, child welfare services, and child support, through a trauma-informed lens. The experience of survivors navigating the court justice system remains underresearched. To understand the impact of IPV survivors' experiences on survivors' health and well-being, especially the negative ones, additional research is needed to identify necessary changes in this sector of the legal system (Thaxton & Khan, 2020).

Court monitoring is an effective strategy to promote judicial responses to IPV. Regular observations and reporting by community leaders could be a way to increase the visibility of IPV experiences and court responses (Duker, 2016). With court monitoring, judges could become more aware of how they manage IPV cases and their effect on survivors, perpetrators, and communities as a whole. Lastly, court monitoring is a strong, clear message that IPV is a community priority in the legal system (Duker, 2016).

Judges establish court procedures, policies, or guidelines for enhancing the safety of people impacted by IPV. Individuals committing battery might intimidate or harm their partners in court or enroute to the courthouse. To enhance safety, judges could ensure separate waiting areas or send court personnel to escort individuals to their modes of transportation (VAWA, 2018).

The Domestic Violence Monthly Report (2018) found that basic safety protocols protected less than half (45%) of IPV survivors as they exited the courts, leaving them vulnerable to further threats or harm (Duker, 2016). Court personnel should ensure the safety of all IPV survivors. In a study conducted between September 2016 and March 2018, Duker (2016) found that judges used basic procedures and guidelines in little more than 50% of hearings. The researcher found the lack of practice in IPV proceedings unacceptable, particularly because there were no court costs to adhere to basic protective practices and guidelines. The use of fundamental practices varies among judges and jurisdictions; however, failing to practice basic guidelines 100% of the time limits the full measure of justice deserved (Duker, 2016).

Outside the courthouse, judges are community leaders who could influence and shape a community's IPV response. Judges, police, and prosecutors are critical to a coordinated community response. Therefore, coordination between medical, legal, and advocacy groups may be a way to avoid inconsistent responses that adversely affect the safety and well-being of people impacted by IPV and the perpetrators' accountability (VAWA, 2018).

Lippman (2013) found that many judicial officers felt frustrated by the criminal court system and the inadequate treatment of IPV cases. Individuals who decide not to argue their cases in family court are subject to CPOs but not always criminal punishment for their actions. One reason is that the district attorneys overseeing IPV cases cannot prosecute the crime, leaving the responsibility solely on the IPV survivors without support or guidance. Many people experiencing IPV typically find themselves choosing one legal recourse and forgo another court case at a time, usually delaying or dropping the criminal court proceeding regarding their perpetrator's actions (Lippman, 2013).

Gover et al. (2007) interviewed plaintiffs and defendants who participated in a specialized IPV court. The findings showed both parties' satisfaction with their court experiences, considering it a fair system and feeling respected and satisfied with their case outcomes. Wellman (2013) indicated that policymakers should recognize the ongoing potential for the legal system to address the personal harms of IPV by creating avenues for individuals to share their experiences and encounters with the legal system. Such avenues could provide IPV survivors with a role in reshaping the judicial court system to accommodate their wide-ranging, unique needs.

Specialized courts are a way to increase the judiciary's responsiveness to IPV. Dedicating a section of the courts to IPV could indicate to the community that violence is unacceptable. Judges and prosecutors who encounter individuals with repeated IPV charges could have increased sensitivity to the needs of the individuals affected by IPV. Many people with repeat IPV charges are less likely to batter again if they stand before the same judges with the same prosecutors (S.T.O.P. VAWA, 2019). According to

Rossmann and Zweig (2012), specialized courts may succeed with well-informed, caring, and IPV-trained judges. Morrill et al. (2005) described courts with IPV-trained judges and court personnel as critical in achieving effective outcomes for individuals, children, and families impacted by IPV. Partnering with IPV survivors and other key stakeholders is another way to prioritize IPV survivors' safety, health, and well-being.

Anderson (2015) analyzed claims that mandatory IPV interventions in the court system disempower and deny individuals a voice and choice in legal proceedings in some jurisdictions. However, IPV survivors received a voice and degree of choice in criminal courts, which was critical for empowerment and a powerful tool for the survivors. Key themes included specialized IPV courts, court advocates trained in victims' rights, and a lead judge modeling respectful treatment (Anderson, 2015). Similarly, Cissner et al. (2015) investigated personnel at 24 specialized IPV courts across New York and found a positive correlation between recidivism and individuals with IPV convictions.

Gover et al. (2007) suggested that courts adopt changes to improve judges' ability to make informed decisions. The authors recommended providing judges more time to review each case by structuring court calendars, regrouping IPV cases so that judges do not hear them with other civil cases, and assigning court advocates to inform IPV survivors on case processes and hearings. Agnew-Brune et al. (2017) also suggested structuring court calendars to provide judges more time to oversee IPV cases and consolidating IPV-related cases with other unheard civil cases. Future researchers could measure the benefits of specialized courts, especially as many judicial district courts have few resources (Gover et al., 2007).

Professionals from the New York State Division of Criminal Justice Services have sought to integrate IPV initiatives into the division's crime reduction strategy. The strategy includes sharing information among law enforcement agencies, involvement from community organizations, and intelligence-based policing to reduce the prevalence of IPV against women. For instance, after arresting a person with repeat IPV offenses, law enforcement officials send domestic incident reports, criminal incident reports, and criminal history to the district attorney's domestic offender section (Lippman, 2013).

The goal of statewide IPV registries and other court reforms is to aid prosecutors and other law enforcement officers (Lippman, 2013). The Niagara Falls Police Department IMPACT program has had significant success in addressing violence against women. The program includes the Domestic Violence Intervention Team, which comprises trained domestic violence investigators and advocates from the district attorney's office, police department, and sheriff's office. The team's aggressive approach has enabled investigators to follow up and enforce CPOs in IPV-related cases (Lippman, 2013)

The Office on Violence Against Women (2019) indicated that domestic violence courts are vital in addressing IPV against women. The Office on Violence Against Women provides courts with the resources needed to intervene safely and quickly to save lives while conveying that IPV is a justice system priority. There are an estimated 200 domestic violence courts throughout the United States. However, presiding over domestic violence courts requires significant training and support to effectively address IPV in the community (Office on Violence Against Women, 2019).

Often, women IPV survivors navigate civil and criminal cases simultaneously. Under many state and county court structures, IPV survivors must appear in several courts with multiple lawyers, judges, and various court-related agencies. Thus, each court receives only limited information. Judges lacking vital information might issue inconsistent or conflicting orders, resulting in dangerous and unhealthy situations for families (Center for Court Innovation, 2006). Court system leaders have realized that courts cannot effectively provide justice without judges receiving training from experts on IPV's effects and holding the persons charged with IPV accountable (Lippman, 2013).

Introduced in 2001, specialized IPV courts pair one family with one judge per case. IPV courts provide the opportunity to customize the handling of criminal IPV cases to promote safety, encourage better coordination, and increase defendant accountability in the criminal justice system (Center for Court Innovation, 2006). The one-judge, one-family model entails placing all the issues related to a single family before a single judge, providing the needed relief in one place for empowerment. Survivors who struggle to get time away from work or find childcare to make multiple appearances could benefit from the model. Agnew-Brune et al. (2017) recommended that judges hearing civil and criminal cases gain extensive expertise related to IPV to make informed decisions about individual cases.

Whereas some state leaders have debated using an integrated domestic violence court system to combine civil and criminal cases, New York has a successful integrated domestic violence court (New York Courts, 2019). The percentage of dismissals and adjournments declined from 70% to 61% between 2007 and 2012 (Lippman, 2013).

Judges in the integrated domestic violence court receive training and education on the dynamics of IPV against women and IPV's impact on children. The integrated court system members work closely with police, district attorneys, batterer programs, and other IPV-related treatment providers. Enabling judges to gain an overall view before making decisions in IPV cases and increasing defendant accountability have resulted in documented improvements (Center for Court Innovation, 2023).

Summary and Conclusions

IPV against women is a serious public health issue and a social determinant of health that impacts one in four women in the United States (CDC, 2018). IPV has a profound impact on survivors' overall health and well-being, including their physiological, psychosocial, financial, safety, and high-risk behaviors. Therefore, this health issue requires a public health response to address IPV appropriately (Cattaneo et al., 2013).

The CDC's (2023) 10 Essential Public Health Services provides a framework for public health officials to protect and promote the health and well-being of individuals in every community. One objective is to actively promote policies and systems that remove systemic and structural barriers resulting in health inequities to enable optimal health for everyone.

Chapter 2 presented the literature on the experiences of IPV survivors while navigating the judicial system. The chapter included a background overview of IPV, the court experience and its impact on empowerment, civil protective orders (CPO), and the need for an effective response to address IPV survivors' experiences while navigating

through the judicial system. Evaluating the court experiences of IPV survivors could indicate how to maximize effective strategies that can improve positive outcomes for IPV survivors. The information gained can be used in collaboration with public health officials along with other key stakeholders to promote the use of evidence-based strategies to help restore the health, safety, and well-being of IPV survivors (Duker, 2016). Chapter 3 presents the study's methodology.

Chapter 3: Research Method

The APHA identified IPV as a public health crisis, emphasizing the need to develop a comprehensive system to decrease its profoundly harmful effects on families and communities. This public health organization has called on collaborative and partnering organizations to assess and analyze data on IPV cases to implement models to promote health, safety, and well-being for positive and healthy outcomes (APHA, 2018).

The court experiences of people affected by IPV and their impact on survivors' court outcomes and overall health and well-being remain an understudied issue (Cattaneo et al., 2013). Understanding the courtroom experiences of women who have experienced IPV could indicate how to improve safety measures. Additionally, research suggests the court system may affect more than the safety of victims and thus requires evaluation accordingly. The purpose of this study was to capture the lived experiences of women impacted by IPV while navigating the justice system and the effect of those interactions on their empowerment, outcome goals, and overall health and well-being. Chapter 3 addresses the research design, role of the researcher, methodology, sampling strategy, sample size, recruitment, instrumentation, data collection and analysis, trustworthiness, and ethical considerations.

Research Design and Rationale

The research design and strategy followed the guiding research questions:

RQ1: How do survivors of interpersonal violence describe empowerment?

RQ2: Were survivors of interpersonal violence satisfied or unsatisfied with their court outcomes?

RQ3: How do the court experiences of survivors of interpersonal violence impact their empowerment, outcome goals, and overall health and well-being?

The hermeneutic interview approach included open-ended questions focused on the participants' experiences. The interview questions enabled collaboration and a dialogue focused on and aligned with the central concepts of the phenomenon under study (van Manen, 1997).

I chose the phenomenological theoretical approach for this study to explore the essence and meaning of the participants' courtroom experiences through the lens of the empowerment process. The findings provided an understanding of common or uncommon IPV patterns and themes the women experienced while pursuing safety and security. The data collection consisted of preparing and organizing the raw interview data.

Role of Researcher

The data in this descriptive research study emerged from direct communication via one-to-one in-depth interviews. Research interviewers have complex and multifaceted roles and are central to the data collection process. The interviewer can ask questions in face-to-face interactions. This study included individual interviews because they provided a comfortable and flexible environment for communicating sensitive data and capturing the participants' opinions and expressions. The researcher-interviewer role was appropriate because it enabled a constructive dialogue to bridge the gap in understanding how IPV can impact individual and community health (Creswell, 2009).

I took measures to avoid bias throughout the study, such as writing by avoiding discriminatory or oppressive language and materials as I conducted the research. Additionally, I stayed current with the language sensitive to diverse groups, as suggested by Rudestam and Newton (2015).

Methodology

Participation Selection Logic

The target population for this study was women from low-income, minority backgrounds between 18 and 65 years of age registered at a domestic violence center in a Western U.S. state. The center is a domestic violence prevention and intervention organization that provides various support services, including family counseling, mental health counseling, life skills, direct legal assistance, community outreach, and safety planning by trained professionals for women and children. IPV has affected most women and families at the center. Therefore, researching and accessing this target population provided insight into the relationships, factors, or barriers women face when seeking legal action against those committing abuse. The study's findings can help in developing strategies that can be incorporated into the public health response to IPV to empower and ensure adequate protection and safety for women and their families.

Sampling Strategy

Sampling is the process of selecting individuals or organizational units from a population of interest to maximize the sample's generalizability to the population (Crosby, 2006). Effective sampling requires a thorough understanding of sampling

techniques. The purpose of sampling is to determine if the research question requires an investigation of collective or individual behavior in an organized system.

Two strategies considered for this study were purposeful and convenience sampling. Crosby (2006) identified a preexisting group available to recruit research participants as a convenience sample variant. Convenience sampling is a nonprobability technique of selecting participants based on their accessibility. Convenience sampling is also an inexpensive and easy way to access interested, qualified, and available study participants (Explorable, 2015). According to Patton (2002), qualitative research has no appropriate sample size. Researchers select the sample size based on their knowledge, research purpose, research questions, time, resources, skills, availability, and the ability to contribute to future research (Glanz, 2003). Convenience sampling typically involves selecting a sample that is convenient and accessible to the researcher and may be appropriate for both quantitative and qualitative research (Etikan et al., 2016).

Purposeful sampling is a commonly used approach in qualitative research for identifying and selecting information-rich cases to use available resources appropriately. Researchers typically use purposeful sampling when they have identified what they need to know and have a strategy to locate individuals willing to provide information via experiences, expertise, and knowledge. Purposeful sampling involves identifying and selecting individuals who are well-informed or proficient with the phenomenon of interest. Other key components include the prospective participants' willingness to participate, availability, and ability to communicate their opinions and experiences in an expressive, articulate, and reflective manner (Etiken et al., 2016). The aim of purposeful

sampling is to direct focus and attention to characteristics that represent the research phenomena to address the research questions. All of these attributes aligned with and complemented the purpose of this study, supporting its use as a suitable strategy for this research inquiry.

Sample Size and Saturation

This study had a sample size of 10. The general guideline for qualitative studies is to select a sample size appropriate to collect extensive detail about each participant rather than focusing on a specific number of participants (Creswell, 2013). A smaller sample can produce meaningful qualitative data, a wider range of experiences, and more in-depth data collection for quicker saturation. Saturation is a guiding principle in qualitative data collection (Mason, 2010). Smaller samples can also contribute to trust between the researcher and participants for increased willingness to share sensitive data (Patton, 2002).

Recruitment and Participation

The recruitment method in this study involved placing a flyer at a local IPV center 1 to 3 weeks before scheduling interviews (see Appendix A). Members from the same group can establish trust and comfort and promote honest responses (Duke Education, 2015). A homogenous group is a way to maximize disclosure among the participants. This study's invitation flyer presented the study's topic, purpose, time, place, date, and mode of data collection, as well as a contact number to confirm a reservation. After locating viable participants, I called to confirm interest and availability. The participants received verbal reminders of the scheduled interview time and location. I also confirmed

the date, purpose, compensation, place, confidentiality, and privacy of their interviews via telephone/text to decrease the number of possible no-shows (Duke Education, 2015). I used peer debriefing to enhance accuracy, asking questions and reviewing the study to ensure that the information presented and delivered resonated with others (Creswell, 2009).

Instrumentation

An interview protocol was the instrument used to address the research problem and researcher bias. The protocol process included locating and enlisting participants, motivating them to perform their best, and clarifying concerns or confusion. The protocol also outlined my responsibility to respond candidly to unforeseen objections, think quickly, and observe the quality of the responses, focusing on gestures or body language to discern how the participants perceived a question. Researchers use an interview protocol to conduct and ensure consistent, high-quality interviews, regardless of challenges (Roulston & Choi, 2018).

An interview protocol comprises comprehensive instructions for a monitoring project, inventory, or needs assessment that summarizes the what, where, whom, why, when, and how of a research study (Castillo-Montoya, 2016). Researchers who create an interview protocol can share it with key stakeholders for feedback and approval (Soriano, 2013). This study's interview protocol included the study's purpose, research method, data collection method, data analysis, justification, key questions for participation, and data management (see Appendix B). The interview protocol included the interview instructions, questions (see Appendix C), follow-up questions, and a closing statement.

The participants learned of any participation risks before consenting to the study, and they could withdraw at any time during the study. I assured the participants that their responses and names would remain anonymous and confidential. The participants received and reviewed the consent form before confirming their willingness to participate, and all participants consented to have their responses audio-recorded. I used the QuickTime Player and Voice Memo digital voice recorder to capture the participant responses. I stored all transcripts and tools used throughout the interview in a secured file on a USB drive and backup drive, including names, pseudonyms, and coded data.

Data Collection Plan

I recruited 10 participants for the study. All participants met the criteria consisting of being fluent in spoken English, a resident of California, a woman survivor of IPV, and at least 18 years of age. I posted and sent flyers via email and research site staff to individuals interested in participating in the research study. After identifying prospective participants who met the inclusion criteria and were willing to participate, I contacted them to confirm a suitable day and time to provide an overview of the study. I provided and reviewed the consent form, and the participants provided their audio-recorded consent. To ensure privacy and confidentiality, I conducted all interviews in a private area by phone or in person. The research site provided a private, designated location to conduct the interviews.

Successful participant retention strategies include the timely identification and resolution of problems (Community Toolbox, 2019). Retention begins during the first participant's visit. Strategies include ensuring that the participant understands the time

and procedures involved, providing accurate contact information if a participant misses a visit, and conducting follow-up visits or telephone calls as needed. Retention is the responsibility of everyone involved in the research; therefore, the parties involved should receive training on the importance of storing up-to-date information for all participants (Community Toolbox, 2019).

Maintaining good rapport, engaging in conferences, and brainstorming retention strategies could contribute to retention. Successful recruitment and retention strategies require informed and detailed planning, careful monitoring, and a commitment of resources. Excellent communication and listening skills, convenience, a positive attitude, knowledge, and research protocol adherence also contribute to retention (Community Toolbox, 2019). All recruitment strategies should include preserving participant privacy. Consistent recruitment and retention strategies contribute to the success of any clinical study (Community Toolbox, 2019). Debriefing enables participants to obtain information about the study's procedure, nature, results, and conclusion.

I designed a questionnaire with 18 open-ended questions, which served as an interview guide throughout the interview. Each interview began with a review of the consent form and addressing any questions. No names were collected. Per participant consent, interviews were audio-recorded. The first five interviews occurred via telephone due to COVID-19 precautions, preferences, and availability, the first five interviews were conducted via telephone and the remaining five interviews were conducted in person. I interviewed the participants between June 7, 2022, and July 25, 2022.

After obtaining Walden University Institutional Review Board (IRB) approval, I recruited and interviewed 10 research participants who met the participation criteria. All of the interviews were scheduled to last up to 45 minutes. I used field notes to capture the time, date, and additional feedback responses, such as verbal tone, communication pauses, facial expressions, and body language. Each transcript underwent thorough review and editing to capture the alteration/omission of words on transcription. To address ethical matters, I omitted any identifiable information disclosed and assigned pseudonyms for all participants. I used the QuickTime Player and Voice Memo digital voice recorder to capture the participant responses. I stored all transcripts, coded data, names and pseudonyms, and interview tools in a secured file on USB and backup drives. After their interviews, participants received a \$25 gift card as a thank-you compensation for their time and participation in the study.

Before conducting the interviews, I explained the debriefing process to the participants to ensure they understood the research study. We scheduled a debrief after each interview. Debriefing sessions are an opportunity to clarify and confirm statements and clear up any misconceptions (Community Toolbox, 2019).

Data analysis began with preparing and organizing the raw data from the in-depth interviews. The two data analysis approaches used were hand coding and NVivo software. I used hand coding to compare, contrast, note, and quote the results to provide a holistic and corroborative illustration of the phenomenon and emerging themes to enhance validity (see Creswell, 2007). I read each transcript, immersing myself in the details as I tried to get a sense of the interview as a whole before I began to break it into

parts. I wrote notes in the transcript margins while exploring the database. Next, I assigned the codes to complement the data, used the codes to describe information, and generated themes. Per Creswell (2013), I organized, sorted, and analyzed the emerging themes to ensure they represented a common idea. Thematic analysis is appropriate when conducting interviews that provide a large amount of detailed data. The thematic analysis consisted of concisely arranging, identifying, outlining, and recording descriptive information to support the findings (Maguire & Delhunt, 2014). I read, reviewed, and cross-checked the data sources several times. Inductive, ongoing, and iterative data analysis provided a thorough understanding of the participants' perspectives (see Creswell, 2007).

NVivo was a secondary data analysis method used to organize, store, analyze, and manipulate the data into a visual presentation. NVivo improved the study's security, allowing me to store the data in a single, password-protected file. With NVivo, I could easily manipulate the data when conducting searches, displaying codes and categories clearly, concisely, and descriptively. Qualitative researchers commonly use NVivo to store and organize data; locate text or images, common passages, or segments related to variables; compare code labels; conceptualize different levels of abstraction; identify themes; and provide visual or graphic images of specific themes and codes (Creswell, 2013). NVivo assisted with verifying the meaningfulness and accuracy of the data and assessing them for significance and completeness (Maguire & Delhunt, 2014). Further, it allowed me to categorize the emergent themes into groups to answer the research questions. Lastly, I integrated all descriptions into a universal description using the

empowerment process framework to capture the essence and meaning of the participants' reflection of empowerment and its overall impact on their experiences while navigating the justice system to achieve their outcome goals.

One-to-one interviews can generate a large amount of information quickly. I collected data and responses from the participant interviews, which I audio-recorded to provide complete and accurate records. The collected data included interview transcripts and summaries of interview notes. I provided the participants with my preliminary findings and feedback to confirm the accuracy of the data.

I addressed potential threats to internal validity by triangulating data sources. Triangulation is a means to ensure information builds a coherent justification for themes, member checking, confirming the accuracy of findings, using detailed descriptions to provide many perspectives, and other approaches (Creswell, 2009).

Issues of Trustworthiness

Credibility, Transferability, Reliability, and Confirmability

The trustworthiness criteria are credibility, transferability, reliability, and confirmability (Lincoln & Guba, 1985). One way I achieved trustworthiness in this study entailed triangulating which included examining evidence and themes and member checking with the participants to ensure the accuracy of the findings, as suggested by Ely et al. (1991). Data triangulation through member checking by two to three participants provides credibility, accuracy, and suggestions for revisions (Creswell, 2007).

As the researcher, I had an in-depth understanding of the phenomenon under study to increase the accuracy of the findings (see Creswell, 2007). The weight of the

evidence was persuasive, which helped to improve credibility (Eisner, 1985). The thick descriptions generated contributed to transferability (Lincoln & Guba, 1985). Participant quotes and rich narratives are means of ensuring credibility and reliability (Creswell, 2007) and an understanding that the results may be subject to change. As the researcher, I established the value of the data by confirmability rather than objectivity. In addition, I ensured confirmability and dependability with intense auditing throughout the research process (as noted by Lincoln and Guba (1985). Other reliability procedures in this study included checking transcripts for mistakes, comparing the data to codes to ensure aligned code definitions, and cross-checking the data to compare independent results (Creswell, 2007).

Ethical Procedures

The Walden University IRB approved this study. The IRB provided an ethical review of the study's risks and benefits for the participants. The purpose of the IRB is to ensure every study occurs with the highest ethical standards for protecting the participants' rights and well-being (Crosby, 2006).

The ethical measures taken before conducting this study included providing all participants with a clear explanation of the research. The participants learned of the risks, discomfort, and benefits of participation and the means for securely transcribing, storing, and destroying the data after 5 years. The participants knew participation was voluntary and were aware of the means for maintaining privacy and confidentiality. The participants also learned about compensation and additional information regarding the research process. I adhered to these ethical considerations to keep the participants

comfortable, promote trustworthy relationships, elicit honest responses, and decrease attrition (Issel, 2009).

Researchers can mitigate ethical challenges by obeying legislation on informed consent, efforts to maintain good-quality research, data protection, maintaining anonymity, ensuring the research is free of bias, thinking through the consequences of the research, and complying with IRB regulations (White, 2020). I preserved the participants' anonymity by masking their personal information with pseudonyms. I also stored backup copies and data files on a highly secured backup drive. Interpretations provided meaning to the descriptions but could have included bias. To address the accuracy of the interpretations, I shared the findings with the participants for feedback to ensure accuracy and explore other themes (see Creswell, 2013).

Summary

A qualitative phenomenological approach was appropriate to identify the essence of human experiences about a phenomenon as described by the participants. The court experiences of IPV survivors and its impact on their outcome and overall health and well-being remain understudied. Understanding the lived experiences of IPV survivors is critical to the public health response of IPV and its impact on survivors' experiences. This chapter presented the method and procedures used for data collection and analysis. Chapter 4 presents the data analysis, followed by a discussion of the findings in Chapter 5.

Chapter 4: Results

IPV against women is a serious public health issue and a social determinant of health, impacting one in four women in the United States (CDC, 2018). Due to its profound impact on survivors' overall health and well-being, including physiological, psychosocial, financial, safety, and high-risk behaviors, a public health response is necessary to address IPV (Cattaneo et al., 2013). The court system, a social response to dealing with IPV against women (Person et al., 2018), is the most frequent source of help for women seeking safety and restoration from their abusers (Cattaneo, 2013). Although the court is a critical provider of safety and legal protection, it does not always have positive outcomes for people affected by IPV. Petitioning for protection may provide a feeling of empowerment or a lack thereof for women seeking safety and restoration. What happens in the court may positively or negatively influence survivors' outcomes, impacting their court reuse and contributing to their sense of safety, physiological and psychosocial needs, and overall health and well-being (Duker, 2016). IPV survivors seek legal protection for themselves or their families through the justice system (Cattaneo, 2013).

There is much to learn about the link between court experiences, goal outcomes, and the health and well-being of people impacted by IPV. Court-related experiences vary, and understanding such variance is important (Cattaneo et al., 2013). Researchers and practitioners in IPV-related fields have agreed that empowerment is a key element of the court experience and a mechanism for therapeutic outcomes and a better quality of life for people affected by IPV (Cattaneo et al., 2013). Officials should learn about women's

IPV court-related experiences to inform court officials of the initiatives posing additional risks to women or their children (Duker, 2016). Scholars have suggested evaluating the court for its effect on recidivism (i.e., the tendency to reoffend) and the well-being of all involved individuals. Few studies have focused on court experiences and their influence on the empowerment, health, and well-being of people impacted by IPV (Cattaneo et al., 2013).

IPV is a public health crisis requiring a comprehensive system to improve the health and safety of affected populations and communities. The court serves as the central response to survivors of IPV. However, the court system's setup often retraumatizes survivors, subjecting them to painful experiences that may aggravate the original trauma. Court retraumatization harms survivors, many of whom are already dealing with significant physical and mental health repercussions (McAbee, 2021).

The current fragmented approach to IPV stems heavily from the justice system, which lacks extensive cross-sectional collaboration that emphasizes public health. Resistance revolves around framing IPV as the responsibility of the criminal justice system and public safety programs. Public health approaches are means to improve survivor goal outcomes and help prevent IPV (APHA, 2018). A unified effort could connect the health sector to the justice system to help address IPV, which jeopardizes the nation's health (McAbee, 2021).

The public health system must play a primary role, initiating a prevention-focused approach to IPV comprising the critical functions of educating, training, and analyzing. This approach could help survivors navigate systems, resolve differences, and advocate

for more positive court-related resources in communities. IPV is a preventable public health problem. Identifying effective trauma-informed prevention strategies requires a deeper understanding of the experiences and the behaviors of IPV survivors and placing public health at the center to address this issue appropriately (APHA, 2018).

Study Overview

Chapter 4 is an analysis of the 10 participants' responses to the guided interview questions. The chapter presents the setting, participant demographics, data collection, themes, data analysis, trustworthiness, findings, and summary. This qualitative phenomenological study included 10 women who self-identified as surviving IPV. The purpose of this study was to describe the lived experiences of women survivors who experienced IPV, particularly their perceived interactions with the justice system and the effects on their outcome goals, overall health, and well-being. The research focused on their interactions with the justice system and its effects on their empowerment to highlight its impact on their goal outcomes and overall health and well-being. Purposeful sampling occurred from a population of women affiliated with a domestic violence center in a Western U.S. state.

All participants self-identified as survivors of IPV living apart from their former abuser and working toward rebuilding their lives. All participants reported being very familiar with using the court system related to IPV. Data collection occurred via open-ended questions to elicit the participants' accounts of their court experiences with matters such as petitioning for a CPO, seeking full custody, and filing criminal charges against their former abuser.

The open-ended questions enabled the participants to engage in a dialogue and generated thick, rich data for themes or patterns. In line with Creswell (2013), the questions provided data and textual and structural descriptions of the participants' individual and shared experiences. The findings indicated a need for public health policy change and ongoing judicial IPV staff training. The study also provided an understanding of how court experiences affect IPV survivors' outcome goals, overall well-being, court reuse, and other factors beyond safety.

The participants consented to have their responses audio-recorded, and I took handwritten notes during the interviews to capture or highlight their responses. Member checking involved soliciting the participants' views of the credibility of the findings and interpretation. Each participant scheduled a session to discuss and review the preliminary analysis of the transcript and results for accuracy. Member checking is a technique commonly used to establish credibility (Lincoln & Guba, 1985). The guiding research questions of this study were the following:

RQ1: How do survivors of interpersonal violence describe empowerment?

RQ2: Were survivors of interpersonal violence satisfied or unsatisfied with their court outcomes?

RQ3: How do the court experiences of survivors of interpersonal violence impact their empowerment, outcome goals, and overall well-being?

Recruitment

I recruited 10 participants after receiving IRB approval from Walden University (Approval #02-21-22-0246359). All 10 participants met the criteria of English fluency,

residence in the Western U.S. state of study, being 18 or older, and having experienced IPV. Recruitment and data collection commenced with a meeting with the site research team to ensure all parties knew the research purpose, goals and strategies, and action plan. I distributed a flyer in person and via email, presenting the study's details to prospective participants. The individuals who met the inclusion criteria and expressed an interest in participating scheduled a time to receive an overview of the study. The participants received and reviewed the consent form before confirming their willingness to participate, and all participants consented to have their responses audio-recorded. For privacy and confidentiality, the research site provided a private room for the interviews. Hand-coding and NVivo software were the tools used to analyze the data. After their interviews, the participants received a \$25 gift card as a thank-you for their time and participation.

Setting

Participation Selection Logic

The target population for this study was women survivors aged 18 to 65 identified through their trusted relationship and participation with an inner-city violence prevention program in a Western U.S. state. The participants' valuable input allowed me to identify and examine significant relationships or factors to produce thick, rich data for the research questions. All the participants consented to have their telephone and in-person interviews audio-recorded. I assured the participants that their responses would remain confidential.

Due to the COVID-19 pandemic and precautions, I provided two interview options. Per the participants' availability and comfort level, the first five interviews occurred via telephone, and the following five took place in person. I audio-recorded all the interviews with participant consent. I greeted the participants warmly to make them comfortable before the interview. I was the sole interviewer and researcher.

Demographics

All 10 participants self-identified as women who survived IPV, were over 18, and were residents of the Western U.S. state of study. I assured the participants' confidentiality, using pseudonyms instead of names or other personal identifiers. Table 1 presents the participant demographics. The prospective participants identified through the IPV agency were primarily of African American or Hispanic descent. The participants identified the court respondent as their ex-boyfriend, ex-husband, or child's father. Although I did not ask the women to specify their level of education, marital status, number of children, or job status, five participants disclosed having jobs, and all reported being over 18, currently single, and having at least one child.

Table 1*Participant Profiles*

Pseudonym	Age	Race	Marital status	Child	Level of education	Employed
Passion	18+	African American	Single	Yes	College student	Unknown
Faith	18+	African American	Single	Yes	Unknown	Unknown
Happy	18+	Hispanic	Single	Yes	Unknown	Unknown
Miracle	18+	African American	Single	Yes	Unknown	Employed
Peace	18+	African American	Single	Yes	Graduate degree	Employed
Pearl	18+	African American	Single	Yes	Unknown	Unknown
Free	18+	African American	Single	Yes	Unknown	Not working
Smooth	18+	Hispanic	Single	Yes	Bachelor's degree	Employed
Lioness	18+	Hispanic	Single	Yes	Unknown	Employed
Confidence	18+	African American	Single	Yes	Unknown	Employed

Data Collection**Subject Selection Process**

Data collection occurred to gather valuable information and answer the research questions. The data collection process included locating a research site, gaining access, and building rapport with the research site and staff, conducting purposeful sampling, collecting data, recording information, and storing the data (Creswell, 2013). Recruitment occurred by posting flyers at the site and having site staff email the flyers to potential participants. The participants who met the inclusion criteria and expressed a willingness

to participate scheduled a day and time to receive an overview of the study. The research site provided a private, designated location for the interviews, which ensured privacy and confidentiality.

Interviews

The interview protocol included 18 open-ended questions (see Appendix C). I began each interview by reviewing the consent form and addressing any questions. The participants consented to have their interviews audio-recorded, and the interviews lasted up to 45 minutes.

Due to COVID-19's effects on participant availability and comfort levels, the first five interviews occurred via telephone, and the remaining five were in person. I interviewed the participants between June 7, 2022, and July 25, 2022. The participants appeared comfortable having their responses audio-recorded. I used a researcher journal to record feedback and body language, such as tone, pauses, and facial expressions.

As the sole researcher, I thoroughly reviewed each transcript to ensure the accurate capture of participants' words. All participants received pseudonyms, and the study did not include identifiable information. The QuickTime Player and Voice Memo digital voice recorders were the tools used to record the participant responses. I stored all the transcripts and tools, including pseudonyms and coded data, on a secured file on a USB drive and backup drive. Following the interview, I gave each participant a \$25 gift card as a thank-you for their time and participation.

Data Analysis

The data analysis process began with transcribing the audio-recorded participant interviews and my notes. I uploaded the raw data into Microsoft Word and transcribed the recordings via the audio-to-text software feature. I labeled and coded the data for privacy and confidentiality.

After uploading the data, I carefully read, organized, and prepared them for analysis. I considered each statement's relevance and meaning related to empowerment. I began describing, classifying, and interpreting the data into codes and themes and memoed to form codes or categories. I assigned each participant a code name selected to complement and capture the essence of their lived experiences.

After coding and clustering the data into themes, I interpreted and described each theme with verbatim excerpts, repeating the process for each participant. I entered 22 significant statements in a data table and clustered the statements into emerging themes for each participant. I reflected on the empowerment process and my experiences with empowerment for each theme. I adopted the storyteller approach of a qualitative researcher to guide and interpret the data, as suggested by Wolcott (1994).

Data labeling and coding occurred to protect privacy and confidentiality. I conducted open coding of the data to review the entire text for descriptive categories. I listened to the interview recordings while reading the transcripts to ensure accuracy. I took reflection notes and compiled codes in the researcher journal. Next, I printed hard copies of each transcript and highlighted significant and memorable words or passages while making code notes. Open coding is a way to code the text without discounting any

categories that may become theoretically relevant or emerge (Corbin & Strauss, 2014).

This method addressed the following questions: What do the research data consist of?

Which category does this incident indicate? What is really happening in the data? From whose point of view? Are the data summarized?

Each transcript underwent careful review, with all relevant statements noted.

After organizing the invariant meaning units into themes, I merged the themes into descriptions of the experiences and augmented them with quotations from the text. I used multiple perspectives to seek meaning in the text and construct a description of the participants' experiences (see Rudestam & Newton, 2015).

The next step included integrating the individual structural and textual descriptions into a composite description of the meanings and essences of the participants' experiences. The textural description indicated the *what* of the experience, and the structural description indicated the *how* (Moustakas, 1994). After developing a brief overview for each participant, I identified themes from the data and supported them with participant quotes.

Winnowing the data entailed conducting a thematic analysis to describe what the research participants experienced and how they experienced it in the structural context. I converted the significant statements into meaning units to identify the essence of each participant's descriptions. The thematic process included analyzing the general and specific participant statements. Constructing the composite textural–structural description occurred to capture the essence of each participant's experience (see Moustakas, 1994).

I used NVivo as a secondary data analysis method to organize, store, analyze, and manipulate the data into a visual presentation. With NVivo, I could store the data in a single, password-protected file, increasing data security. I could easily manipulate the data when conducting searches, displaying codes and categories clearly, concisely, and descriptively. Lastly, I integrated the individual descriptions into a universal description using the empowerment process framework to capture the essence and meaning of the participants' reflections on empowerment and their experiences navigating the justice system to achieve their outcome goals.

Meaningful Themes

The conceptual framework was the empowerment process. Rappaport (1987) described empowerment in the social sciences as “both a psychological sense of personal control or influence and a concern with actual social influence, political power, and legal rights” (p. 121). With a clear understanding of the definition of power, empowerment is an iterative process with six components. In the empowerment process, individuals lacking power set personally meaningful goals to increase power by taking action toward their goals; observing and reflecting on the impact of their actions; and drawing on their evolving self-efficacy, knowledge, and competence about their goals (Cattaneo & Goodman, 2015). Cattaneo et al. (2010) developed the empowerment model based on previous work by articulating empowerment as an iterative process, identifying core elements, and defining the process flexibly yet precisely. This study's findings indicated research and practice recommendations.

Seven themes emerged from the analysis of the participants' significant statements related to their outcome goals and the justice system's influence on their perspective of empowerment while navigating the court system. The themes were as follows: (a) positive encounters, (b) negative encounters, (c) optimism, (d) resilience, (e) powerlessness, (f) fear, and (g) empowerment through children. Each meaningful theme included significant statements clustered to present the participants' court experiences, portraying survivors' empowerment processes as they took steps to achieve their outcome goals. This section presents the themes from data analysis and supporting narrative excerpts from participant interviews. I also provide excerpts from the literature review to aid in illuminating participants' statements.

Positive Encounters

When asked to discuss any positive encounters experienced with the court system, Peace immediately said, "Absolutely." Her goal was to be granted a court-ordered protective order. She discussed the overwhelming support she received from her attorneys and court staff and its significant impact on her empowerment, mental health, and overall well-being. Peace reported being highly satisfied with the judges assigned to her case and appreciated the judges and the whole process. She said, "Knowing that I had a system in place that pretty much did everything for me as long as I provided everything they needed was amazing... They held my hand." Peace recognized the considerable impact of the court staff's level of education, knowledge, and emotional support on her outcome goals and overall health and well-being.

Smooth replied similarly when asked the same question. She said,

My goal was to attain a protective order to keep my perpetrator away from me and to help me gain my independence. That was my expectation when deciding to use the court system, and it worked... I didn't have any problems at all.

Smooth shared that all of her questions were answered in a timely manner, which helped decrease her anxiety. She went on to say she was pleased with her decision and very impressed at how easy, user-friendly, and supportive the process was and the court staff's quick response.

The survivors' responses supported the empowerment process model's use in this study, showing how the participants identified their goals before taking action. In these excerpts, Peace and Smooth reflected on their actions while working to achieve their outcome goals, including a sense of safety and support, which impacted their empowerment, outcome goals, mental health, and overall well-being. Survivors identified positive encounters with the court system as highly empowering. The women's outcomes could be due to how judges set the tone of their proceedings, the effect on survivors, and the women's overall confidence in the system. Other positive outcomes may come from the resources and support services readily available to the IPV survivors. Legal advocacy corresponds with reduced IPV after exiting the system, less difficulty using other community resources, and a better quality of life (Bell & Goodman, 2001). Researchers have found that survivors of IPV who feel empowered or in control tend to report a likelihood of reusing the system if there are future incidents (Cattaneo & Goodman, 2010).

IPV is a public health issue requiring public health officials to understand how to address it. The court system plays a significant role in the societal response to IPV and is the most frequent source of help for individuals experiencing IPV and abuse (Cattaneo et al., 2013). Although the justice system has produced favorable outcomes for many individuals seeking help and protection from IPV, further research could contribute to developing strategic interventions to prevent, respond, and ensure support for people impacted by IPV (Mikton et al., 2016). Key stakeholders should provide essential public health services to “improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement” (CDC, 2023). These tools may contribute to removing systemic and structural barriers to ensure positive outcomes, optimal health, and overall well-being.

Negative Encounters

Two survivors shared that they did not consider the court a reliable source of safety. Passion’s response was a sharp and immediate “no.” She continued,

Yeah, I thought they were gonna really help me. I said I was upset I wasn’t properly able to protect my children. I hate the system. I wasn’t satisfied with it at all. There was missing/lost documentation by DPSS, and I had to find resources on my own.

Passion immediately identified her power-oriented goals and pulled from her knowledge and skills to carry out actions toward goal achievement. However, reflecting on the action steps taken to achieve desired outcomes, Passion began to reevaluate and explore other avenues to achieve her goal of reuniting with her children. Her experiences

support the empowerment model as an iterative process useful to understand one's experience in the journey to achieve desired outcomes that contribute to empowerment.

Faith, who also reported having a negative experience, did not consider the court a reliable source of safety. She felt her safety, health and well-being were not a priority and found the staff unprofessional, lacking education and awareness about the severity of IPV. Specific to taking action and filing for a protective order from her abuser, Faith disclosed that her petition "was never filed, so every time I call the police, they're like, 'There's no restraining order, ma'am.'" She soon realized she had to take action for herself. Faith drew from her knowledge while using community resources to secure an attorney and achieve her outcome goals. As Faith reflected on the impact of her actions, she reported satisfaction with the steps she took to help achieve her outcome goals. She reported having "a really good attorney. She is all the way for me. I support her, and she supports me."

Civil protection orders are a vital legal resource for women impacted by IPV; however, petitioners do not always receive them (Agnew-Brune et al., 2017). Barriers to obtaining CPOs include difficulty navigating the court system, limited access hours to file petitions, difficulty getting time off from work, discouragement from court personnel handling paperwork, challenges finding childcare, a lack of legal representation (Logan et al., 2008), and difficulty meeting the state criteria for obtaining a CPO (Eigenberg et al., 2003).

IPV is a complicated public health issue requiring collaborative and coordinated strategies and interventions to help to build resilience among survivors and provide them

with resources and connections to address their needs. Survivors of IPV often report feeling helpless and not in control prior to seeking assistance through the court or related IPV services. Negative court experiences may significantly affect the health outcomes and future court involvement of persons impacted by IPV (Cattaneo et al., 2013).

Therefore, there is a need to examine violence prevention strategies to improve outcomes for individuals affected by IPV (Agnew-Brune et al., 2017). Few studies have focused on how experiences in the court affect the outcomes of an individual impacted by IPV (Cattaneo et al., 2013). Evidence-based research on the courtroom experiences of IPV survivors could provide an understanding of the obstacles and encounters they face in court while seeking safety and protection. Analyzing the judicial experiences of women affected by IPV may indicate how to improve courtroom experiences. Further, gaining insight into the guidelines used to make court decisions could increase access to safety, health and overall well-being for individuals impacted by IPV (Person et al., 2018).

According to the CDC (2023), essential public health services provide a framework and guide for promoting policies and systems to enable optimal health, safety, and well-being by removing systemic and structural barriers. Through the collaboration of public health officials, court officers, and legal teams, strategies could emerge to help identify significant stressors in the lives of IPV survivors, children, and families.

Optimism

Passion reflected on her negative experience with the court yet remained optimistic. She discussed contacting community resources, such as the IPV center, her college and other related legal assistance for support and the knowledge, skills, and self-

efficacy to carry out her action steps toward goal achievement. She said her new goals helped her to serve as an advocate for women to guide and direct them as they navigate the justice system. Passion stated, “I turned my frustration into motivation, so I am thankful for this experience. I am blossoming through the destruction.”

Some individuals affected by IPV experience emotional consequences from their interactions with judges and other court personnel while petitioning for CPOs. Ptacek (1999) found that individuals affected by IPV often felt embarrassed, degraded, nervous, and vulnerable. Many of this study’s participants identified these emotions as key in their lives and efforts to regain power in their relationships and seek justice.

Pearl reported being “mentally abused” and developing a plan to seek psychological help. Due to her life-changing experience, she learned through her community resources that IPV may appear in several forms of abuse. She adopted a new outlook, stating, “My experience with domestic violence has allowed me to recognize not to have a pity party [and] to take one day at a time, [to] put one foot in front of each other and keep pushing.”

Although Free feared uncertainty, she said, “It’s not about being scared; it’s about moving forward and knowing that I can do life on my own.” Her goal was to feel safe. Specifically, she believed more safeguards should be in place in the system to protect survivors of IPV from abusers, especially abusers in high-powered positions. She stated that restoring one’s life is emotionally exhausting when individuals feel lost and helpless. Another meaningful, power-oriented goal was to focus on activities she enjoyed to improve her mental health. Regardless of the circumstances, Faith echoed other

participants, acknowledging she is a work in progress and is ready to do the work. She said she was “growing from the situation and not continuing to call myself a victim. Seeing the growth. Not being scared to move forward. And knowing that I can do it on my own.”

Optimism is an approach to how individuals perceive situations and can enable them to overcome unexpected setbacks (Seligman, 1991). According to Conger and Kanungo (1988), one’s experiences could promote a reflective meaning of empowerment. In the empowerment model, individuals cycle through components regarding objectives and goals and reevaluate and reflect on their experiences. Individuals may achieve meaningful outcomes by observing the power obtained through their efforts (Cattaneo et al., 2010).

IPV is a public health crisis requiring a comprehensive system to improve the health and safety of affected populations and communities. The court is the central response to survivors of IPV and the most frequent source of help for survivors. However, the court system’s setup inherently retraumatizes survivors, subjecting them to painful experiences that can aggravate the original trauma survived. Court retraumatization harms survivors dealing with significant physical and mental health effects from IPV (McAbee, 2021).

Kroeker (1995) found that psychological empowerment goals enable increased feelings of self-efficacy, value, and control. According to Cattaneo and Goodman (2010), individuals affected by IPV experience considerable emotional distress; therefore, their interactions with the court process could significantly impact their health and well-being.

In studying the emotional and mental impact of the court process, scholars have found a correlation between empowering court experiences and positive court-related outcomes and satisfaction. Hence, empowering and disempowering court experiences may impact the health, well-being, and court system perceptions of individuals impacted by IPV (Cattaneo & Goodman, 2010).

IPV against women is a significant public health issue. Since the 1970s, movements to end IPV against women have included legal reforms, recommendations, and revisions to the U.S. justice system and other federal agencies, and increased protection for women and children (Aron & Olson, 1997). Scholars in several fields have long studied IPV against women. Over the past few decades, public health agendas have focused on approaches for IPV prevention (Sumner et al., 2015).

Survivors of IPV often use protective factors that help lessen the impact of IPV on children and adult survivors and promote their safety, healing, and well-being (Domestic Violence in Child Welfare, 2019). Assessing and monitoring population health status and the factors influencing survivors' health, community needs, and assets is critical to attaining optimal health and well-being through essential public health services (CDC, 2023).

Many survivors of IPV refer to sustained relationships with individuals, institutions, and communities that promote a sense of connectedness and positive identity. Positive relationships inspire trust, hope, protection, and belief that survivors' health, safety, and well-being matter while seeking the court's help and protective services (Domestic Violence in Child Welfare, 2019). The APHA made

recommendations for the health care system, legal court system, IPV advocates, public health officials, and law enforcement who interact with survivors of IPV. These institutions should respond in a trauma-informed manner to goal alignment by creating, championing, and implementing policies, plans, and laws that impact health (CDC, 2023).

Resilience

Miracle defined resilience as “wanting something so bad, nothing will stop you from getting it. Empowerment, to me, means motivation, determination, and resilience.” Lioness discussed negative encounters with judicial officers and court staff, saying, “Basically, I had to do all the work to get him arrested. The court staff felt very uninviting. I had a negative experience and felt very disappointed with the system. It was a very frustrating, unsafe, and scary time.” Lioness said that becoming resilient was a protective safety mechanism she quickly adopted as she had to fight for herself and her child.

Miller and Manzer (2018) noted women’s strength and resilience in mothering and protecting their children despite legal barriers. In their study, many survivors impacted by IPV who decided to stay in relationships knew they risked their safety and welfare. However, leaving the partners who committed IPV also posed challenges and risks to safety and well-being. Saunders (2015) focused on women trying to balance competing expectations of adequate parenting while protecting and enhancing their and their children’s health and well-being. Strategies interpreted as unconventional or hostile caused the judges to evaluate the women’s parenting tactics negatively. The judges’

interpretations showed their lack of understanding of IPV and inappropriate responses to individuals impacted by IPV. Therefore, judges and court personnel should receive training on IPV dynamics and patterns, including how IPV could occur upon the termination of relationships. Other researchers have explored strategies regarding how women shielded their children to promote their health and well-being (Saunders, 2015).

Resilience is a process of positive adaptation and personal growth that may include problem-solving and coping in response to adversity by demonstrating resilience and believing in one's ability to improve challenges and circumstances. Resilience is often referred to as the ability to come back from a negative situation to reach intended outcomes. This growth mindset allows survivors to develop a sense of purpose, make good choices, take positive actions, and promote a healthy lifestyle (QIC-DVCW, 2019).

According to public health programs such as the QIC-DVCW (2019), IPV protective factors are individual and relational attributes that help to reduce the impact of IPV risk factors; build survivors' strengths; promote healthy development; and establish conditions to support the healing, safety, health, and well-being of survivors of IPV. Essential public health services personnel recognize the importance of communicating effectively to inform and educate people about health, IPV's influences, and means of improvement to achieve optimal health and well-being (CDC, 2023). Public health officials could promote resilience and a growth mindset among survivors of IPV through collaborative partnerships with the court system. Court staff require education on the importance of nonjudgmentally eliciting and validating survivor experiences,

prospectives, and concerns about IPV and its impact on their and their children's health and well-being (QIC-DVCW, 2019).

Powerlessness

Three participants shared their experiences with the DPSS and their children's temporary detainment yet felt helpless and powerless. Passion said,

My kids were taken away because my passion was interpreted as anger. High-powered judges did me wrong and judged me and did not understand me. They made an example out of me. Even my case worker even had a spicy attitude I addressed.

The participant noted the lack of services to regain custody and that the judicial officials did not appear to care why things happened as they did.

Happy identified the DPSS as the reason she did not consider the court a reliable source of safety. She said, "Once DPSS got involved, I decided to seek help on my own."

Faith also discussed her negative experience, saying,

The courts were never considered a reliable source of safety because I did not trust the system. Once DPSS [got] involved, my kids [were] detained [and taken away] from me. My expectation [for] the court was for me to seek services right away, but then I didn't because I had to wait on a waiting list like everybody else. I feel like because I finally decided to defend myself, my kids were taken away since they were in my care, and I did not leave. I did not like to be embarrassed by neighbors, [so] I would let him back in, [and] I was accused of taking his side. I believe the system backfired on me.

The negative physical, mental, emotional, and social aspects of IPV should not be minimized. Survivors of IPV must be identified and treated as being more than their experience of IPV (QIC-DVCW, 2019). Stanziani et al. (2017) found that court officials were likelier to perceive those affected by IPV as guilty of failing to protect their children, even going so far as to criminalize the parents (Douglas & Walsh, 2010). The court officials were less apt to recognize failure in the nonvictims, resulting in the disproportionate use of tactics to prosecute mothers. Stanziani et al. identified a fundamental misunderstanding of IPV in relationships and asymmetrical power dynamics among judicial officers. Several states have implemented child and maternal safety mandates to protect women and children; however, the mandates sometimes fail, requiring judges to consider past IPV cases in making their decisions (Morrill et al., 2005).

Due to its complicated nature, IPV is a public health issue that requires developing and implementing collaborative and coordinated trauma-informed strategies and interventions. Women affected by IPV have multifaceted and dynamic experiences (Calton et al., 2017). Cattaneo (2014) identified the need for a holistic understanding of the justice system's response to IPV against women by understanding survivors' subjective experiences of how the court interventions affected them. Analyzing the judicial experiences of women affected by IPV could provide insight into improving courtroom experiences and the overall health and well-being of survivors and families (Person et al., 2018).

IPV continues to be a significant public health issue that warrants the attention of public health officials. IPV against women may have long-lasting, devastating consequences on families. Additionally, IPV against women is a complex issue for the justice system to address. Although the justice system has produced favorable outcomes for many survivors seeking safety, protection, and restoration resources, IPV could have several long-term adverse outcomes on the health and well-being of survivors and their families (Agnew-Brune et al., 2017).

Survivors of IPV tend to feel powerless. The empowerment process focuses on personally meaningful and power-oriented goals (Cattaneo & Goodman, 2010). The process occurs amid unequal power distribution, where structures provide some individuals with more advantages than others. According to Page and Czuba (1999), the multidimensional social process is a way to foster power among individuals, enabling them to control their lives, systems, communities, and societies when acting on high-priority and important issues.

Historically, efforts to eliminate IPV have been used to empower those impacted by IPV. Early recognition of IPV against women found empowerment as an emerging common theme in describing their partners' control and exerting power via sexual, economic, psychological, and physical abuse (Fitzsimons & Fuller, 2002). Individuals who feel in control throughout the help-seeking process report greater satisfaction with the police, IPV-related services, and the court system (Zweig & Burt, 2007).

Hotaling and Buzawa (2003) found that individuals impacted by IPV who felt they had a voice in their cases' prosecution and court process were likelier to report

repeat incidents of abuse that occurred the following year and reuse the court. The APHA designated IPV as a public health crisis requiring a comprehensive system to decrease its harmful and negative effects on families and communities. A unified effort is needed to effectively address IPV, which devastates and jeopardizes citizens' health nationwide. The APHA (2018) called on collaborative and partnering organizations to assess and analyze IPV case data; implement models to promote health, safety, and well-being; and ensure positive and healthy outcomes.

The impact of IPV has increased challenges with criminal and family justice system resources. Despite steps to improve the justice response, survivors have poor experiences, particularly in the family court and social service system. Therefore, it is vital to elicit survivors' voices to ensure supportive court experiences throughout the process (Michigan Courts, 2023).

In Michigan, the State Court Administrative Office Friend of the Court Bureau has invited survivors of IPV to join a statewide workgroup to review the domestic relations court process. The group reviewed various court hearings through a trauma-informed lens, such as custody, parenting time, child welfare services, and child support. Survivors' input regarding their personal experiences could help inform officers of the court and develop recommendations on court procedure changes needed to assist survivors in navigating the court system (Michigan Courts, 2023).

Fear

Two participants expressed fear, dissatisfaction, and disappointment with judicial officers, whom they believed should always protect the vulnerable. Miracle felt

uncomfortable and triggered in court seeking a CPO. Reflecting on her partner's abuse, Miracle said, "He literally was attacking me in court. He kept addressing me in a threatening manner. He wasn't even respectful to the judge, [having an] outburst in court and verbally attacking and addressing me in court." She disclosed that this terrifying experience triggered a panic attack. Miracle also described her experience with a safety breach:

My abuser and I were allowed to leave the court at the same time. This is dangerous. I noticed his car not too far from mine in the parking lot. If he [had] wanted to, he could have attacked me outside the courtroom. I noticed his car not too far from mine in the parking lot.

Miracle considered it unacceptable that there were no safety measures for protecting people impacted by IPV in court. She said, "Nobody escorted him or me out of the courtroom. It just left me open for an attack."

The Domestic Violence Monthly Report (2018) found that basic safety protocols protected less than half of individuals impacted by IPV (45%) as they exited the courts, leaving them vulnerable to further threats or harm (Duker, 2016). Court personnel should ensure the safety of all people impacted by IPV. In a study conducted between September 2016 and March 2018, Duker (2016) found that judges used basic procedures and guidelines in more than 50% of hearings. The lack of practice in IPV proceedings was unacceptable, particularly due to the lack of many courts adhering to basic protective practices and guidelines. The use of fundamental practices varies among judges and

jurisdictions; however, failing to practice basic guidelines 100% of the time limits the full measure of justice survivors deserve (Duker, 2016).

Lioness described her safety breach as shocking and very threatening, which caused a lot of emotional distress. She stated,

When I did have to go to court, my abuser was in the actual room with me as I [was] going through court to get my final restraining order. He was there when I had to go to court in the same corner, so it was scary. Honestly, my expectations were for him to do some time because he did a lot to me, but he didn't.

Lioness felt the police officers were on her former partner's side because she overheard them snickering while she was on the telephone, panicking. She said she had to call the police officers to report that the ex-partner was not allowed at her home, and they should arrest him. She later learned that law enforcement officials did not process the warrant.

Interactions with court personnel could impact the experience of individuals seeking safety from the court (Bell et al., 2013). Wexler (2013) used the therapeutic jurisprudence framework to describe the judge's role in therapeutic or antitherapeutic consequences that could affect the well-being and outcomes of those impacted by IPV. Burke and Leben (2008) expanded on the therapeutic jurisprudence framework, which includes treating individuals with respect and generating trust. Jones (2012) also used the framework to elicit feelings of confidence and fairness in IPV court proceedings.

Survivors reporting incidents to police officers is vital to stopping the cycle of abuse; however, many survivors fail to report based on past negative encounters or a lack of trust in law enforcement officers. One ongoing barrier to police supporting survivors is

their attitude toward IPV. Often, officers have difficulty understanding the complex nature of IPV, often times struggling to identify abusive behavior, with police officers blaming survivors for remaining with their abusive partners. Addressing police officer attitudes toward IPV could contribute to the success of police reforms. A change in attitude may influence how police officers respond to survivors and expand their roles to support survivors' health (Richards et al., 2018).

The empowerment process contributes to redefining goals to take action, promoting the process's primary purpose (Markland et al., 2005). In contrast, identifying non-power-orienting goals could trigger a lengthy and complex process in goal achievement (Cattaneo & Goodman, 2010). The empowerment process has been the most referenced theoretical perspective in IPV advocacy. Bennett et al. (1999) described the court system as confusing and overwhelming for individuals impacted by IPV, especially those who experienced IPV for the first time. Many women need immediate assistance with building skills to navigate the court process, such as understanding court etiquette and a judge's use of referrals (Sullivan, 2011).

The empowerment process assists individuals in attaining their goals through an evolving sense of self-efficacy. Because IPV has no one-size-fits-all solutions, the empowerment process includes ongoing assessment and the expectation that action effectiveness will shift throughout the process and life (Cattaneo et al., 2011). The court system's setup frequently retraumatizes survivors.

Survivors' traumatizing experiences include reliving their abuse, enduring brutal character assassination, and facing their abuser while on the stand (McAbee, 2021).

Courtroom layouts were not conducive to petitioners' protection, as individuals and their abusers entered and exited through the same doors, increasing the likelihood of coercion and intimidation (Lippman, 2013). The incidents mentioned by this study's participants indicated that justice systems should adopt a multidisciplinary public health trauma-informed approach to IPV prevention based on knowledge and input from social services, justice, policy, health, and other affiliated IPV-related stakeholders to help address this issue (CDC, 2023).

Despite longstanding recognition of IPV as a significant public health issue, the COVID-19 pandemic exposed IPV survivors' experiences, exacerbating the strains of family courts in addressing this issue (Jacobs, 2021). The experience of survivors navigating the court system remains underresearched. To understand the impact of these experiences, particularly the negative ones, on survivors' health and well-being, further research is needed to identify the changes needed in this sector of the legal system (Thaxton & Khan, 2020).

Empowerment Through Parenting/Children

All the participants identified as single mothers and expressed unwavering and unconditional love for their children. Although each participant had a unique idea of mothering, all had the characteristics of "mama bear behavior."

Systems should embrace the APHA's call for action among partnering organizations to develop trauma-informed strategies to address IPV. A nurturing parent-child interaction serves as a protective barrier for survivors, and organizations should

consider this relationship when incorporating a public health trauma-informed approach (DVChildwelfare, 2019)

The most important resource for promoting a healthy environment for children is to ensure at least one nurturing and protective adult in their lives. Nurturing interactions between parent and child may provide a foundation for establishing an emotional bond of love, affection, and trust, which can act as a buffer from the negative impact of traumatic experiences for IPV survivors (DVChildwelfare, 2019)

Mama bear behavior means having the protective instincts of a mother bear toward her cubs (The Mama Bear Effect, 2013). In the context of survivors of IPV, the behavior appears as IPV survivors displaying protective instincts toward their children and themselves. “Mama bear behavior” could describe the inner strength and resilience of survivors who have undergone traumatic experiences and are fighting for their safety, health, and well-being.

The participants identified with the mama bear mentality as affectionate, devoted, and highly protective of their children. Peace referred to herself as a “supermom of seven,” sharing that she always prioritized her children, no matter the trauma she experienced. However, she acknowledged the downside of the mama bear mentality, including self-identity and self-reflection concerns. Peace said, “When I left the relationship, I was completely lost. I couldn’t remember any of the goals that I had set for myself before I got with him.” Peace reflected on her action steps and reported being in a much better mental health space because she was committed to not giving up on herself and her goals.

Regarding the pain and stress of her situation, Faith said, “No matter what, I am never giving up on my child.” Passion stated,

I had expectations that the court was really gonna help me get custody of my children, but I was upset I wasn’t properly able to protect my children. I wasn’t satisfied. [The court] didn’t give me a chance to advocate for my children.

Passion self-identified as a single parent who grew up as a product of the system.

Because her mother died when she was a young child, she believed she lacked support and good role models. She shared, “Growing up, I did not feel like I was properly loved in a correct way. Living in an apocalyptic jungle in [this city], survival ain’t enough.” She believed that not coming from a two-parent household contributed significantly to how her life turned out. Despite her struggles, she discussed her ability to dig deep and empower herself.

Individuals impacted by IPV must navigate a web of systems to address their unique circumstances (Davies et al., 1998). Davies et al. (1998) indicated that assisting people affected by IPV ranged from a “straightforward process to an enormously complex and time-consuming effort” (p. 90). Goals fall into various domains, such as work, safety, and children. It is vital to articulate and map out domain-specific goals (Goodman & Epstein, 2008), as progress in one domain may have unintentional consequences in another (Goodman et al., 2009). Individuals may use the multidimensional social process to foster power and gain control over their lives, systems, communities, and societies by acting on high-priority and important issues (Page & Czuba, 1999).

Sue (1978) suggested that individuals perceive their ability to gain power based on culturally informed beliefs about personal control and the environment. Having the primary responsibility for their success and facing discrimination and structural obstacles could prevent individuals from achieving their goals.

According to Deci and Ryan (2000), individuals are motivated by personally meaningful goals to fuel competence and take action. The empowerment process influences redefining goals to take action, promoting the process's primary purpose (Markland et al., 2005). In contrast, identifying non-power-orienting goals could trigger a lengthy and complex process in goal achievement (Cattaneo & Goodman, 2010).

The trauma experienced by survivors could have a destructive impact on their physical, mental, and overall health and wellness—in other words, their quality of life. Survivors often report low self-esteem and self-efficacy, commonly described as learned helplessness and difficulty dealing with negative emotions. Empowerment interventions typically help to increase knowledge, coping strategies, and self-management to achieve positive outcomes, health, and wellness (Cattaneo & Goodman, 2010).

Kroeker (1995) found that psychological empowerment goals enable individuals to improve their feelings of self-efficacy, value, and control. Fitzsimons and Fuller (2002) described the empowerment approach as enabling individuals to recognize the power they already possess. Scholars have defined empowerment as individuals' belief in their abilities. Chronister and McWhirter (2006) focused on how women who experienced battery pursued goals. The authors found that applying the idea of critical consciousness to a career intervention enabled the women to progress toward their goals,

indicating the impact of power dynamics. Chronister and McWhirter recognized power dynamics as a key construct linked to other components in the empowerment process. Similarly, Bandura (2002) found that perceived success or failure impacted self-efficacy beliefs.

Findings

The purpose of this study was to capture the lived experiences of women impacted by IPV while navigating the justice system and the effect of those interactions on their empowerment, outcome goals, and overall health and well-being. The study focused on how empowerment impacted the outcomes, goals, and well-being of survivors. The study had the following research questions:

RQ1: How do survivors of interpersonal violence describe empowerment?

RQ2: Were survivors of interpersonal violence satisfied or unsatisfied with their court outcomes?

RQ3: How do the court experiences of survivors of interpersonal violence impact their empowerment, outcome goals, and overall well-being?

The conceptual framework was the empowerment process. Rappaport (1987) described empowerment in the social sciences as “both a psychological sense of personal control or influence and a concern with actual social influence, political power, and legal rights” (p. 121). Based on the definition of power, empowerment is an iterative process comprising six components. In the empowerment process, individuals set meaningful goals to increase power by taking action toward their goals; observing and reflecting on

the impact of their actions; and drawing on their evolving self-efficacy, knowledge, and competence about their goals (Cattaneo & Goodman, 2010).

IPV against women remains a public health concern in the United States (CDC, 2018), requiring a social response (Cattaneo et al., 2013). What happens in the court can significantly impact the well-being of families and communities. Therefore, officials should learn about women's IPV experiences and inform court officials of the initiatives that present additional risks to women or their children (Duker, 2016). There is little research on women seeking court safety measures and minimal guidance for legislators, policymakers, judicial officers, frontline responders, or specialized educators working to reduce the global burden of IPV against women (Mikton et al., 2016).

Despite considerable efforts to strengthen VAWA, more work is needed to improve victim protection, support, and care (Ortiz-Barreda & Vives-Cases, 2013). The insights from this study could contribute to positive social change by focusing on the court experiences of women affected by IPV and the judicial court system's pivotal role and duty in developing innovative approaches to improve these women's experiences and safety. Researchers could use the study's findings to advance professional practices and scholarship on IPV against women and empowerment in the courtroom. In addition, practitioners could build on the findings to guide court reform, support evaluation, and improve the court experiences, safety, health, and well-being of women impacted by IPV.

Evidence of Trustworthiness

Credibility, transferability, dependability, and confirmability indicate the trustworthiness of a study (Creswell, 2007). I addressed credibility and reliability through

participant quotes, rich narratives, and prolonged engagement. I ensured validity by rechecking the accuracy of the findings, triangulating the data, and examining the evidence and themes from the participants' statements. Member checking was a means to ensure the accuracy and credibility of the qualitative themes and findings (see Ely et al., 1991) and check for suggestions and revisions (see Creswell, 2007).

The participants performed formal member checks with the verbatim transcripts and thematic summaries. I gained consensual validation when the participants reported the descriptions, interpretations, and evaluation of the data as accurate (see Eisner, 1985). Saturation and a point of redundancy occurred when no new themes emerged from the data (see Denzin & Lincoln, 1994).

Lincoln and Guba (1985) indicated that thick descriptions could show the transferability of a study's findings. I achieved transferability in this study by selecting research participants and transcribing the raw interview data for thematic analysis and coding. Dependability and confirmability indicate the reliability of the research. I achieved dependability and confirmability via member checking, with the participants confirming the accuracy of the qualitative themes and findings (see Ely et al., 1991). I remained mindful that the findings could change, and I achieved dependability and confirmability through intense auditing throughout the research process (see Lincoln & Guba, 1985).

Audit trails and data triangulation showed the dependability of the study. Coding the raw data resulted in themes, which I organized effectively and clearly. I organized, stored, and secured handwritten notes, audio recordings, and data analysis records for

easy retrieval. I kept meticulous records of the research process so other scholars could repeat the steps. Additionally, the study included researcher reflexivity and credibility through the rationale, assumptions, and final interpretation of the data (see Creswell, 2007). I kept a researcher journal to record my observations, reflect on potential biases and assumptions, and remain open-minded during the interviews, capturing and recording exact information and allowing the themes to emerge organically.

The study included 10 participants who met the inclusion criteria. The participants' responses enabled me to address the research questions, capturing the essence of each participant's experience with the justice system while navigating safety. The sample size was not large enough to incur bias and discrimination, which I further avoided by asking open-ended questions to promote honest and truthful responses.

Summary

Chapter 4 presented the findings from the data analysis. The purpose of this study was to describe the lived experiences of women who experienced IPV, particularly their perceived interactions with the justice system and their effects on their overall well-being. Achieving this purpose consisted of conducting qualitative phenomenological research with 10 female participants who self-identified as surviving IPV. Purposeful sampling occurred from a population of women who met the inclusion criteria and were affiliated with a domestic violence center in a Western U.S. state.

The research questions for this study were:

RQ1: How do survivors of interpersonal violence describe empowerment?

RQ2: Were survivors of interpersonal violence satisfied or unsatisfied with their court outcomes?

RQ3: How do the court experiences of survivors of interpersonal violence impact their empowerment, outcome goals, and overall well-being?

The research steps were determining and acting on recruitment, setting, demographics, data collection, data analysis (emergent themes), and organization of the findings by the research question. This chapter presented participant quotes to show how their experiences impacted their feelings of empowerment and perceptions of their court experiences and outcomes. Chapter 5 presents an interpretation of the results, recommendations for future research and practice, implications for social change, and a conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to capture the lived experiences of women survivors affected by IPV while navigating the justice system and its impact on their empowerment, outcome goals, overall health, and well-being. The framework was the empowerment process model, which presents empowerment as an iterative process with six components. Individuals who lack empowerment set personally meaningful goals to gain power by taking action toward their goals; observing and reflecting on the impact of their actions; and drawing on their evolving self-efficacy, knowledge, and competence to achieve their goals (Cattaneo & Goodman, 2010). The empowerment process model guided this study to increase awareness, inform policymakers and stakeholders, and provide insight into IPV survivors' experiences with the court and their impact on their health and well-being. Analyzing the judicial experiences of women affected by IPV could indicate ways to improve courtroom experiences. Further understanding of the guidelines used to make court decisions could also show how to improve access to safety and public-health-related resources for individuals impacted by IPV.

The 10 survivors in this study disclosed their struggles to achieve empowerment in their journeys toward restoration and regaining control over their lives. The empowerment process model indicated various approaches for IPV survivors to identify, define, and redefine their individual outcome goals based on their experiences while navigating the court. This multidimensional social process can be used to foster power and gain control over their lives, systems, communities, and societies by acting on high-priority and important issues (Page & Czuba, 1999). In the process, individuals focus on

the impact of their actions and draw on their evolving self-efficacy, knowledge, and competence to reach their goals (Cattaneo & Goodman, 2010). The empowering strategies used in this study focused on capacity building to provide a sense of control, strengthening self-esteem and self-determination to improve survivors' overall well-being and quality of life.

The APHA (2018) identified IPV as a public health crisis, emphasizing the need for a comprehensive system approach to decrease its harmful and unhealthy effects on families and communities. The APHA called for collaborative and partnering organizations to assess and analyze data surrounding IPV cases to implement models to promote health, safety, and well-being and ensure positive and healthy outcomes.

IPV against women is a complex issue requiring the attention of more than the justice system (Agnew-Brune et al., 2017). The court system has a significant role in the response toward IPV, as it is the most frequent source of help for individuals experiencing IPV and abuse (Cattaneo et al., 2013). However, increasing reports of IPV indicate the need for more effective criminal and family justice system resources. Despite measures to improve the justice system's response to IPV, survivors continue to have poor experiences that significantly impact their health (Michigan Courts, 2023).

The data revealed the lived experiences of these survivors of IPV. In this chapter, I discuss the findings related to the study's purpose, interpretations of the findings, limitations of the study, recommendations for further research and practice, and implications for social change. I interviewed 10 participants who self-identified as IPV survivors to obtain the lived experiences of survivors of IPV. In this chapter, I present the

research purpose overview, the alignment between the findings and the literature, and the interpretation of the findings in the context of the empowerment conceptual model. Data analysis showed that empowerment was a motivational construct that contributed to the survivors persevering through challenges to achieve outcome goals. Data analysis generated themes of empowerment, indicating the survivors' strength and resilience to remain optimistic despite hardships.

Chapter 5 includes information about participants' feelings of empowerment and its impact on their perceptions of their court experiences while navigating safety. I also describe and highlight the participants' experiences and how these experiences impacted their empowerment while navigating safety to reach outcome goals. Lastly, I offer recommendations for research and practice and discuss the implications for public health and social change. This study generated the following themes: positive encounters, negative encounters, optimism, resilience, powerlessness, fear, and empowerment through children.

The themes aligned with the empowerment process model, which served as a reference for survivors when reflecting on their experiences while navigating the court system. The empowerment process model allowed many survivors to recognize, redefine, identify, and explore strengths and weaknesses. The empowerment process model allowed me to capture meaningful themes to highlight the importance of responsible decision-making, promote survivor safety, build individual strength, establish health, wellness, and healing strategies, identify and use community resources to attain stable

and safer conditions while understanding the importance of managing emotions, and achieving positive outcome goals (QIC-DVCW, 2019).

Like Page and Czuba's (1999) findings, several of this study's themes represented the multidimensional process of empowerment that allowed survivors to prioritize their well-being while they work to regain control over their lives, communities, and societies. The themes emerged from the participants' actions, evolving self-efficacy, competence, and knowledge while striving to attain their goals. All the participants in this study described what empowerment meant to them, identifying it as an iterative process aligned with the empowerment process model.

One significant finding was that regardless of the participants' experiences, the survivors disclosed how their individual journeys strengthened their empowerment which influenced their desire and determination to prioritize their overall well-being as they strived achieving restoration and safety. The participants' responses indicated empowering constructs in line with the iterative empowerment process model. The participants' descriptions included the following phrases: blossoming through destruction, having an unbreakable bond with child/children, remaining grounded, being resilient, recognizing readiness for everlasting growth, finding yourself, never being too scared to move forward, living life on own terms, standing up for self, and attaining self-confidence (see Table 2).

Table 2*Snapshot of Participant Description of Empowerment*

Participants	Description of empowerment
Passion	Blossoming through destruction
Faith	Having unbreakable bond with children
Happy	Remaining grounded
Miracle	Being resilient
Peace	Recognizing readiness to everlasting growth
Pearl	Finding yourself
Free	Not being scared to move forward
Smooth	Living life on own terms
Lioness	Standing up for self
Confidence	Attaining self-confidence

The following section presents an interpretation of the findings of this phenomenological study designed to explore the role of empowerment and its relationship with IPV survivors' court experience.

Interpretation of Findings

This study filled an identified gap in the public health literature by describing the lived court experiences of survivors affected by IPV and the impact on their empowerment, outcome goals, and overall well-being. In this section, I address each research question with supportive data. The interpretation of the findings in line with the three research questions follows.

Research Question 1: How Do Survivors of Interpersonal Violence Describe Empowerment?

The survivors described empowerment as a painful, life-changing experience. As participants' narratives unfolded, the survivors expressed experiencing feelings of powerlessness. The participants reflected on their overall experiences, which one identified as "a beautiful nightmare," leading to increased power and ability to influence human interaction. In relating their experiences, the participants highlighted any structural obstacles preventing them from achieving their goals. Several survivors spoke of redefining their goals to take action regardless of their circumstances or alteration of their expected timeline to achieve their goals. This finding supports Cattaneo and Goodman's (2010) notion that powerlessness may trigger a lengthy and complex process toward reaching one's goals.

In this study, all survivors self-identified with an inner power they believed they have always had but suppressed or failed to acknowledge it. This inner power was described as their inner strength that became stronger through their experiences as an IPV survivor. Similar to Fitzsimons and Fuller (2002), the present study's findings presented the empowerment approach as a method for enabling individuals to promote recognition of the power they already possessed in addition to confirming empowerment as an individual's belief in their abilities.

Each survivor's experience had significantly impacted her empowerment and overall well-being. The survivors shared that the critical consciousness they received

triggered an increase in progress, further motivating them to achieve their goals. One participant discussed her experiences navigating the DCPS system alone. She said,

My frustration turned into my motivation to be the woman that I am today, and I'm thankful for the experience where I needed to advocate this to show women what they need to do. So, I have to advocate this and show women what they need to do.

Empowerment is a psychological sense of an individual's control or influence and a concern with actual social influence, political power, and legal rights (Rappaport, 1987). The empowerment framework could serve as a way to understand the survivors' experiences. More specifically, the framework is an iterative process of how empowerment impacts individuals' power-oriented goals. Researchers and practitioners in IPV-related fields suggest empowerment as a critical element in the survivor experience, which may lead to therapeutic outcomes for victims (Cattaneo et al., 2013).

The findings from this study aligned with Cattaneo and Goodman's (2010) definition of empowerment as an iterative process in which an individual who lacks power sets personally meaningful goals toward increasing power. The individual takes action toward their goals, observes and reflects on the impact of their action, and draws on their evolving self-efficacy, knowledge, and competence about their goals.

The in-depth one-to-one interviews provided insight into the lens of participants' experiences while navigating through the courts and other affiliated agencies. Many survivors spoke of their new awareness of empowerment, suggesting their positive growth transformation into new roles with a newfound sense of self-advocacy for

autonomy and self-determination. Although many of the women had believed they could not achieve progress, they found success with the support of the IPV agency and advocates, attorneys, court resources, and support groups. All of the participants of this study believed that having “someone [they] could confide in, someone who [was] wiser and knowledgeable and share[d] a common ground to be” a priceless connection. The empowerment process model indicates survivors’ goals and reflections throughout the process of working to achieve empowerment. Many of the study participants disclosed suffering from psychological issues with some being re-traumatized while having to navigate the court system. The empowerment process model provided a guide for survivors to reflect on their court experiences and outcomes clearly, allowing me to identify shared reflections and viewpoints among the participants. All 10 survivors discussed the importance of having supportive family, friends, or individuals they encountered through their court experiences who were knowledgeable on IPV, exhibited support and empathy, and respected their needs without judgment. The multiple sources of support contributed to improving their overall health and well-being.

Research Question 2: Were Survivors of Interpersonal Violence Satisfied or Unsatisfied With Their Court Outcomes?

During data analysis, I organized the participants’ responses into three categories: positive experiences, negative experiences, and mixed experiences. The survivors described their lived experiences with the court system and affiliated services as positive, negative, or a combination of both (see Table 3).

Table 3*Categories of Participants' Overall Court Experience*

Experience	Participants mentioning experience (<i>n</i>)
Positive	5
Negative	2
Mixed	3

Note. *N* = 10.

Five survivors viewed their overall experience with the court system as positive, and two reported negative interaction. Three survivors described their overall experience as a “mixed bag,” which included positive and negative experiences. More survivors expressed a positive experience navigating the court system to achieve their goals. Regardless of how survivors described their court-related experience and its impact on their goals and overall well-being, all became empowered throughout the process.

The participants knew the court’s reputation as an unreliable source for maintaining safety or protective measures, but two survivors were surprised with their outcomes. Happy stated that although her situation started in a “dark, horrible place,” she was pleasantly surprised at how everything turned out. She said,

I was satisfied with my outcome, and I was okay. Once DPSS got involved, they helped me out with the housing because they felt that the kids were not being abused or mistreated. They found that the kids were actually healthy and happy. They helped with services, such as down payment and stuff like that, so they were better than expected.

The empowerment process model includes power-oriented, personal, and meaningful goals. In Chapter 1, Figure 1 presented the iterative process of how empowerment impacts power-oriented goals. Individuals can achieve their goals by taking action steps based on the empowerment process. Freire (1970/2000) stated that individuals can feel motivated by their goals, the personal value of those goals, and their ability to reach them. Additionally, people may achieve their goals with the relevant knowledge and skills.

IPV is a public health problem that requires an integrated approach. All agencies should commit to providing the critical functions of IPV training and education. An analysis of the institutions frequently used by survivors of IPV would contribute to developing evidence-based strategies for survivors to achieve their goals and enhance their knowledge and relevant skills. Such an integrated approach could play a significant role in developing a trauma-informed approach to address IPV against women (APHA, 2018).

The empowerment process model allowed many survivors to recognize, redefine, identify, and explore their strengths and weaknesses. Helping survivors make responsible decisions, promote survivor safety, build strength, establish healing strategies, and identify and use community resources will help survivors attain stable and safer conditions while understanding the importance of managing emotions and achieving positive outcome goals (QIC-DVCW, 2019). Becoming more empowered could encourage survivors to share their voices in collaboration with key stakeholders involved in IPV prevention. Stakeholders should respect the survivors' willingness to openly

discuss their experiences and the impact on their overall health and well-being (Michigan Courts, 2023).

Although Miracle described her experience as traumatizing, she said it was also a “blessing in disguise.” She stated,

My restraining order was initially denied while my abuser verbally and emotionally attacked me in court in front of a judge. I was visibly anxious and on the verge of experiencing a panic attack. [The judge] still denied [the order], [but] then, later on, approved it. Initially, the [judge] denied [the order], causing me extreme distress and [making me] feel like there wasn't really justice. Later on, unbeknownst to me, I was granted that restraining order. I guess they changed their mind and granted it. I had no idea it was granted, especially after it was denied.

Miracle reflected on the reasoning of the judge and his team, assuming they would consider her former partner's outbursts and disruptions in the court system when making their final verdict. Another participant discussed feeling wrongfully judged due to the lack of IPV education of judges, court personnel, and social workers.

This study's findings align with earlier research. Agnew-Brune et al. (2017) noted that judges set the tone for court proceedings but might have insufficient information about the case. Casey et al. (2013) stated that heuristics often influence judges' decisions, including strategies derived from previous experiences and rulings of IPV-related court cases. However, using heuristics could cause judges to make uninformed decisions and errors while problem-solving as they multitask and engage in frequent task-switching.

Judicial decision-making requires judges to remain mindful, conscious, focused, and consistent with procedural justice principles. Duker (2016) found that judges used basic procedures and guidelines in more than 50% of hearings. The lack of practice in IPV proceedings was unacceptable, particularly because many courts failed to adhere to basic protective practices and guidelines. The use of fundamental practices varies among judges and jurisdictions; however, failing to practice basic guidelines 100% of the time limits the full measure of justice deserved.

The empowerment process model served as a guide to assist individuals in attaining their goals through an evolving sense of self-efficacy. Because IPV has no one-size-fits-all solutions, the empowerment process includes ongoing assessment and expectations that action effectiveness will shift throughout the process and life (Cattaneo et al., 2013). IPV has long received recognition as a significant public health issue. Justice system officials have taken measures to address IPV in the courts. In further, the COVID-19 pandemic court illuminated IPV survivors' experiences and exacerbated the strains of family courts needing to address this public health issue appropriately (Jacobs, 2021). The experience of survivors navigating the court justice system remains underresearched. Further research is needed to understand the impact of survivors' court experiences on their health and well-being and the changes needed in this sector of the legal system (LA Department of Public Health, 2021).

Research Question 3: How Do the Court Experiences of Survivors of Interpersonal Violence Impact Their Empowerment, Outcome Goals, and Overall Well-Being?

This study showed that the women survivors perceived their interactions with the justice system and affiliated services as positive, negative, or a combination of both. Based on their individual experiences, survivors typically decide whether they will use or opt out of the court services or are undecided about whether they want to use it again.

The findings of this study aligned with Calton and Cattaneo (2014) and Colquitt et al. (2001) in suggesting that IPV survivors who believed they received fair treatment during a court case were more satisfied with their outcomes and likelier to use the court in the future. Similarly, Duker (2016) found that although some survivors have positive experiences with the court process, negative experiences while seeking safety could cause people impacted by IPV to exit the court dissatisfied with their outcomes and reluctant to return to the court for help.

I organized the participants' responses to the interview questions into three categories: positive experiences, negative experiences, and mixed (both positive and negative) experiences. In the interviews, I asked, "Are you satisfied with the court-related services provided and to discuss their encounters experienced with the court system?" Five participants described an overall positive experience with the court and affiliated agencies, two expressed an overall negative experience, and three described both positive and negative experiences.

The two participants who reported no positive encounters while navigating safety felt their use of the system had backfired. Some survivors believed judges and

caseworkers may have interpreted their passion as anger. One participant said she decided to defend herself by acting to remove her abuser from her home. However, believing she was diffusing an abusive situation and fearing embarrassment from her neighbors led to her children's removal from her home and placement with her mother. Justice system officials accused her of taking the abuser's side and not protecting the children. Initially, she felt she did not have a good relationship with her attorney or caseworker and that they judged her; upon resolving their issues, however, she felt both individuals were supportive and advocated in her best interest. The survivor identified her children as what motivates her and expressed her passion, love, and strong bond with them. She said she continues to do everything she can to fight and looks forward to reuniting with the children soon.

This study's findings align with Miller and Manzer (2018), who noted IPV women survivors' strength and resilience in mothering and protecting their children despite legal barriers. Other researchers have explored how women shielded their children to promote well-being. Rulings in favor of the partners who committed the abuse resulted in survivors' limited access to children, further abuse, and paper abuse, with drawn-out legal proceedings used to control the abused individuals (Hardesty & Ganong, 2006). Women who fear abuse, racial bias, or community pressure might not report the violence to support systems or police (Richie, 2012).

Like Stanziani et al.'s (2017) findings, the present study showed that court officials were likely to find individuals affected by IPV guilty of failing to protect their children. The court officials were less apt to recognize such failure in the nonvictims,

resulting in the disproportionate use of tactics to prosecute mothers. This study showed a fundamental misunderstanding of IPV in relationships and asymmetrical power dynamics among judicial officers. The findings support Douglas and Walsh (2010), who noted that some court officials criminalize mothers experiencing IPV for failing to protect their children.

Moe (2007) and Stark (2007) found that survivors of IPV often lack empathy from others as they seek help or safety and may return to their abusive partners. This literature was congruent with this study, as the survivors reported the lack of empathy they received from others while seeking help. As a result, the survivors returned to their abusive partners several times before taking action to leave the abusive environment.

One survivor disclosed seeking help services and resources for child custody and divorce. Despite the limited services available in the court, she was able to find the assistance she needed to continue to fight, get her children back, and protect the safety of herself and her children. The participant said,

Once DPSS got involved, they helped me out with the housing because they felt that the kids were not being abused or mistreated. They were actually healthy and happy. They helped with services, such as down payment and stuff like that, so they were better than expected.

The participant's persistence and perseverance helped her through the process. Despite disclosing her dissatisfaction with the court system, she continued to have faith in herself, take her assigned classes, and focus on "not giving up on [her] children." These findings

correspond to Miller and Manzer (2018), who noted women's strength and resilience in mothering and protecting their children despite legal barriers.

Initially, many survivors did not consider the court a reliable source to maintain their safety. One survivor reported having no expectations from the court but holding expectations from the domestic violence agencies that assisted her through the CPO process. She summarized her court experience as initially negative due to the emotional distress caused by seeking a protective order. The judge initially denied her CPO despite the abuser verbally and emotionally attacking her in court before a judge. These findings aligned with Cattaneo and Goodman's (2010) contention that individuals affected by IPV who go to court face considerable emotional distress; therefore, their interactions throughout the court process could significantly impact their health and well-being. The findings discussed the emotional impact of the court process which found a correlation between empowering court experiences and positive court-related outcomes and satisfaction. Several of this study's participants lacked guidance and education on IPV after acting to remove themselves and their children from the abusive environment. Many of the survivors were physically and emotionally traumatized and had mixed emotions and feelings while navigating safety. In some cases, the survivors discussed and reflected on their choices and how one wrong decision could affect their entire outcome.

Similar to Dalton et al. (2006), Saunders (2015), and Zlotnick et al. (2006), this study revealed an example of how rulings in favor of fathers charged with abuse regardless of poor courtroom behaviors, especially when the men professed to nurture and love their children. Outcomes in favor of the partners charged with abuse also

occurred due to insufficient knowledge about IPV dynamics, tactics, and patterns; judges' attempts not to appear vengeful and maintain a balance between parties; feelings of restricted actions and choices due to the court; appearance as insane or emotionally unstable in the presence of mediators; and family therapists citing erratic behavior.

This study was consistent with Ptacek (1999), who found that individuals affected by IPV often felt embarrassed, degraded, nervous, and vulnerable. Many participants identified these feelings as key moments in their lives and efforts to regain power in their relationships and seek justice. IPV is a severe public health crisis. The trauma experienced by survivors could have a destructive impact on their physical, mental, and overall health and wellness, affecting their quality of life. Survivors often report low self-esteem, low self-efficacy, commonly described as learned helplessness, and difficulty processing negative emotions.

Empowerment interventions are needed to increase individuals' knowledge, coping strategies, and self-management to achieve positive outcomes, health, and wellness. The empowerment process model allows survivors to recognize, redefine, identify, and explore their strengths and weaknesses. Using the model as a guide, key stakeholders could develop trauma-informed interventions to help survivors make responsible decisions. Effective interventions will promote survivors' safety, help them build individual strength, establish healing strategies, and identify and use community resources to attain stable and safer conditions while understanding the importance of managing emotions and improving their overall health and well-being (QIC-DVCW, 2019).

Another traumatic triggering event shared by three survivors was a safety breach. They reported feeling unprotected as the justice system allowed their abuser to enter and exit the courthouse through the same door as them. As a result, the survivors felt helpless and open to a dangerous attack. These findings concur with Lippman (2013), who found that many courtrooms were not conducive to petitioners' protection. Individuals and their abusers entered and exited through the same doors, increasing the likelihood of coercion and intimidation.

IPV warrants public health officials' attention to collaborating with key stakeholders to develop trauma-informed strategies and improve safety measures. Collaboration would contribute to building and restoring IPV survivors' health and well-being.

Survivors of IPV tend to feel powerless. Bennett et al. (1999) described the court system as confusing and overwhelming for individuals impacted by IPV, especially those experiencing IPV for the first time. Many women need immediate assistance building skills and knowledge to navigate the court process, such as court etiquette and a judge's use of referrals (Sullivan, 2011). IPV against women may have long-lasting and devastating consequences on families.

The empowerment process focuses on personally meaningful and power-oriented goals (Cattaneo & Goodman, 2010). The process occurs amid unequal power distribution, where structures give some individuals more advantages than others. The empowerment process model influences redefining goals to take action, promoting the process's primary purpose (Markland et al., 2005).

Another finding from this study was that many survivors went into the court process without direction but with much faith, hope, and dependence on their attorneys, caseworkers, and affiliated staff. As a result, most were satisfied with the court-related services, including the judges, lawyers, and staff, who “were [all] helpful and knowledgeable.” This finding aligns with Durfee (2009), who found that having an attorney represent the petitioner correlated with receiving a CPO, as attorneys could more effectively convince judges to grant CPOs than petitioners filing with court advocates without assistance. Survivors lacking an attorney discussed several obstacles and challenges which impacted their outcome goals.

Although granted a protective order, many survivors do not feel 100% percent safe. “You know, paper can’t stop crazy,” one participant stated. Overall, survivors shared that having a PTO made them feel safer, knowing the court took action to protect them and their children.

The present study aligned with Logan et al.’s (2008) findings that many women felt safer with CPOs and reported them as effective protection against IPV. In this study, being granted a CPO was the first step in the survivors’ sense of empowerment, motivating them to work toward achieving their outcome goals. These findings correspond with the basic principles and constructs of the empowerment process framework model. In the empowerment process, an individual lacking power sets meaningful goals and initiates action steps to accomplish the goals. Individuals could use the multidimensional social process to foster power and gain control over their lives, systems, communities, and societies by acting on high-priority and important issues

(Page & Czuba, 1999). In the process, individuals will focus on the impact of their actions and draw on their evolving self-efficacy, knowledge, and competence to reach their goals (Cattaneo & Goodman, 2010).

Theoretical Implications

Rappaport (1987) described empowerment as “both a psychological sense of personal control or influence and a concern with actual social influence, political power, and legal rights” (p. 121). Rooted in the concept of power, empowerment is an iterative process consisting of six components. Individuals who lack power set personally meaningful goals toward increasing power by taking action, observing, and reflecting on the impact of their action, and drawing on their evolving self-efficacy, knowledge, and competence in relation to their goals (Cattaneo & Goodman, 2010).

The empowerment process model could serve as a framework for understanding the victim’s experience. More specifically, the model is an iterative process of how individuals’ empowerment impacts their power-oriented goals. Researchers and practitioners in IPV-related fields have identified empowerment as a critical element in victims’ experiences that may lead to therapeutic outcomes (Cattaneo et al., 2013).

Public health officials have called for individuals to become more informed about the causes and effects of violence. Health professionals need education to provide better care to survivors and offer collaborative approaches to violence prevention. Addressing IPV requires a vision for a health-centered response in treating and preventing this public health issue (APHA, 2018). The World Health Organization (2022) adopted a similar

message, emphasizing the importance of learning from survivors' experiences to strategize and comprehensively address IPV.

Members from impacted communities should become involved in all aspects of IPV strategy development, implementation, and evaluation and the impact of navigating the court system on survivors' overall health and well-being. A holistic understanding of the justice system's response to IPV against women requires awareness of the subjective experiences of victims and how court interventions have affected them overall (Cattaneo, 2014).

In this study, I asked all participants to define or describe what empowerment means to them. The 10 unique responses were as follows: (a) blossoming through destruction, (b) having an unbreakable bond with their children, (c) remaining grounded, (d) being resilient, (e) recognizing readiness to everlasting growth, (f) finding yourself, (g) not being scared to move forward, (h) living life on own terms, (i) standing up for self, and (j) attaining self-confidence.

The empowerment process is driven by power-oriented goals, especially those considered compelling and motivated by a deep personal meaning. The model displayed in Figure 1 is a descriptive display of the iterative process of how individuals' empowerment impacts their power-oriented goals. Achieving goals requires taking steps based on the contextual components of the empowerment process model, feeling coerced by one's goals, being persuaded by the personal value of those goals, and feeling confident in one's ability to reach the goals. Goal achievement necessitates informed knowledge and relevant skills (Freire, 1970/2000).

The survivors in this study defined and redefined meaningful power-oriented goals, took actions toward goal achievement, and reflected on the impact of actions toward goal achievement. Survivors discussed emotional trauma experienced in the court and having to tap into their souls to strengthen their motivation, determination, and resilience to cope. One survivor stated, “Empowerment is when you want something so bad nothing will stop you from getting it.”

Among the limited work on the emotional impact of the court process for survivors of IPV empowering experiences in court have been tied to positive court-related outcomes and satisfaction with the court. According to Cattaneo and Goodman (2010) previous research suggest that the empowering and disempowering nature of victims’ experiences in the court system may be linked to their feelings about the court system and may have a broad impact on the health and well-being of IPV survivors.

Empowerment is a circular process as individuals may cycle through components repeatedly, reevaluating experiences for reflection. The goal is personally and meaningfully increasing power via individual efforts (Cattaneo & Goodman, 2010). In the empowerment process, an individual lacking power sets meaningful goals and initiates action steps to accomplish the goals. Individuals could use the multidimensional social process to foster power and gain control over their lives, systems, communities, and societies by acting on high-priority and important issues (Page & Czuba, 1999). In the process, individuals focus on the impact of their actions and draw on their evolving self-efficacy, knowledge, and competence to reach their goals (Cattaneo & Goodman, 2010).

IPV is the use of physical force or a state of power against another individual. Many individuals impacted by IPV experience feelings of powerlessness and shame throughout their lives. However, those who empower themselves or feel a sense of control over their IPV-related experiences and encounters typically have positive therapeutic outcomes (Cattaneo et al., 2013). Many of this study's participants recognized how their court experiences impacted their empowerment and overall well-being as they strove to rebuild and restore their lives. Survivors learned about themselves by setting goals and taking steps to achieve them. The survivors' empowerment allowed them to "find themselves, not settling for anything less, standing their ground, and staying" focused throughout their journey toward safety and restoration. Although many survivors experienced traumatic events, they refused to have a "pity party." They continue to move forward, one step at a time to achieve their goals.

Davies et al. (1998) stated that assisting IPV victims and survivors ranged from a "straightforward process to an enormously complex and time-consuming effort" (p. 90). Individuals have multiple goals in various domains, such as work, safety, and children. Therefore, it is vital to articulate and map out goals as domain-specific (Goodman & Epstein, 2008). Progress in one domain may have unintentional consequences in another (Goodman et al., 2009).

One participant identified empowerment as "growing from a situation and not continuing to call myself a victim, seeing the growth, not being scared to move forward, and knowing that I can do life on my own." She felt her safety was compromised, which contributed to feelings of powerlessness with having to navigate the system alone while

attempting to get her abuser arrested. She was unsatisfied with her outcome and felt the court staff were uninviting and the justice system was untrustworthy. Her empowerment strengthened from taking small steps to achieve her outcome goals despite negative encounters in the system. The key was setting meaningful goals and never giving up on herself or her children. One participant said, “My experiences motivated me to not just be considered a single mom but to go to school and continue to stand up for myself.”

Each survivor’s experience has a significant impact on their empowerment. Regardless of the participant’s experience, they reported their empowerment strengthened along with the desire and determination to continue to strive to reach a goal to restore safety and security. These findings support the assumption that although survivors often described feelings of powerlessness as a survivor, many reported that they refused to be viewed as helpless and recognized their ability to empower themselves. Fitzsimons and Fuller (2002) described the empowerment approach as a method for enabling individuals to recognize the power they already possess. Many scholars have defined empowerment as an individual’s belief in their abilities.

Limitations of the Study

The participants in this study were survivors of IPV who resided in a Western U.S. state. Although the participants were primarily low-income individuals of African American and Hispanic descent, IPV affects individuals of all ethnicities and places of residence. One limitation of this study could be the lack of generalizability. Another limitation could be the use of two data collection methods (telephone and in-person) due

to COVID-19 precautions, as different mediums may have impacted survivors' responses.

Using purposeful sampling could have limited generalizability. A smaller sample size may generate meaningful qualitative data, providing a diverse range of experiences with more in-depth information and quicker saturation. Data saturation is the guiding principle in determining qualitative sample sizes (Mason, 2010). Smaller sample sizes could promote increased trust between the researcher and participants, with the participants being more willing to share sensitive data (Patton, 2002). Social researchers recommend a homogenous group, especially when managing sensitive data, to promote honest responses and maximize disclosure among group participants during in-depth interviews (Duke Education, 2015). Exploring survivors of different backgrounds and demographics could confirm the generalizability of this study's findings.

The measures for addressing the limitations included providing rich, thick descriptions that enable the reader to make decisions regarding transferability. The thick, rich description also contributed to the findings' transferability due to the participants' shared characteristics (Erlandson et al., 1993). I also addressed limitations by checking for misinformation, engaging in debriefing to ensure honesty in the research process, and assessing the phenomenon realistically because participants' responses were not always positive or negative.

The evidence must be persuasive to help to improve credibility. Credibility and reliability emerge from participant quotes and rich narratives (Creswell, 2007). All participants seemed comfortable sharing their experiences candidly, so socially desirable

responses did not appear to be a limitation. However, biased responses are always possible if participants do not fully articulate their experiences or are not receptive toward the researcher (Creswell, 2013).

As described in Chapter 3, I took precautions to ensure validity and credibility. Data triangulation occurred through member checks to help ensure credibility and accuracy and identify any necessary revisions. This study's findings contribute an in-depth understanding of survivors' subjective experiences, highlighting their perceptions of empowerment while seeking services through the justice system. The findings also indicated the court system's impact on their daily lives, family, health, and well-being while navigating safety and restoration in a constant cycle of surviving.

Recommendations

The findings from this qualitative study suggest empowerment has a significant impact on survivors' experiences as they seek safety through the justice system. Throughout the study, several recommendations for future research and practice emerged.

Future Research

Future researchers should capture the experiences of survivors removed from an abusive home environment and navigating their safety through the justice system. In this study, survivors yearned to feel safe and protected when moving on. Often, IPV survivors feel unsafe restarting their lives elsewhere while using personal identifiers that may jeopardize their safety.

Further research is necessary to provide more insight into improving the CPO process. By examining judicial decision-making, researchers could help identify variables

reflecting the demeanor and testimony of the parties involved. Such variables may help judges understand what is being communicated and respond to queries about the situation.

There is an urgent need for scholarly inquiry into strategies to protect women and children as they navigate ended relationships while engaging with the court.

Remner (2018) identified an association between IPV and negative mental health outcomes. Future researchers should explore the psychological well-being of women survivors affected by IPV. This study's participants described emotional trauma while navigating the justice system that impacted their well-being.

I identified questions beyond the scope of this study that researchers could explore, as follows: (a) What additional strategies could the justice system incorporate for survivors to help with navigating services to regain guardianship of children detained with DPSS? (b) What additional interventions could assist survivors navigating safe housing environments? (c) Does empowerment strengthen or weaken after repeated setbacks and perceived distrust in the justice system? (d) How do the court experiences of survivors of nonphysical abuse who fall outside the scope of legal protection impact their overall psychological well-being? (e) How do survivors navigate ended abusive relationships? (f) How does psychological well-being impact survivors? and (g) How did COVID-19 stay-at-home orders impact survivors' health and well-being having to navigate child visitation and custody court cases?

Practice

This study indicated an immediate need to fully inform judges about IPV's impact on the safety of victims and families. Judges need education on managing IPV-related cases to protect victims. To make informed decisions, judges must fully understand victims' circumstances, barriers, and risks of future violence (Agnew-Brune et al., 2017). Improved judicial training could promote consistency in court interpretations or the standards, procedures, and rules in many PTO hearings.

The second recommendation is to implement court monitoring as a strategy to promote judicial response to IPV. Regular observation and reporting by community leaders increase the visibility of victim experiences and responses from the court (Duker, 2016). Court monitoring would increase judges' awareness of how they handle IPV cases and its effect on IPV survivors, perpetrators, and overall communities. Monitoring would send a strong, clear message that the legal system identifies IPV against women as a community priority. Judges also have the authority to establish court procedures, policies, or guidelines to enhance the safety of IPV survivors. Some batterers attempt to intimidate or harm victims in court or enroute to the courthouse. To ensure victims' safety, judges could spearhead providing a separate waiting area or sending court personnel to escort the victim to their mode of transportation (VAWA, 2018).

The third recommendation would be to increase the judiciary's responsiveness to IPV by establishing specialized courts. Some of this study's survivors recounted their experiences with judges, attorneys, and court staff unfamiliar with complex IPV-related issues. Significant changes led by public health officials to initiate court reform to

address barriers addressed by IPV survivors could have a tremendous impact on survivors' goals and overall health and well-being. In dedicating a section of the courts to IPV, justice systems tell the community that violence will not be tolerated. Allowing judges and prosecutors to handle multiple IPV cases with repeat offenders could make them more sensitive to the victims' needs. Offenders may be less likely to batter again if they stand before the same judge with the same prosecutor (S.T.O.P. VAWA, 2019). According to Rossman and Zweig (2012), specialized courts have been successful due to the well-informed and caring nature of IPV-trained judges overseeing cases. Morrill et al. (2005) found that having courts sourced with IPV-trained judges and court personnel is critical for generating effective outcomes for IPV victims, survivors, children, and involved family members. The findings of this study align with this recommendation, finding it is equally important to partner with victims and other key stakeholders in efforts to prioritize the safety and well-being of IPV survivors.

Implications for Social Change

The insights from this study could contribute to positive social change by focusing on the court experiences of IPV survivors and the public health system's pivotal role and duty in developing innovative trauma informed approaches to address the needs of IPV survivors. Researchers could use the study's findings to advance professional practices and scholarship on IPV against women and empowerment in the courtroom. Public health practitioners must build on the findings to guide court reform, support evaluation, and improve the court experiences by eliciting survivors' voices regarding

their court experiences to improve public health policies that will promote the health and well-being of IPV survivors.

Conclusion

I conducted this study to obtain and describe the lived experience of IPV survivors. Through one-on-one interviews with 10 participants, I generated a composite description of the essence of their court experiences, highlighting the role of empowerment while engaging with the court system and the impact on their goals, health, and overall well-being. I conducted face-to-face and telephone interviews with female survivors of IPV to capture an in-depth understanding of survivors' court experiences.

Many survivors of IPV rely on sustained relationships with individuals, institutions, and communities that promote a sense of connectedness and positive identity. These relationships give them trust, hope, protection, and the belief that their health, safety, and well-being matter while seeking help and protective services from the court (Domestic Violence in Child Welfare, 2019). The APHA has called on institutions that interact with survivors of IPV, such as the health care system, legal court system, IPV advocates, public health officials, and law enforcement, to respond in a trauma-informed manner. Providers should create, champion, and implement policies, plans, and laws that impact the health and well-being of those affected by IPV (CDC, 2023)

I applied theory to practice in providing and describing the court experiences of IPV survivors. The purpose of this study was to capture the lived experiences of women survivors affected by IPV while navigating the justice system and its impact on their empowerment, outcome goals, and overall health and well-being. The findings from this

study may assist in advancing professional practice and scholarship regarding IPV against women and the role of empowerment in and outside of the courtroom. The insights gained may also help guide court reform, support evaluation, and promote trauma-informed approaches and strategies to key stakeholders to address this complex public health issue and improve IPV survivors' overall health and well-being.

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Appendix A: Recruitment Flyer

Your expertise is needed for a research study by Angela Cartwright, a student at Walden University, who is interested in hearing about the experiences of domestic violence survivors navigating the court/justice system.

The purpose of this research study is to gain insight into your experiences as a domestic violence survivor while seeking safety and restoration services. The information gained will help identify areas of improvement in case outcomes, access to safety, and overall well-being for future health programs and services.

About the study:

- You must be at least 18 years old
- A women survivor of domestic violence
- Approximately 30–45 minutes of your time for a confidential interview
- To protect your privacy, no names will be collected
- You'll receive a \$25 gift card for your participation

For more information or to schedule an interview, please contact

Angela Cartwright at xxx-xxx-xxxx.

Appendix B: Interview Protocol

Introduction

Hello, my name is Angela Cartwright. Thank you for coming today. The purpose of this research is to obtain your perceptions of your courtroom experiences of domestic violence survivors to help identify areas of improvement in case outcomes, overall health, and access to safety. Please feel free to express your honest opinions, feelings, and thoughts, as there are no incorrect or correct answers. All of your responses will be kept confidential during each phase of this study. You will be assigned a pseudonym so each participant can remain anonymous. Please be assured that documentation pertaining to this study will be secured and protected on a digital back-up file.

Audio Recorder Information

I will be recording our conversation so I can obtain necessary details to ensure I focus on a meaningful conversation with you. Everything discussed will be confidential. I will compile a transcript that contains all participant statements without any reference to individuals.

Consent Form

Do you have any questions? If not, please take the next few minutes to read and sign this consent form before we start.

Procedure

A one-to-one in-person/telephone interview will be conducted with each participant by Angela Cartwright. Each interview will be conducted in a private area and last approximately 30–45 minutes. Each interview will be audio-recorded and transcribed verbatim and will consist of responses from spoken, open-ended questions to capture a rich description of one's thoughts and feelings. Your participation is completely voluntary, and every effort will be made to ensure you are comfortable prior to the start. The anonymity of participants will be preserved by masking personal information using aliases and code-specific labels to ensure the privacy and protection of participants. The purpose of the study and the participant's rights will be explained prior to starting the interview. Due to the expressive nature of this topic and the large amount of data that will be obtained in a short period of time, sessions will audio-recorded, per participants' consent. Open-ended questions will be asked regarding your court-related experiences when seeking safety and protection. The data findings will be shared with all participants to provide any feedback that will verify accuracy.

Exit Procedure

At the end of each interview, I reminded the participant that all conversations will remain private and confidential. They are free to contact the researcher.

Ask if there are any questions or concerns. I reminded the participants that I will ask them to verify their statements along with a summary of a description of their statements within a few weeks. Each participant received a \$25 gift card.

Appendix C: Interview Questions

1. When you first decided to seek help, was the court system considered a reliable source to maintain safety?
2. What were your expectations of seeking immediate help from the services received by the court?
3. Are you satisfied with the court-related services provided? Can you please describe?
4. Discuss any positive encounters experienced with the court system.
5. Can you discuss any barriers preventing you from achieving your safety or other outcome goals that you encountered from the justice system or courts?
6. Were the court staff knowledgeable and helpful to you while you were navigating through the system? Please explain.
7. Are you satisfied with your outcome? Please explain.
8. Was a protective order filed to protect you or your family? If so, was it granted? If not granted, do you know why not?
9. If a protective order was granted, how long did the protective order last?
10. Do you feel safe with a protective order?
11. How have your child/children's well-being been impacted by your court experiences or outcome (if applicable)?
12. Please describe in your own words what empowerment means?
13. How did your court experience impact your empowerment/overall well-being as an IPV survivor?

14. If you feel or felt empowered as a result of your court experience, can you describe your experience or encounter?
15. Would you say your outcome had a negative or positive effect on your perception of empowerment?
16. Do you believe your feelings of empowerment had an impact on your children?
17. Please describe in your own words if you consider your relationship with the justice system to be trustworthy.
18. What changes would you like to see incorporated by the justice system and its resources to improve your safety as a victim/survivor of domestic violence?

Appendix D: Copyright Permission

Attached here is a copy of an email request for copyright permission.

Dear Lauren Cattaneo and Aliyah Chapman:

My name is Angela Cartwright. I am completing a doctoral dissertation at Walden University entitled "The Court Experiences of Interpersonal Violence Survivors". In addition to citing to give credit, I am requesting your permission to reprint in my dissertation your Empowerment Process Model graphic table (The Empowerment Process Model by Lauren Cattaneo & Aliyah Chapman).

Thank you so much,
Angela Cartwright

Hi Angela,

Sure! Glad it's of use to you.

Best,

Lauren Cattaneo

--

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