4-2024

Experiential-Based Research Depicting Humanistic Survival after Violent Victimization & Traumatization Exploring Human Resilience, Spirituality, Meditation & Expressive Writing

Sabrina Harris

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Doctoral Dissertation Research

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In Partial Fulfillment

of the Requirements for the Degree of

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Dissertation Committee Approval:

Dr. Martin C. Wesley, on behalf of Dr. Joffrey Suprina, Dissertation Chair	1/03/2024 Date
Dr. Angela Brinton, Dissertation Committee Member	01/03/24 Date

ABSTRACT

Unattended trauma-induced stressors resulting from incidents of violent victimization can escalate into mental health challenges, including trauma-related and substance-abuse disorders, which most often co-occur in a debilitating manner. Therefore, it is essential to conduct ongoing exploratory research on cognitive-based approaches (e.g., spirituality), psychological adaptations (e.g., human resilience), and trauma-informed approaches (e.g., meditation, expressive writing), which serve to reduce or offset the adverse impact of trauma.

Twelve women who experienced victimization and traumatization but did not seek professional mental-health intervention were interviewed; six had been abused as children and eight as adults. Some did not contact or follow through with reports to the police either because they faced pressure to drop charges or because they were children when abused. Some also reported a lack of family intervention and support. Most reported withdrawing, secluding, and isolating themselves while benefitting from constructive coping activities that they could engage in alone (e.g., reflective journaling, prayer, and meditation), in addition to them reportedly engaging in structured support groups at church or in the community that could teach them about coping and leaving abusers.

Spirituality also helped participants find new meaning regarding self-revaluating established relationships, in addition to helping them move positively forward. Some also mentioned that counseling could likely help them effectively cope futuristically, but they had not sought counseling because they thought they were not good at talking about feelings or they had negative perceptions of therapy. Key messages for survival were to be cautious and not remain in violent and abusive situations. Key messages for coping were to stay strong, address victimization and traumatization, and strive for love and happiness.

ACKNOWLEDGEMENTS

"No one who achieves success does so without acknowledging the help of others. The wise and confident acknowledge this help with gratitude." Alfred North Whitehead

All praises are due and given to God for bestowing the gift of my human existence upon this world, including my intellectual and creative gifts and talents, for without him in his supreme wisdom and infinite power, I am nothing; however, with him as the head of my life, I have been unspeakably blessed to unearth and empower with significant meaning, purpose, possibility, in addition to determining and taking my rightful place in this life.

Love in abundance and forever overflowing for my amazing husband, Mr. Jackie Lee Harris, who has been an unwavering source of support since I embarked upon this journey of being a dedicated model, representation, and support for strong survivors of victimization and traumatization. I am grateful to our beautiful daughters, Krissi, Bria, and Yiaunna, and my bonus sons, Jackie Lee II, Noah, and Jacob, who have all inspired me in uniquely different ways to greater personal heights in my life; our furbabies, Blaze and Imani, who both eagerly spent countless late nights and early mornings showing me unconditional love, playing in the backdrop or nestling at my feet in a display of comfort while making me laugh and smile with their adorable antics, in addition to my friends, professional colleagues, social circle, my community village and far beyond: I recognize you openly and share this research project with you as you helped me in ways even I did not anticipate, and I am unspeakably proud of me, you and us.

Words could never adequately convey how much I appreciate and honor the following professionals and spiritual advisors for, first and foremost, believing in the God-gifted vision of this qualitative research study, eagerly backing this endeavor, and offering their

wisdom, guidance, intellect, expertise, professional contacts and resources to ensure my success in every conceivable manner as follows:

- ***Dr. Joffrey Suprina, Ph.D., Department Chair & Professor of Counseling Education Programs (National Louis University)*** – excellence role modeled in a multifaceted way; thank you for your wisdom, guidance, and push towards successful goal completion.
- ***Dr. Caroline Perjessy, Ph.D., Former Department Chair and Counselling Psychology Professor (National Louis University)*** – you made a powerful impact during your brief tenure; thank you for believing in me, encouraging me not to give up, and leaving me in good hands.
- ***Dr. Jean Oggins, Ph.D.***, a dedicated research psychologist, consultant, editor, and astute professional; thank you for being such a phenomenal mentor, and dedicated part of my support system.
- ***Dr. Ronald Thompson, Ph.D., Former Department Chair and Counseling Psychology Professor (Argosy University)*** – I will never forget your dedicated guidance, support, and encouragement to not give up despite the transitional challenges and obstacles faced---THANK YOU!
- ***Bishop Angus Brabham II*** – Sanctuary of God (Florida) – I am unspeakably grateful to you and First Lady Victoria Brabham. Thank you for helping me to cross the finish line with determination and grace while covered by your fervent and righteous prayers.
- ***Pastor Theodore Sanders*** – Calvary Compassion Church (Florida) – when you offered that I could count on you First Lady Diane Sanders, you truly meant it, and may God bless and keep you both is my forever prayer for your lives.

- ***Pastor (Dr.) Jamian Lovett (First et al.)*** – Friendship Missionary Baptist Church – *formerly The Rock International Church* (Florida) – I honor you both for immediately agreeing to be a part of this research endeavor in its infant stages, and for the guidance, encouragement, and support you offered.
- ***Colin Walkes, Director of Bridges (Community Outreach – Florida)*** – Thank you for backing your community outreach program staff and resources to be of positive support to my research endeavors. Your heart for humanity and your willingness to support will never be forgotten.
- ***Merly Collins, Coach & Training Facilitator (Community Outreach – Florida)*** – I remain grateful for your assistance and support with information sharing, participant navigation and your bi-lingual contribution to the interview process---THANK YOU!

Last but certainly not least, I am grateful to the (12) beautiful, strong-willed, and resilient trauma survivors who courageously bared their heart, soul, and complex truth for this process from start to finish. This qualitative research study would not have been possible without each of you. We admire and honor you, and we love the way that you survive. May victim, trauma, and stress-free living, healing, peace, wellness, and stability be yours daily for the rest of your lives.

DEDICATION

I, Sabrina Harris, first dedicate this qualitative research study to God, the head of my life and the flowing spring of substance, inspiration, and goodness I eagerly draw from daily. Secondly, I dedicate this endeavor to my amazing husband, Mr. Jackie Lee Harris, for his unwavering love, guidance, encouragement, dedication, and support. I will never forget you walking into the office in the early still hours of the morning as I worked feverishly on this project (and) others, wrapping your arms around me while holding me tight, leaning in to give me a forehead kiss, and whispering always in my right ear, "YOU ARE AMAZING QUEEN---KEEP PUSHING FORWARD!"

I also dedicate this research to my parents, the late Willie J. Harris and Pastor (Dr.) Geraldine C. Harris planted seeds of dominant will, resilience, and strength into the core of my human foundation while watering and nourishing them throughout my life. You always said that I would do great things and always believed in me; therefore, I am partly saddened that you are not here to see this come to fruition. However, when I walk across that graduation stage, I will carry your pictures while beaming with pride because I know you will both be with me in spirit, cheering loudly and proudly.

Last but not least, to my unique, beautiful, and blessed daughters, Krissi, Bria, and Yianna (and) bonus sons Jackie Lee II, Noah, and Jacob, I encourage you to carry the very essence of this monumental educational achievement in your mind, heart, and spirit while remembering that you are all part of a powerful legacy and that you too can do, have, create and achieve great things. I love everyone mentioned in this heartfelt dedication without hesitation or reservation, and please know that I will seize every opportunity to be there for you when it is your turn.

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Chapter 1 - INTRODUCTION

Nature of Problem

The prevalence and escalation of violent victimization in the United States is a cause for increasing concern, especially when considering debilitating societal woes such as human trafficking, intimate partner violence, physical assaults, gun violence, or sex-involved injustices (e.g., date rape) that routinely headline the significant crimes list. For example, as it relates to domestic violence and abuse, De Jong (2016) wrote, "It is estimated that approximately 1.5 million women and 830,000 men experience physical or sexual assault annually in the United States by intimate partners, commonly called domestic violence" (p. 201).

Incidents of violent traumatization most often adversely affect those who are the least prepared or equipped to handle such harm effectively. This is particularly true of young children who routinely suffer the residual effects later in life. Bowie (2013) wrote: "The research has shown that the more categories of trauma experienced in childhood, the greater the likelihood of that individual later experiencing issues such as poor health-related quality of life, alcoholism, major depression, smoking, STDs, obesity, multiple sexual partners, suicide, and violence" (p. 81).

Violence and trauma are intertwined as incidents involving direct or vicarious violent victimization and traumatic exposure results in victims' experiencing such symptoms as anger (Orth & Wieland, 2006; Riggs et al., 1992), anxiety, depression, or distress (Brewster, 2002; Kunst & Koster, 2016; Riggs et al., 1992), flashbacks (Duke et al., 2008), panic attacks (Falsetti & Resnick, 1997), or paranoia (Gracie et al., 2007). The totality of violent incidents endured and their emotional response can exacerbate trauma-related symptoms (Riggs et al., 1992) and the

inability to endure and overcome debilitating pain, emotional instability, behavioral dysfunction, and seemingly insurmountable life hardships.

Bonanno (2004) also noted various coping responses to violence: “Not everyone copes with these potentially disturbing events in the same way. Some people experience acute distress from which they are unable to recover. Others suffer less intensely and for a much shorter time. Some people seem to recover quickly but then begin to experience unexpected health problems or difficulties concentrating or enjoying life the way they used to. However, many people endure the temporary upheaval of loss or potentially traumatic events remarkably well, with no apparent disruption in their ability to function at work or in close relationships, and seem to move on to new challenges with apparent ease” (p. 20).

While research on the topics of violence and trauma has addressed the need, availability, and quality of professional care post-incident (e.g., Bowie, 2013; Jennings, 2004), less research has emphasized an individual’s ability to endure, survive, and thrive by using psychological adaptations such as spirituality and human resilience. When considering the rise of violent victimization in today’s vulnerable and largely desensitized society, it appears essential to conduct further exploratory research on psychological, adaptive, and holistic approaches, as such research could prove beneficial and potentially life-saving on many levels related to trauma-related exposures.

In a modern era where access to psychiatric and psychological care is not always feasible (particularly for lower-income and indigenous populations), a paradigm shift is essential to promote brainstorming and planning outside the box. In his book *Waking the Tiger: Healing Trauma*, Peter Levine (1997) studied what animals do to survive violence and trauma, and thus, he was able to offer an “out-of-the-box” perspective on how humans should more strategically

view and handle traumatic exposures. “Trauma is a fact of life,” he wrote, “It does not, however, have to be a life sentence. Not only can trauma be healed, but with appropriate guidance and support, it can be transformative” (p. 237). Sperry (2016) also referred to a self-protective ability to cope with trauma so as not to develop post-traumatic stress disorder (PTSD), “Not all who face catastrophic trauma go on to develop PTSD. Because most trauma survivors do not develop PTSD, it is useful to understand the risk or vulnerability factors and the resiliency or protective factors” (p. 164).

This qualitative research study explored physiological, holistic, and positive adaptive behaviors—specifically human resilience, spirituality, expressive writing, and meditation—as viable means to self-protect and heal during and after violent and traumatic encounters. It was anticipated that the study would afford a reflective glimpse into the personal lives and experiences of adult female victims of violent victimization and what reportedly helped them survive challenging periods.

Background of the Study

Trauma: Definition, stressors, effects, and diagnoses. Although research has presented many definitions of trauma, the context and presentations are generally the same. Telles et al. (2012) offered the following: “There are many and varied types of trauma. The extent to which trauma influences the mental health of an individual depends on the nature of trauma, as well as on the individual’s coping capabilities” (p. 1).

Trauma-induced stressors can be linked to numerous debilitating life situations, including violent crimes like date rape, sexual assault, molestation, intimate partner violence, child abuse, stabbing, or human trafficking. Symptomatic responses to life stressors routinely materialize as depression, anxiety, insomnia, vivid flashbacks, recurring dreams, or poor memory recall, and

when intensely endured in combination over an extended time, they can morph into long-term psychological problems, including major mental illnesses, such as PTSD (Butcher, 2012; Riggs et al., 1992).

How victims of violent crimes cope during and post-incident, in addition to how effective they prove in their efforts to endure and overcome, will remain essential points of focus throughout this study. Rahnama et al. (2017) described two popular coping strategies: "Coping with stress involves two processes: the problem-focused process in which one deals with the real cause of their turmoil and the emotion-focused process in which one tries to regulate their emotional responses" (p. 6). Emotion-based coping strategies focus on stress reduction, while problem-focused coping strategies focus more on facing and resolving the issue or concern. Kick and McNitt (2016) added that "It is important to explore how the individual has managed stress in the past, whether they were able to maintain a more positive attitude, and at what point they felt overwhelmed by the stimuli they were being exposed to" (p. 99).

The impact of trauma. While violent victimization is recognized as a relatively common occurrence in today's unpredictable society, this reality does not in any manner reduce its unexpected, complex, and often life-disrupting impact on innocent and often unsuspecting victims. Rahnama et al. (2017) reported: "According to estimates from the World Health Organization, traumatic injuries are the leading cause of death worldwide among people aged 15-45 years and the third cause of death at all ages. In addition, it is the most important cause of disability and health-related economic losses in developing countries (p. 6)."

Brown (2002) explored adult exposure to violence from the perspectives of intimate partnership or the general community, in addition to asking about effects on brain activity and neuropsychological functioning (e.g., cognitive capabilities and memory recall). The study

showed that community and partner violence were strong indicators of trauma experienced post-incident. In addition, exposure to these types of incidents compromised the psychological well-being of victims.

Frost (1994) focused on victim resistance to violence, the intensity and frequency of post-traumatic stress (PTS) symptoms and behaviors that appear after violent episodes or attempted violence, and what can help victims triumph over these situations. Trauma has social and psychological effects and could have a significant adverse long-term impact, resulting in behavioral changes and an inability to cope. "Along with short-term effects, exposure to violence predicts long-term psychological problems" (Butcher, 2012, p. 20).

The ramifications of violent victimization also result in undeserved pressures and stressors for companions, relatives, and friends. "Traumatic events are of high incidence and affect not only the patient but also their family members, causing psychological problems such as stress and anxiety for caregivers of these patients" (Rahnama et al., 2017, p. 6).

In addition, there has been increased violence targeting females from childhood into mature adulthood, so more in-depth research, intervention, and universal support of trauma-informed training and care has been needed. Torchalla et al. (2015) described gender-based violence against women as "any act that results in or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (p. 24). The unsettling reality of escalating incidents of violent victimization of females in today's society is why adult women with these types of histories were selected as the focus of this research study. The present research sought to highlight any *less-emphasized* strategies and interventions that could be beneficial in the future.

Violent victimization can be debilitating in many ways; even though it may be through no fault of their own, innocent victims need to take responsibility for their health and long-term stabilization, healing, and recovery. In today's trauma-informed society, women who have experienced violent victimization should expect that they can file a detailed and timely report of the incident with local law enforcement authorities, in addition to receiving medical treatment and professional counseling as warranted. However, fear of reprisal, cultural conditioning, and distrust of authority figures are just some reasons victims report not seeking professional help. Reporting on victims' help-seeking, Kaukinen (2001) concluded, "The underreporting of crime to the police has been viewed as reflecting apathy and tolerance to crime, as opposed to reflecting the needs of victims being addressed by family, friends, social service agencies, doctors and mental health professionals" (p. 21). We understand that the expected does not always happen for many reasons; therefore, it is essential to consider, research, implement, and try alternative methods and strategies to address this deserving population's unique needs and challenges.

Spirituality and resilience. There is an intensifying focus and emphasis on timely professional intervention, care, and support for victims of violence and trauma (Bowie, 2013; Jennings, 2004). However, it is also essential to determine how victims of violent victimization survive and cope with these perils if they sidestep professional care or do not have the authorized access or means to it. This study focused on women's strengths in coping with trauma, whatever the situation that caused it. Bell (2003) described the beneficial nature of this type of exploratory research as follows: "The strength perspective involves turning away from rational, empirical models that order and codify reality toward a constructivist view, which holds that identifying

human problems reflects not objective reality but the perspective of the one doing the looking (p. 513).

This study explored ways in which spirituality, human resilience, expressive writing, and meditation may help victims of child or adult violence survive and overcome their ordeals without professional intervention or involvement. Kick and McNitt (2016) explored the rising incidence of PTSD and how victims' spiritual connectedness mitigated some more debilitating effects. For example, those who believe in the power of divine connectivity may feel a greater sense of purpose and can view life, people, and select situations from a more liberal perspective. Kick and McNitt also used Terror Management Theory to conceptualize the trauma experiences detailed by those deployed with the military; many participants believed spirituality was vital in maintaining their sanity (see also Blakey, 2016).

Kick and McNitt (2016) also asserted the importance of diligently incorporating spirituality into client assessments, "Good practice notes the importance of the mental-health professional assessing the client's spiritual view and belief system as part of a holistic assessment of the individual" (p. 98). Spirituality can also be recognized as a *cognitive-based approach* that can be engaged to cope with trauma effectively. The research also sought to establish human resiliency as a *strength-based approach* that may be effective for the same purpose. Human resilience is an intangible strength for coping during adverse situations and warrants consideration here.

Statement of the Problem

This research study originated from hearing intriguing stories of courageous women from various eras, distinctions, and walks of life who were all reportedly exposed to trauma-induced stressors as a direct result of being violently victimized. Each story was unique; however, a

common denominator was that each victim had somehow managed to survive post-incident without reportedly engaging in any professional psychiatric, psychological, or therapeutic intervention.

This qualitative study explored the lived experiences of adult women who were traumatized through incidents of violent victimization but chose not to seek professional intervention or support for personal reasons. Some carry the burden of their victimization, associated pain, mental challenges, and untold shame in silence and with a sense of defeat (Lister, 1982; Ritter, 2014). Others survive and thrive, finding trauma transformative (Janoff-Bulman, 2004; see Levine, 1997). As Scalzo (1991) noted, “To date, little information exists regarding the protective mechanisms that enable some victimized women to function well” (p. 2). Given that victimized women do not always seek professional help, it is essential to study alternative methods that address this population's unique needs and challenges.

Purpose of the Study

This qualitative research study explored reports of the coping and behaviors of adult African American and Hispanic women of different backgrounds and walks of life who were traumatized through violent victimization but did not seek professional intervention or support for personal reasons. The study asked what coping mechanisms, strategies, habits, or resources these participants found beneficial to deal with their trauma exposures. The primary objectives to be addressed were: (a) determining what role, if any, human resilience, spirituality, meditation, and journaling played in survival in the face of the aftermath of violence and traumatization and (b) allowing participants to reflect on their personal experiences in a safe and supportive environment with community referrals and resource linkage to be ensured as needed case-by-case.

Research Questions

The qualitative research study was centered on the following research questions:

Q1. After violent victimization and traumatization, what steps did the participant undertake to address her mental, emotional, and behavioral stability and wellness (if any)?

Q2. Reflecting on their personal experience(s) with violent victimization and traumatization, what did the participant determine to be helpful or unhelpful for survival and coping?

This study also examined any relationship between violent victimization, trauma-induced stressors, and select psychological adaptations utilized during or post-incident as a means of survival. Semi-structured interviews explored the relationship between the engagement of holistic approaches after a violently traumatic experience and the prevention or reduction of trauma-related stressors.

Importance of the Study

Given the debilitating impact of violence and trauma on today's society, this study aims at problem-solving within the cognitive research paradigm. Ohlsson (2012) wrote: "If the task of psychology is to explain what it is to be human, then the study of problem-solving is essential. The ability to solve unfamiliar problems has played a central role in human history via technological invention and in other ways, and it separates us from other animals because we are not merely better at it; we are, orders of magnitude, better at it." (p. 102).

The rise of victimization of young girls and adult women, particularly in the United States, is a well-documented and publicly reported reality (Olufajo et al., 2021; Wang et al., 2009). In light of this, it is essential to understand how to help females more efficiently and effectively cope with often debilitating trauma, co-occurring mental illnesses, substance abuse

disorders, and other adverse ramifications stemming from these injustices. More fantastic professional or community use of holistic interventions may be warranted if spirituality, human resilience, expressive writing (journaling), and meditation (yoga) can serve as positive adaptations that victims can activate for self-protection and survival, both during and after violent victimization.

The research also afforded a person-centered glimpse into the lives of mature adult women who were all fully engaged with life despite never receiving professional intervention and care for their victimization and traumatization. Through semi-structured interviews, a detailed overview was provided of what role spirituality and human resilience reportedly played in helping these victims survive and thrive. This research can also afford readers a greater understanding of trauma-related challenges and the often subjective way trauma is typically experienced, internalized, recalled, and recounted, which must also be factored into this research.

Definition of Terms

Direct victimization - refers to specific criminal acts committed against the primary respondent's person or property (Hartinger-Saunders, 2008).

Emotion-focused coping – coping by trying to deal with negative emotional responses to a stressor (Lazarus & Folkman, 1984), such as with avoidance (e.g., of feelings or social situations), meditation, prayer, positive reframing, or social support (American Psychological Association Dictionary, n.d.).

Major depression is a disabling illness that alters patients' quality of life and causes an increase in the use of health resources (Sicras-Mainar et al., 2010).

Personal victimization refers to a direct experience of being threatened or intentionally harmed by another person (e.g., sexual or physical abuse, violent assault, battery, or rape) (Hartinger-Saunders, 2008).

Positive adaptations - more than a homeostatic return to a baseline of pre-trauma functioning or resilience against the adverse effects of a traumatic event (Linley, 2003).

Problem-focused coping – coping to directly deal with a stressor to try to decrease or end it: for example, considering solutions to a problem, speaking with those causing it, or other instrumental activity (Lazarus & Folkman, 1984).

Property victimization - Property victimization refers to incidents of burglary, larceny, motor vehicle theft, and arson (Hartinger-Saunders, 2008).

Psychospiritual themes - A bridge between the ways of understanding seen in counseling and religious traditions (Stewart-Sicking et al., 2017).

Resilience – is a protective factor against mental problems and a dynamic process of adaptation to changes in life circumstances (Kukihara et al., 2014).

Traumatic events - any injury or damage caused by physical or chemical agents on body tissues is called trauma (Rahnama et al., 2017).

Conclusion

Unattended trauma-induced stressors resulting from incidents of violent victimization may escalate into mental-health challenges, including trauma-related and substance-abuse disorders, which most often co-occur in a debilitating manner. Therefore, it is essential to conduct ongoing exploratory research on cognitive-based approaches (i.e., spirituality), psychological adaptations (i.e., human resilience), and trauma-informed approaches (i.e.,

meditation, expressive writing), which serve to reduce or offset the adverse impactful nature of trauma.

This research study sought to determine specific methods through which persons who endure violent victimization yet refuse professional intervention can better safeguard their mental, emotional, physiological, and physical well-being in the aftermath. It also explored ways to proactively educate and empower the general population on how to more efficiently and effectively respond to and handle violence-induced traumatic situations to minimize or make obsolete any long-term residual effects.

Chapter 2 – LITERATURE REVIEW

"*Your understanding of your inner self holds the meaning of your life."*

--Leo Tolstoy

Violent victimization is an unwelcome reality in today's society, with many victims refusing to seek professional intervention and support for their trauma-related exposure, which most often proves detrimental in many ways. The present study rests upon the premise that human resilience, spirituality, meditation, and journaling are viable means of self-protecting during or after victimization and traumatization. The literature review will be presented as follows: theoretical framework, trauma defined and explored, the multi-dimensional impact of violent victimization, the importance of trauma-based care, reasons that trauma and violent victimization go unreported, alternative forms of trauma-informed care, trauma and spirituality, trauma and human resilience, trauma and meditation, trauma and expressive writing, and a summary.

Theoretical Framework

The theoretical framework for this research study focused on strength-based concepts, techniques, and models that emphasize training or re-training the brain, in addition to evidence-based countering of distorted cognitions and faulty thought patterns as accomplished through cognitive-behavioral therapy. Two models of cognitive-behavioral therapy that emphasize education, awareness, preventive expectations, and timely follow-through are the sanctuary model (Bloom & Farragher, 2013) and the strength-based cognitive behavioral therapy model (Padesky & Mooney, 2012).

Prchal (2005) described the sanctuary model as follows: "The Sanctuary Model is based on social psychiatry, trauma theories, therapeutic community philosophy, and cognitive-

behavioral approaches. Within the context of safe, supportive, stable, and socially responsible therapeutic communities, a trauma recovery treatment framework is used to teach effective adaptation and coping skills to replace non-adaptive cognitive, social, and behavioral strategies that may have emerged earlier as a failed means of coping with traumatic life experiences" (p. 12).

The strength-based cognitive behavioral therapy model (Padesky & Mooney, 2012) has been described as follows: "The strengths-based Cognitive-behavioural therapy (CBT) model is designed to help clients build positive characteristics and qualities. A structured search for client strengths is central to the underlying approach, and methods are designed to bring hidden strengths into client awareness as demonstrated through therapist–client dialogues"(p. 283).

Padesky and Mooney (2012) reported that human resilience can help us overcome mental, emotional, and physical setbacks that stem from traumatic experiences. However, one's capacity for resilience can be reduced by repeated exposure to challenges, struggles, and adversities. There are also individual differences in resilience. "Resilience is desirable, yet we all experience fluctuations in resilience throughout our lifetime. Some people never develop resilience. Others are resilient but do not recognize it; they may avoid challenges they could easily surmount" (p. 284).

A more proactive versus reactive stance should be undertaken toward developing relevant, strategic, and informed approaches to trauma-informed care that would benefit both the private and public sectors. While the strength-based cognitive behavioral therapy model would likely prove more effective in addressing trauma-related concerns, the sanctuary model is geared towards developing a strategic, comprehensive team approach towards skill-building in safety awareness, emotional intelligence, conflict resolution, self-discipline, and social adaptations.

The decision to focus this research study on inherent adaptations and interventions does not sidestep the importance of victims seeking timely professional intervention after a traumatic incident. However, since victims cannot be forced to follow through with reporting or seeking professional intervention, research can explore alternative strategies for ways in which people can help themselves. Spirituality, human resilience, expressive writing, and meditation are alternative paths toward self-efficacy and holistic intervention assessed during this research process.

Trauma Defined and Explored

Although violent crime is less common than property crime (Statista Research Department, 2021), it still accounted for 2.5 million cases in 2021. Violent crime can cause serious injuries or death, with *common injuries* including bruising, internal injuries, physical reactions, or sexually transmitted diseases. McCart et al. (2010) noted that many victims opt not to receive medical care for physical injury and health-related problems stemming from their ordeals. Violent crime can also result in mental anguish, emotional distress, physical injury, exhaustion, or shock, with each victim having a unique experience, presenting symptoms, and behavioral responses. Gershuny (1999) reported, "Individuals react in a variety of ways to encounters with traumatic events and experiences. Some suffer a great deal psychologically while others seem to suffer relatively little" (p. 1).

Definition of trauma. The definition of trauma, including symptoms and initiating experiences, is clearly stated in the 5th edition of the *Diagnostic and Statistical Manual of Mental Health Disorders* ([*DSM-5*], American Psychiatric Association, 2013) as follows:

Trauma and stressor-related disorders include disorders in which exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion. These include reactive attachment

disorder, disinhibited social engagement disorder, posttraumatic stress disorder (PTSD), acute stress disorder, and adjustment disorders. (p. 265)

Reactions to trauma and related stressors can be acute, non-acute, intermittent, or chronic, and they customarily overlap in some manner across psychosocial, biological, and cognitive domains. Fear, anger, sadness, numbness, anxiety, poor comprehension, and memory loss are examples of trauma-induced stressors, which may also escalate into seriously debilitating mental, emotional, physical, or behavioral concerns if downplayed or left unattended. Unexpected shock combined with the adverse impact of trauma causes a myriad of immediate and delayed reactions, which can culminate in diagnosable trauma and stress-related disorders. Brenner (2006) wrote, "Traumatic stressors such as early trauma can lead to post-traumatic stress disorder (PTSD), which affects about 8% of Americans at some point in their lives, as well as depression, substance abuse, dissociation, personality disorders, and health problems" (p. 445).

When considering the standard criterion for diagnosing PTSD as detailed in the *DMS-5* (American Psychiatric Association, 2013), the primary considerations for a trauma-related diagnosis (applicable to all adults, adolescents, and children) are the following, "Exposure to actual or threatened death, serious injury, or sexual violence to include directly experiencing, witnessing, experiencing repeated exposure or learning of these type from a close family member or friend" (p. 271). Intrusive thoughts and dreams, dissociative reactions, intense (prolonged) psychological distress, avoidance of stimuli, negative alterations in cognition and mood, and alcohol and substance abuse may also occur when trauma is evident. Bell (2013) also reported, "Several epidemiological studies have shown a high prevalence of exposure to trauma in a variety of cultural, racial, and ethnic groups as well in various socioeconomic classes" (p. 1).

When exploring incidents of violent victimization, it is crucial to understand that while many victims typically react to it (Gardner, 2017), not all experience trauma and debilitating mental illness. Gardner (2017) noted that male victims of violent crimes typically display fewer trauma-related symptoms than females. In addition to perceiving a threat to life, the perception of control over the circumstances and whether the crime was predictable were crucial indicators of significant trauma-related stressors and victims' overall ability to cope.

The bodily experience of trauma. In Levine's (2010) *In an Unspoken Voice*, bodily effects of trauma were also detailed:

Having an intimate relationship with and understanding your physical sensations is critical because they, in signaling action, guide you through the experiences and nuances of your life. If one has been traumatized, however, one's sensations can become signals not for effective action but for fearful paralysis, helplessness, or misdirected rage. When some of one's body signals become harbingers of fear, helplessness, impotent rage, and defeat, he or she is typically avoided like the plague at a dear cost mentally, emotionally, and physically. While attempting to shut down distressing sensations, one pays the price of losing the capacity to appreciate the subtle physical shifts that denote comfort, satisfaction, or warning of clear and present danger. Sadly, as a result, the capacity to feel pleasure, garner relevant meaning, and access self-protective reflexes also shut down. You cannot have it both ways; when feelings of dread are held at bay, so are the feelings of joy. (p. 136)

Levine (2010) also related the complex and debilitating nature of trauma: "Traumatized individuals have lost their way in the world and the vital guidance of their inner promptings. Cut off from the primal sensations, instincts, and feelings arising from the interior of their bodies, they are unable to orient to the "here and now" (p. 76).

According to Levine (2010), human beings are inherently capable, adaptable, and resilient, which allows them to learn, integrate, and execute in the wake of traumatic experiences. He emphasizes tuning into physical cues from the body in the form of sensations indicating how we should act and respond in stressful situations. “To become self-regulating and authentically autonomous, traumatized individuals must ultimately learn to access, tolerate, and utilize their inner sensations” (p. 76).

In another insightful excerpt from *In an Unspoken Voice*, Levine (2010) writes, “All of our experiences (tracing back as early as growing in our mother’s womb), all of the stresses, injuries, and trauma, as well as the feelings of safety, joy, grace, and goodness that have affected our lives—all of those change the shape of our bodies. Sometimes, these changes are apparent, such as tightly folded arms, a stiff spine, slumped shoulders, or a caved-in chest. Others are subtle, such as a slight asymmetry of the shoulders, a seemingly insignificant turning to one side, arms or legs that seem small concerning the trunk, a retraction of the pelvis, or an uneven skin coloration indicating coldness and warmth. These form the bedrock of who we have become. They are the starting point of who we are becoming” (p. 272).

Secondary trauma injuries. Those who are violently victimized may also receive *secondary injuries* when they are re-victimized by close family, friends, or professionals who question their intent, blame victims for opening themselves up to being victimized, or belittle or blame victims for not responding to the incident appropriately. According to Symonds (2010), such experiences exacerbate the self-hate and shame that people with PTSD may already feel.

The Multi-Dimensional Impact of Violent Victimization

Instances of violent victimization are well-documented, with great emphasis placed on the peril and turmoil that innocent victims often endure. Violent crimes include domestic violence and abuse, rape and sexual assaults, incest, molestation, physical assaults, and homicide. Ford (1998) wrote that "Violence has become a major mental health and public health problem in the United States" (p. 1) and explained that it is becoming more common for victims to know the perpetrators, including family members, intimate partners, friends, or dating partners, which adds insult to injury.

Violence Against Children

Incidents involving violent victimization occur frequently, with young girls and adult females routinely targeted.

According to the United States Department of Health and Human Services (2005), the rate of child victimization in the United States is 12.4 per 1000 children. Of the 906,000 children victimized, the majority were female (51.7%), 60.9% experienced neglect, 18.9% physical abuse, and 9.9% sexual abuse. (as cited in Vaddiparti et al., 2006, p. 451)

Victimization during early childhood that either intentionally or unintentionally went unaddressed and untreated most often leads to progressively maladaptive behaviors and lifestyles through adulthood, including mental illnesses, alcohol and drug addictions, medical concerns, phase-of-life problems, dysfunctional life cycles, and poor quality of life in general (Centers for Disease Control, 2023). According to Bowie (2013),

The research has shown that the more categories of trauma experienced in childhood, the greater the likelihood of that person later experiencing issues such as poor health-related quality

of life, alcoholism, depression, smoking, STDs, obesity, multiple sexual partners, suicide, and violence. (p. 81)

Rivard et al. (2003) summarized, "A large body of evidence has accumulated showing that traumatic life experiences, such as child maltreatment and exposure to family or community violence, are associated with developmental problems, increased risk of mental health problems, and aggressiveness" (p. 138).

Gender-based Violence

Incidents of violent victimization resulting in trauma-related stressors also most often adversely impact individuals not equipped effectively to endure and overcome their detrimental realities. Young girls and adult females are most frequently subjected to incidents of violent victimization and tend to display the most acute and chronic trauma and stress-related reactions. For example, domestic violence is one form of violent crime directly linked with trauma, with many trauma survivors being adult women. Abel (2001) noted that "Women who experience chronic and intense domestic violence victimization may have post-traumatic stress disorder (PTSD)" (p. 403) and stated that PTSD could also affect how battered women react to their abuse. According to Elzy et al. (2013), "Some researchers have suggested that the higher incidence of interpersonal trauma among females is the reason they are more than twice as likely to develop PTSD when compared to males" (p. 764).

Women in the sex trade are especially likely to experience interpersonal violence from sex partners, pimps, boyfriends, and husbands but tend not to seek help, such that the violence is unreported and untreated (Ratinthorn et al., 2009). Women and girls trafficked and sexually exploited also experience intense psychological manipulation, physical harm, and sexual coercion (Dalla et al., 2003; Hopper & Hidalgo, 2006). Hossain et al. (2010) wrote:

Because of the often extreme sexual, physical, and psychological abuses associated with this form of gender-based violence, women and girls trafficked and sexually exploited through forced sex work or in other circumstances, such as domestic servitude, are a particular concern for mental health specialists. (p. 2442)

Johnson (2017) also reported, "Sexual assault is one of the most under-reported crimes, and, despite efforts to reform laws and legal procedures and improve the response of police, women's willingness to report has not increased and nor have these crimes declined" (p. 37).

Incidents of violent victimization experienced during childhood, combined with short- and long-term ramifications, are also cause for concern. Research conducted on female victims spanning childhood to adulthood has offered valuable insight into the reality of how many succumb to the impact of their experiences: "Physical and sexual victimization in childhood has also been linked to sexual and drug injecting risk behaviors which are related to consequences, including HIV infection" (Miller, 1999). According to Vazquez et al. (2012), "Gender-based violence is currently a major public health problem in all parts of the world, encompassing a multitude of forms of gender-motivated abuse directed against women in the course of their lives" (p. 1657).

Community Violence

Community violence is also a well-documented traumatic concern. Brown (2002) described community violence as follows: "In community violence, individuals are victims or witnesses of fatal shootings, non-fatal shootings, stabbings, rapes, gang violence, physical assaults or robberies with physical assaults. The violence occurs outside the home and often near the individual's neighborhood" (p. 21).

Community violence occurs frequently, with adverse symptoms and residual effects for victims, witnesses, and first responders (Brown, 2002). Indeed, community violence has been called an epidemic of grave proportions (Brown, 2002). Writing about violence, Abo-Zena (2017) added that “its prevalence and many forms are proliferated repeatedly through the media. In particular, ‘senseless’ violence against both random and targeted victims puzzles and petrifies onlookers and survivors” (p. 5).

Hecker et al. (2015) also noted, "Violence and forced migration have several significant consequences. Besides facing precarious economic situations, sorrow over losses, and threats to physical integrity, refugees often suffer from trauma-related disorders like posttraumatic stress disorder (PTSD), major depression, and substance abuse”.

Even those in high-profile professions (e.g., journalism) can vicariously experience trauma-induced stress from repeated exposure to violence and death without timely and proper intervention. Citing the Simpson and Boggs (1999) study, Seely (2017) reported, “One of the earliest studies to focus on local reporters found that nearly 86% of respondents had covered one or more violent events at the scene” (p. 7).

Three-fourths of reporters surveyed had covered fires, 66% had covered automobile accidents, 56% had covered murders or murder trials, and nearly 30% had covered plane crashes and violent assaults. Others reported covering news events such as earthquakes, eruptions, drownings, train derailments, explosions, prison riots, executions, and sexual assaults. When asked about their emotional experiences while covering a traumatic story, around 30 percent of journalists reported attempting to hide or suppress negative emotional states and reactions, such as disgust, fear, sadness, nervousness, and crying (Seely, 2017, p. 7). This type of coincidental

trauma will likely go unreported and unaddressed for fear that the professional will appear weak and incapable.

Violent Victimization and Mental Health

As a result of violent victimization, people may experience mental health concerns that were non-existent or minimally existent prior to the ordeal. A long-term causal link has been established between violence, traumatization, and mental illness (see Temple, 2006), including diagnoses of PTSD, eating disorders, personality disorders, depression, anxiety, emotional dysregulation, explosive anger, and suicidal ideations.

Through studies of combat and rape victims, mental health professionals have developed an understanding of Posttraumatic Stress Disorder (PTSD). PTSD is a psychiatric disorder that most often occurs after an individual has experienced actual violence or the threat of violence outside the realm of ordinary experience and results in impairment in physical and cognitive functioning (American Psychiatric Association, 1994). Researchers have begun delineating this psychiatric disorder and how exposure to violence and trauma affects overall mental health and well-being (Temple, 2006, p. 3).

Violent Victimization and Substance Abuse

Substance abuse may also be an outcome of violent victimization. Statistical data show substantial substance abuse among women.

The National Center on Addiction and Substance Abuse (1996) reports that 4.5 million women in the United States at any given time have an alcohol use problem, 3.1 million report regularly using illicit drugs, and 3.5 million misuse prescription drugs (Call, 2001, p. 11).

According to Call (2001), many female victims who have endured violence (especially repeated acts) gravitate towards alcohol and drug addictions as a form of coping. Both of these

factors, numbing painful feelings to cope with the pain of adult and childhood victimization and escape from feelings of powerlessness and objectification, may well be significant influences for many women's use of substances.

Salter and Breckinridge (2014) focused on the experiences of adult women in substance abuse treatment who reported histories of intimate partner violence or sexual assault. As the women sought to determine what triggered the feelings and emotions that eventually led to their downward spiral into drug addiction, they reported an insightful journey through some of their painful childhood memories and experiences.

Call's (2001) research also highlights that many female substance abusers tend to develop a significantly greater number of health problems and concerns over time, and many never find their way back from the depths of darkness and despair associated with addiction. Gill (2011) analyzed data from women worldwide to determine if the presence of violence, trauma, and alcohol or substance abuse led to a higher incidence of incarceration and related dysfunction. In most instances, incarcerated women had experienced some form of abuse (most often several different kinds) and, in turn, exhibited a higher risk of substance abuse, risk-taking, and self-destructive behaviors. There was also a direct impact on the criminal justice system and the children of the victims. Many crime perpetrators battle alcohol and drug addictions and typically need professional intervention and treatment to live soberly.

Importance of Trauma-Informed Care

Although crimes are typically debilitating and life-altering for victims, many victims never report what occurred nor seek the medical or psychological intervention that is often warranted. Bisson et al. (2010) noted, "Anyone can develop PTSD following a traumatic event, but the incidence is increased after higher impact traumas" (p. 1). Ehlers et al. (2003) highlighted

the importance of timely professional intervention: “PTSD causes significant distress and impaired functioning yet can be treated effectively with trauma-focused cognitive behavioral therapy within three months of the traumatic event” (Bisson et al., 2010, p. 2). Sperry (2016) also emphasized the self-protective ability to cope with trauma so as not to develop PTSD and indicated a paradigm shift that conveys the importance of proactively promoting critical thinking, wise planning, and brainstorming for solutions outside the box.

The importance of trauma-based research and informed care was further cemented in 2013 when critical revisions to the *DSM-5* (American Psychiatric Association, 2013) resulted in the introduction of a Trauma and Stress-Related Disorders category depicting a multi-tier criterion established to increase the factualness of trauma-related diagnoses depicting specific mental illnesses. Additionally, the National Center for Post-Traumatic Stress Disorder (n.d.) urges taking proactive and timely steps toward combating trauma-related stressors by emphasizing safety, de-escalation, professional intervention, stress reduction, and normalization.

Reasons that Violent Victimization and Traumatization Go Unreported

It is customarily recommended that victims of violent crime receive psychiatric, psychological, and therapeutic intervention; however, many never report their incidents to law enforcement, nor do they seek professional intervention and support for various reasons. The list of trained and accessible service providers and community resources commonly available to victims who have endured violent victimization are typically well-rounded and expansive to include law-enforcement professionals, emergency medical services personnel, mental health practitioners, crisis counselors, physicians, lawyers, advocates, case managers, social workers, family, and friends. However, the proposed benefit of these providers, services, and resources being available within the community is inadvertently minimized when those who need them do

not seek them out. Some may mistakenly think that victims do not care about the crimes. In research on victims' help-seeking, Kaukinen (2001) concluded, "The underreporting of crime to the police has been viewed as reflecting apathy and tolerance to crime, as opposed to reflecting the needs of victims being addressed by family, friends, social service agencies, doctors and mental health professionals" (p. 21).

The National Incident-Based Reporting System (NIBRS) was accessed to gather information and statistical data on violence and trauma-based reporting (Davis, 2002). The U.S. Department of Justice (n.d.) has also emphasized the importance of determining what crimes typically go unreported, the victim population that routinely chooses not to report these crimes, and the reasons victims offer for not reporting violent victimization. Despite gains in trauma-informed care, some women remain silent in the face of victimization, associated pain, mental challenges, and shame. For example, women in sex work tend not to report violence committed against them (Ratinthorn et al., 2009).

A report entitled "Victimization Not Reported to the Police, 2006-2010" revealed: "From 2006 to 2010, 52% of all violent victimizations, or an annual average of 3,382,200 violent victimizations, were not reported to the police. Of these, over a third (34%) went unreported because the victim dealt with the crime in another way, such as reporting it to another official like a security guard, manager, or school official." (Langton, 2012, p. 1)

The report expounded further: "Almost 1 in 5 unreported violent victimizations (18%) were not reported because the victim believed the crime was unimportant. When crimes are not reported to the police, victims may not be able to obtain the necessary services to cope with the victimization, offenders may go unpunished, and law enforcement and community resources

may be misallocated due to a lack of accurate information about local crime problems" (Langton, 2012, p. 1).

Suppose countless victims of violent victimization never report being victimized. In that case, these victims may also not voluntarily seek professional intervention in the form of medical treatment, psychological or psychiatric evaluation, or psychotherapy. A study conducted by McCart et al. (2010) entitled "Help Seeking Among Victims of Crime: A Review of the Empirical Literature conveys the need for more study on this topic, "Due to the high rates of crime victimization and concomitant mental health and medical problems in the general population, patterns of help-seeking among adult crime victims represent an important area of investigation" (p. 198).

Alternative Forms of Trauma-Informed Care

As part of the widening scope of trauma-informed care, it is vital to understand how victims can more effectively cope and deal with exposure to trauma if they do not seek professional help. "Trauma-informed care includes a commitment to empowerment and victim safety and recognizes the impact of multiple traumatic events across the individual's life course" (Hemmings et al., 2016, p. 5).

Trauma and spirituality. When victims are either receiving or considering treatment for trauma, many credit their faith and belief in a higher power for helping them survive their ordeals. People typically hold their faith and religious beliefs in high regard. Dealing with trauma-related stressors can ignite or intensify the survivor's affinity for spirituality when victims believe it is necessary to connect supernaturally with a power beyond the earthly realm. Nace (2001) wrote, "In any of the myriad of settings where psychologists offer treatment to victims of trauma, issues pertaining to spirituality simply can and do come up" (p. 18). Nace

added, “Spirituality emerges through the individual human consciousness and is, thus, fundamentally a psychological issue and only secondary as it relates to religion” (p. 55). With each human being inherently possessing a capacity for spirituality, it is also an attractive draw because it is immediately accessible to those involved in a violent situation. Nace (2001) highlighted human consciousness and its undisputed power as follows:

Human beings are different from other creatures by the nature of our consciousness. Human consciousness is unique insofar as it dynamically structures our awareness, allowing us to both have immediate experiences and transcend immediate experiences. We are subjects aware of objects, but we are uniquely subjects who can be aware of ourselves as subjects. Our form of consciousness enables us to form understandings of our experiences—both of our worlds and ourselves—and then invest our experience with meaning and value (pp. 55-56).

Kick and McNitt (2016) also referred to the relevance of spirituality in the lives of victims as follows, “Good practice notes the importance of the mental health professional assessing the client’s spiritual view and belief system as part of a holistic assessment of the individual” (p. 98). In addition to prayer, resilience, meditation, and journaling, the researchers recommended humor, acceptance, positivity, and hopefulness to prevent or effectively combat trauma-related stressors.

Trauma and human resilience. Trauma tends to override or overwhelm one’s sense of connectivity and self-control, making life meaningless. No matter what type of trauma is experienced in any given situation, the resulting symptoms and stressors are relatively consistent. As Jonas (1996) wrote, ‘The traumatized share many of the same symptoms no matter their prior level of functioning” (p. 19). Coping mechanisms are essential for enduring and overcoming trauma, and human resilience has been repeatedly recognized as one of these coping strategies

(Bonnano, 2005). *Resilience* has been defined as "a quality that is related to and engages the biological, psychological, and spiritual self, affects the way one engages in their environment throughout one's lifespan, enhances relationships, and it is influenced by cultural factors" (Taylor, 2016, p. 8).

Human resilience is indicative of an individual's ability to be adaptable, fluid, and tolerant in the wake of unexpected adversity and abrupt change. Secor (2011) wrote that victims who display resilience display characteristics such as dominant will, formidable strength, and fortitude, in addition to being interpersonally effective. Secor wrote, "Research on resilience has revealed that resilience to trauma is much more common than believed initially, and individuals who have shown resilience possess a variety of internal characteristics (e.g., hardiness and reflectiveness) and a mixture of external characteristics (e.g., social contact and relationship recruiting) that interact to promote resilience" (p. 8).

Since the capacity for human resilience differs from person to person, its effectiveness for treating trauma is uniquely different and challenging to ascertain.

Trauma and meditation (yoga). Individuals who have been traumatized typically lose a sense of self; in addition, their behaviors spiral out of control, and they feel overwhelmed. Martin (2015) noted, "Surviving a traumatic event such as combat, an earthquake, or a violent personal assault can be psychologically devastating. On the one hand, individuals would feel alive, but their experiences haunted them through flashbacks or nightmares". Focusing and maintaining clarity in a violent crisis is critical; it is also vital to achieving a state of centeredness and peace afterward. "Relaxation, meditation, guided imagery, yoga, qi gong, art expression, and writing may play an important part in a holistic approach aimed at helping survivors regain their sense of self" (Barrett, 2003, as cited in Centeno, 2013, p. 15).

Meditation is an ancient practice that arose within religious doctrine but which many non-religious individuals practice with great benefit as a routine part of life. Meditation is a system of learned behaviors that guide attention and focused awareness, emphasizing mental, emotional, and spiritual control. Compson (2014) noted many studies showing the benefits of meditation, "particularly for mindfulness meditation. It is clear that taught and practiced appropriately, mindfulness meditation practices are highly beneficial" (p. 274). Mindfulness helps victims remain aware and connected in the moment without focusing on past traumatic events they have endured or witnessed, thereby enhancing the ability to cope. Meditation also positively affects the mind, body, and spirit (Sedlmeier et al., 2012; Wachholtz & Pargament, 2005) and can help counter debilitating thoughts, flashbacks, phobias, and recurring dreams stemming from trauma-related exposure.

Trauma and expressive writing (journaling). Art therapies can also help cope with trauma-related stressors, affording victims the opportunity for positive release through creating writing, art, expressive dance, music, and drama (theatre). When trauma has changed someone's view of the world, art and writing can also help make sense of these events. Byrd (1999) reported, "Throughout human history, individuals, communities, and societies have experienced traumatic events that have profoundly challenged their fundamental views of themselves and basic assumptions about the world" (p. 25). He expounded further, "Evidence of the schema-shattering effects of trauma as well as the psychic, somatic, and emotional symptoms that often accompany it can be found throughout art and literature" (p. 25). Homer (2010) explained, "Because traumatic events are stored as imagery, expressive art processes may provide a particularly effective method for processing and working through the experiences" (p. 5). Curry (2011) noted,

The experience of human suffering is universal. It transcends cultural and political boundaries, necessitating continued movement within the field of psychology toward multiculturally responsive research and practice. In this pursuit, written expression has emerged as a potentially valuable alternative to traditional psychotherapy.

The benefit of expressive writing has been advanced by James Pennebaker's efforts to understand cognitions and language inside the therapeutic process. "Pennebaker's Written Expression Paradigm (WEP) is a laboratory writing technique in which participants are asked to write about an important emotional event in their lives, exploring their deepest associated thoughts and feelings" (Curry, 2011, p. 19). According to Pennebaker and Beall (1986), when a victim journals about traumatic life experiences, the emotional release and catharsis experienced prompts psychological and physical healing and wellness. Creative writing techniques are also accessible and cost-effective.

Summary

Violent victimization represents a double-edged sword when considering that victims (who, in most instances, have experienced undue pain and loss through no fault of their own) must then assume full responsibility for their mental, emotional, and physical recuperation and wellness. The research raises gender-based considerations: many victims are young girls or adult women.

The research concludes that violent crimes often go unreported; stress-related symptoms and physical injuries go untreated, which has adverse ramifications and debilitating symptomatic effects. When considering that many female victims of violent crimes choose not to seek professional intervention and quality care, it is vital to explore the following holistic approaches as possible coping mechanisms to be engaged during or after violently traumatic experiences:

spirituality, human resilience, meditation, and expressive writing. Chapter Three will describe in detail the methodology of the present study.

Chapter 3 – METHODOLOGY

"Research is something everyone can do and ought to do. It is simply collecting information and thinking systematically about it."

- Raewyn Connell

This research study sought to explore how women who had been violently victimized but had not sought any professional intervention reportedly coped or could not cope with their ordeals; the study also asked about the residual effects and overall ramifications of these experiences on women's lives. According to Beroiz (2005), "Violence is a phenomenon that 'travels' across spaces, in both physical and discursive forms, and affects all members and institutions of society in multiple ways" (p. 2).

The researcher explored various aspects of violent victimization through semi-structured interviews, including why medical treatment was not sought when needed, why psychiatric, psychological, and therapeutic interventions were not pursued, and any other self-reported adaptive or maladaptive coping strategies discussed during the interviews. The research also explored *spirituality* and *human resilience* as inherent ways that victims can cope in the wake of violent victimization, in addition to *expressive writing* and *meditation,* which are potentially beneficial psychosocial strategies for offsetting the residual effects of trauma-related symptoms and stressors, especially in cases of repeated exposure (e.g., molestation, rape) when no other treatment was sought or accessible.

Research Design

According to Creswell (1994), a good research undertaking starts with selecting the topic and the paradigm. A research paradigm is an explorative approach or model specifically used as

a guiding force by which research is conducted, with phenomenology being one of those approaches.

Qualitative study with a phenomenological approach. A qualitative approach was used for this study. Qualitative research utilizes representations from natural settings, which are observed, analyzed, and reported in terms of their meaning, understanding, and overall importance. “Qualitative researchers are interested in understanding the meaning people have constructed, that is, how people make sense of their world and the experiences they have in the world” (Merriam, 2009, p. 13).

In particular, this study used “Phenomenology—a form of qualitative research in which the researcher attempts to understand how one or more individuals experience a phenomenon” (Teddlie & Tashakkori, 2003, p. 7). Phenomenology, referenced as the science of phenomena, is described as follows: “To arrive at certainty, anything outside immediate experience must be ignored, and in this way, the external world is reduced to the contents of personal consciousness. Realities are thus treated as pure ‘phenomena’ and the only absolute data from where to begin”(Eagleton, 1983, p. 55).

Phenomenology was selected as the approach for this qualitative research study so that participants who had reportedly experienced violent victimization and trauma would be allowed to provide detailed accounts of what occurred based solely on the facts as they recalled them, without any subjective, misguided, intrusive, obstructive, or external influence. This would enhance the study's validity, rigor, trustworthiness, and credibility and help identify, explore, and reduce any personal bias, judgment, or subjectivity of the researcher. Other aspects of the study that should have contributed to participants’ speaking openly included informed consent,

confidentiality, the privacy of interview locations, and the researcher's providing transcripts for review.

The semi-structured interview allowed participants to expound upon their answers and personal beliefs. Participants were asked about their experience with violent victimization, why they did not seek formal services, how they relied upon spirituality, human resilience, expressive writing, and meditation to aid them with overcoming their ordeals, and how effective they believed each to be. This approach is also consistent with a strengths perspective, which Bell (2003) described as "turning away from rational, empirical models that order and codify reality, toward a constructivist view, which holds that the identification of human problems reflects not objective reality, but the perspective of the one doing the looking" (p. 513).

The interviewer also attended to how participants responded to the questions describing their experiences and used naturalistic inquiry to guide them when collecting and analyzing the data. Beuving and Vries (2015) wrote: "An initial definition of naturalistic inquiry is studying people in everyday circumstances by ordinary means. This includes observing how people go about their daily business and interact, listening to what they have to tell, considering what they accomplish and produce, understanding their stories, interactions, and accomplishments, and reporting back to them." (p. 15). The lived experiences and unforgettable realities of those participating in this study were captured and represented in a meaningful, honest, beneficial, and respectful manner.

Community-based research. Community-based research explores and addresses societal issues that have an adverse impact. It refers to the "process that brings researchers and community members together to research a problem of concern to the community collaboratively" (Radda et al., 2003, p. 204). These endeavors require a sound understanding and

collaborative cohesion between competent researchers and research participants who desire to realize increased awareness, positive changes, and the overall betterment of our community. This qualitative study was approached as a community-based endeavor designed to give victims of violent victimization a voice of prominence and meaningful consideration that they might otherwise never have achieved in their lifetime.

Rationale for Qualitative Research in Terms of Research Questions

The research questions for the study were as follows:

Q1. After violent victimization and traumatization, what steps did the participant undertake to address her mental, emotional, and behavioral stability and wellness (if any)?

Q2. Reflecting on their personal experience(s) with violent victimization and traumatization, what did the participant determine to be helpful or unhelpful for survival and coping?

It was anticipated that speaking openly during the interview process would help victims of violent crimes gain greater awareness of the coping mechanisms they inherently possess and can draw from at any time when coping with victimization and trauma. When considering that many victims who have suffered through violent crimes never seek professional intervention and support, it would be beneficial to determine if and how the participants voluntarily engaged in any coping strategies during or post-incident and which they deemed most helpful from their perspective.

Participants

Inclusion criteria. The participants selected for this research study had to adhere to the following criteria: adult women aged 18-64, report having no medical conditions that would hinder participation in the study, able to read and speak English, have a history of violent

victimization (to include having never received any professional intervention or support, e.g. crisis intervention, psychoeducation, psychotherapy, etc.) and recall utilizing psychological and psychosocial-based coping strategies (e.g. deep breathing, psychotherapy, artistic expression, focus shifting, etc.) both during and post-incident. They also had to voluntarily consent to participation in the study with no expectation of public accolade or compensation and were permitted to withdraw from the study at any time. The exclusion criteria were: adult men, children, adult women age 65 or older, not medically able to complete the study, not able to read and speak English, never violently victimized, previously sought therapeutic intervention and dedicated support post-incident, or expected public recognition or pay for their participation.

Sampling design. Sampling design refers to how individuals from a population are chosen for a sample (Creswell, 2013). Adult females who have been violently victimized but chose not to seek professional therapeutic intervention and dedicated support may neither be interested nor available to participate in a study, so it may be difficult to sample in a systematic fashion, such as a random sample. Therefore, a convenience sample was collected for this study; participants were considered for the study if they were women aged 18-64 who were interested in the study, met the inclusion criteria, and did not expect public recognition or compensation for participation.

The participants were selected from two local church communities, six from each church, with 12 eligible participants selected. Typically, qualitative studies involve selecting a sufficient number of individuals so that adequate interviewing will achieve saturation, such that collecting additional interviews does not necessarily yield any crucial new information on the concepts at hand. Mason (2010) wrote:

Qualitative samples must be large enough to ensure that most or all of the perceptions that might be important are uncovered, but at the same time, if the sample is too large, data becomes repetitive and, eventually, superfluous. Suppose a researcher remains faithful to the principles of qualitative research. In that case, the sample size in most qualitative studies should generally follow the concept of saturation (e.g., Glaser & Strauss, 1967)—when the collection of new data does not shed any further light on the issue under investigation. (Mason, 2010, para. 2)

For phenomenological studies, 5-25 participants should be enough (Creswell, 2013). Morse (1994) wrote that qualitative studies should have at least six participants.

For this study, the 12 interviews were enough to elicit key themes without needing more participants, achieving saturation (Mason, 2010). Key themes included problem-focused and emotion-focused coping, finding new meaning, and using alternative coping. The sample also had varied demographics and experiences of violent victimization.

Participant Protection and Informed Consent

It is of the utmost importance that participant selection and research processes are undertaken unbiased and ethically to ensure that the more significant population is fairly represented. Misrepresentation in any manner could jeopardize the integrity and credibility of the research and unintentionally skew the outcomes.

Protecting and preserving study participants was ensured by adhering to the American Psychological Association (2016) Ethical Principles of Psychologists and Code of Conduct (amended version). Additionally, all mandatory requirements and guidelines outlined by the National Louis University Institutional Review Board were respectfully adhered to, as were any respectful considerations and requests presented.

Each participant read and signed an informed consent document detailing the purpose of the research study, inclusion criteria, and the procedure, including audio-taping, participation in an interview taking up to one hour, and review of the transcript. Participants were informed that their answers were anonymous and confidential and that no identifying information would be used to write up the findings. Participants were also told of the risks and benefits of the study and that they had the right to withdraw from the process at any time with no explanation needed or any fear of reprisal. A possible risk of the study was that recounting experiences with violent victimization might trigger anxiety and require immediate intervention and support. The interviewer had mental health referrals available if needed. A possible benefit of the study was that it could allow women to tell their stories and bring greater awareness to society of the impact of violent victimization and ways to cope.

Participants were also told that their data would be kept in a locked file cabinet for three years after the study was completed, after which the audiotapes and transcripts would be destroyed. The participant signed consent to participate in the study and be audiotaped. The interviewer also signed the consent form. Two copies were signed so that the participant could take a copy home.

Recruitment and Selection Process

A recruitment flyer (Appendix A) was distributed to local community churches that agreed to participate in this research endeavor. The flyer detailed the type of research study, the reason for the study, its being voluntary and confidential, the requirements to participate, and the researcher's contact information. Both pastors were asked to post the flyers openly in their church settings for 15 days maximum. The researcher also announced the study during the church service.

After interested individuals contacted the researcher, she pre-interviewed them via phone to determine whether they were eligible for the study. She conducted a Brief Screening Interview (Appendix B) to verify that the individual had experienced violent victimization, had not sought professional intervention or support, and felt up to participating in a face-to-face interview to discuss her emotional and behavioral experiences of the ordeal as well as her coping experiences during and after the ordeal.

The first six eligible responses received from each church were selected to participate in the study. Two alternates were also selected if any participant withdrew from the study or saturation was not read and needed to be relieved. The researcher and each participant then scheduled the semi-structured interview in a quiet, private location, whether a church room, a coffee shop, or the participant's home.

Instrumentation

Qualitative research is often used for exploratory studies and was appropriate for this study on the under-researched topic of how women who have experienced violence but have not sought help can find ways to cope. This study's interviews used a semi-structured interview protocol with nine main questions and additional sub-questions (Appendix C). A limited number of questions with closed-ended responses (e.g., demographic data) were also used to provide context for the present study; these asked about age, ethnicity, level of education, whether the women worked, marital status, and number of children. After the demographic questions, the interview protocol directly addressed this study's research questions regarding participants' emotional and behavioral experiences of violent victimization and trauma, whether and why victimization was or was not reported, why the participant did not seek professional intervention

or support; affinity to spirituality and experiences of resilience and spirituality to help in coping during and after the ordeal; and other coping methods used during and after the ordeal.

"Memoing" (Miles & Huberman, 1984, p. 69) is another critical data source in qualitative research, integrating any process notes and journaling completed by the researcher as a testament to what was witnessed, subsequent thoughts and feelings, and consideration of the data-collection process overall. Miles and Huberman (1984) emphasize that memos (or field notes) must be dated so that the researcher can later correlate them with the data. For this study, the researcher used field notes to help record her perceptions of how helpful the participants perceived their coping strategies to be in addressing their trauma. Ensuring a concise distinction between data collection activity and notes detailing moments of reflection is also very important.

Data Collection

The study's principal investigator conducted face-to-face audiotaped interviews with participants in a quiet and private setting at a time of the participant's choosing. The interviews took up to one hour. Participants first completed Research Participant Consent Forms (Appendix D). The interviewer then asked the interview questions in the same order for each participant; fidelity of procedures helps establish reliability for interview data (Creswell, 2008).

The interviewer conveyed interest in the interview and probed responses for clarification but tried to avoid expressing opinions or value judgments, including those based on her work as a counselor or activist in this area. To help make the interview more valid and reliable, the interviewer tried to set aside any preconceived ideas on this topic (Creswell, 2008). All participants in this study had chosen never to seek professional therapeutic intervention and support; in addition, some may have never sought medical treatment as needed, or they may have never divulged their victimization to anyone until now. Therefore, it was important that all

participants felt comfortable and treated with a level of respect that would elicit trust, commitment, and willingness to be honest and forthright in all reporting efforts from start to finish. This afforded a safe platform for participants to share their stories, could contribute to their reporting additional information, and gave them the honor of having a respected voice where there may have been none before. After the interview, the interviewer thanked the participants and gave them their interview transcripts for review.

Research Data Analysis

Once the principal investigator had transcribed the interviews using the Otter.ai audio recording and transcription software which transcribed each interview taping into typed format with the option to highlight specifics, make notations, etc., categorical themes in the data were coded (see Appendix E).. Both the primary and alternate coder engaged in thematic coding and analysis by looking for common words or phrases across interviews in order to code themes. For example, one question asks: "How would you describe your level of awareness and understanding of how to best self-protect from violent and traumatic situations before the incident?" Based on the responses received, examples of the categorical themes to be explored were: education, safety, exposure, or specialized training. To reduce bias and promote rigor, two coders coded the data separately, entered their codes into an EXCEL spreadsheet, compared and reconciled codes to establish inter-rater reliability, and created categories to specify themes. This made it possible to clarify themes, create new categories if necessary, and resolve any divergence in coding.

Before reconciliation of themes, the coders agreed 80% average with both coders initially generating a group of theme considerations with (some alike while others varied); however, they were able to reach aligned consensus post a compare-and-contrast discussion. The primary

researcher, in the coder capacity, thoroughly reviewed all 12 interview transcriptions for each participant, she created designated columns for each on a whiteboard, she used a highlighter to note potential categorical themes (e.g. coping, reporting, etc.), the emerging themes were added to the columns under the participant with an assigned code, supporting notes, reference points and sub-themes created, and this information was formatted in the form of a EXCEL spreadsheet for the sake of concise presentation and review with ease.

Looking at frequency distributions of responses to key questions can suggest patterns of trauma, common barriers to seeking help, or why the women may have used some forms of coping more than others, and may prompt deeper analytical consideration regarding the outcomes. According to Creswell (2008), data analysis should be conducted "using rigorous procedures in recording data, inspecting it, analyzing it, representing it in tables and figures, and drawing interpretations from it" (p. 612).

Trustworthiness

Trustworthiness or rigor of a study refers to the degree of confidence in the data, interpretation, and methods used to ensure the quality of a study (Polit & Beck, 2014), such that the researcher and the work are deemed authentic, credible, and beneficial. Trustworthiness is symbolic of the factuality, conciseness, genuineness, and transparency represented, which helps create interest, receptivity, trust, and an unwavering belief in the integrity and unbiased nature of the research endeavor.

Because it is not uncommon for researchers to bring presuppositions into their qualitative research, they must recognize the potential for bias and take steps to abate or minimize it to the fullest extent possible. Thus, interpretive methods should be wisely supplemented by establishing boundaries, even figuratively, between self and research data (Shufutinsky, 2020).

Establishing credibility, dependability, confirmability, transferability, and authenticity collectively define trustworthiness (Lincoln & Guba, 1985) and were integral to this qualitative research endeavor.

Credibility. The credibility of the study, or confidence in the truth of the study and its findings, is the most critical criterion for trustworthiness (Polit & Beck, 2014). Credibility is best established by ensuring that proven scientific methods, protocols, and procedures are undertaken, with an emphasis on best practices and ethical standards. For this study, credibility was established as follows: (1) Previous research on the topic was reviewed, incorporated, and referenced, and approved qualitative research methods, strategies, and techniques were used. (2) Pre-screening via telephone ensured that potential participants understood the objective goal of this research study and met the established participant criteria. (3) For participant selection, the researcher accepted the first six eligible volunteers from each church to negate the possibility of bias and personal preference. (4) The researcher contacted participants during the semi-structured interview and confirmed their existence, overall presentation, and verified capacity to participate; interviews were audio-recorded and transcribed. (5) Two coders coded the data to ensure reliability and credibility. Researchers can help prevent confirmation bias by partnering with others, such as faculty members, co-researchers, and other colleagues, to serve as code-checkers, enrolling them as objective sets of eyes and minds to analyze and code the raw data secondarily. (6) The researcher overseeing this qualitative study is a credentialed mental health professional with a long-term history of offering crisis stabilization and intervention, professional counseling, and support services to women with a history of violent victimization. (7) Credible data collection had to be approved and designed to ensure appropriate responses for data assessment, coding, and generation of reports. (8) The study was overseen by professionals

in counseling psychology who were knowledgeable, credentialed, qualified, and well-versed in the subject and research methods.

Dependability. Dependability refers to the stability of the data over time and the conditions of the study (Polit & Beck, 2014). Dependability was established for this study in the following manner: (1) The phenomenon studied—coping in response to violent victimization—is an enduring concern that has been well-researched. (2) Before the interviews, participants were screened about their previous experience of violent victimization and coping so that it was possible to depend on each participant's truthfully recounted personal experiences. The selection criteria were detailed and specific, including only those with the ability and willingness to recount their personal experiences without concern for compensation. (3) Participants had the opportunity to review and edit transcripts of the interviews. (4) The researcher and secondary coder ensured a two-step analysis process to include initially coding the data, taking a specified break (e.g., two days) away from the coding process, and then re-evaluating the data from a fresh perspective to ensure they perceived the same themes. For the most part, the coding did not change. If there were differences, the coders discussed them and agreed on one code. (5) Qualitative data analysis helped ensure sound reasoning and interpretation of all data collected. An inductive analysis process was used to understand the phenomena under investigation and generate hypotheses based on the data gathered and the interpretation of that data.

Confirmability. Confirmability pertains to the degree to which findings are consistent and can be repeated. It is vital for the researcher to document what steps were taken, offer concisely and comprehensively why those particular steps were taken, document the effectiveness of the steps and efforts undertaken, and provide a synopsis of the outcome. External parties interested in the research may request a more in-depth glimpse behind the

scenes, the researcher may be asked to present the research publicly (e.g., conferences, seminars), the researcher may decide to publish the work, or third-party researchers may request information from the said study to support their efforts.

Hernon (2001) cites David R. Krathwol's depiction of high-quality research as an excellent portrayal of how the processes engaged should work uniformly. High-quality research has a 'chain of reasoning' that is credible, rational, conceptual, and bonded together. He likens the bonding to a chain-linked fence, with each component solidly linked to the previous one; there are no weak links in the chain. (p. 81).

In the present study, confirmability occurred in that (1) the researcher had a clear and consistent chain of reasoning that included overarching research objectives, supporting theoretical premise and foundation, referenced sources, detailed methodology, clear communication of research goals to participants, interview questions that elicited relevant information, published research outcomes, professionally-driven and monitored process, in addition to identifying information maintained of all parties involved in this research endeavor from commencement to the successful termination of the project. (2) The researcher used reflective journaling during data collection, coding, and analysis to provide a comprehensively documented trail of steps undertaken and associated outcomes. During the qualitative inquiry, researchers used multiple tools involving the self to consider ideas and thoughts, record them, and save them for later analysis. Journaling and memo-writing are two standard methods for accomplishing this (Creswell, 2013). (3) Interviews were audio-recorded and transcribed. (3) Triangulation was also represented by focusing on violent victimization from different individual perspectives. The objective was to confirm patterns in the data and develop new theories in addition to limiting biases.

Transferability. Transferability, or the extent to which findings are useful to persons in other settings, is different from other research aspects in that readers determine how applicable the findings are to their situations (Polit & Beck, 2014). The findings of this study should effectively transfer to victims of violent victimization, medical professionals, mental health professionals, law enforcement, attorneys, victim advocates, and educators. To ensure transferability: (1) A detailed background history of violent victimization, statistical data, and relevant experiential accounts were provided as a strong foundation for this study. (2) The study presented in-depth information on violent victimization and the needs that typically arise from it, permitting comparisons for other research from the victim's perspective.

Methodological Assumptions

Critical assumptions for this study come from positivism and social constructivism. The *Oxford American Dictionary and Thesaurus* defines *positivism* as a system of philosophy recognizing only that which can be scientifically verified or logically proved (Stevenson & Lindberg, 2010). As it relates to methodological assumptions stemming from the positivistic perspective, the emphasis would be placed on ensuring validity by maintaining objectivity within any measures used. In addition, the data would be collected, coded, and analyzed factually and confidentially.

The study also assumed an interpretive constructivist perspective centered on data collection through media such as structured or semi-structured interviews and real-time observations. It was assumed that one could depict and explore a participant's experiences through open-ended questions and carefully maneuvered dialogue to extrapolate critically relevant information. Mittwede (2012) concluded that "Constructivism has a relativist ontology, wherein 'realities' are perceived as a multiplicity of intangible mental constructs which are based

in human experience" (p. 27). Using valid testing instruments and questionnaires to collect demographic data and other pertinent information was also executed under the good-faith assumption that study participants would answer all of the questions honestly and forthright to the best of their knowledge and ability.

Limitations and Delimitations

The following limitations in this research study were possible: (1) The primary researcher might have had some personal bias related to personal beliefs and similar past experiences. (2) Pre-imposed time constraints limited time to conduct the study. (3) Successful study completion required access to the selected population. (4) It was imperative that participants self-report openly and honestly. (5) This study had no established budget, so any costs would be out-of-pocket. (6) Sampling from churches was also a limitation.

Delimitations of the study were related to the inclusion and exclusion criteria (see above). To ensure a participant pool that would most likely subscribe to the tone and intent of the present research, the participants selected had to meet the following requirements: adult women aged 18-64, perceived physical ability to participate, speak English, read and write proficiently, have a history of violent victimization, have had no professional intervention or care, recall utilizing psychological adaptations and strength-based approaches, and voluntarily consented to full participation with no expectation of compensation. The strict confines of the participant pool would, in turn, dictate the exclusion of the following: adult men, children, women aged 65 and older, perceived physically unable to participate, non-English speakers, literacy challenges, have never been violently victimized, have had professional care and intervention, or expect to be compensated for their participation.

Conclusion

This chapter detailed the qualitative research conducted for this study, including the sampling strategy, questions for semi-structured interviews, screening and interview process, data coding with multiple raters, inductive data analysis, and procedures to establish the trustworthiness and ethics of the research. Chapter Four will present the study's results, and Chapter Five will interpret the findings and discuss implications for current and future interventions.

Chapter 4 - RESULTS

Chapter 4 presents the results of the study and a summary. The study had two main research questions:

Q1. After violent victimization and traumatization, what steps did the participant undertake to address her mental, emotional, and behavioral stability and wellness (if any)?

Q2. Reflecting on their personal experience(s) with violent victimization and traumatization, what did the participant determine to be helpful or unhelpful for survival and coping?

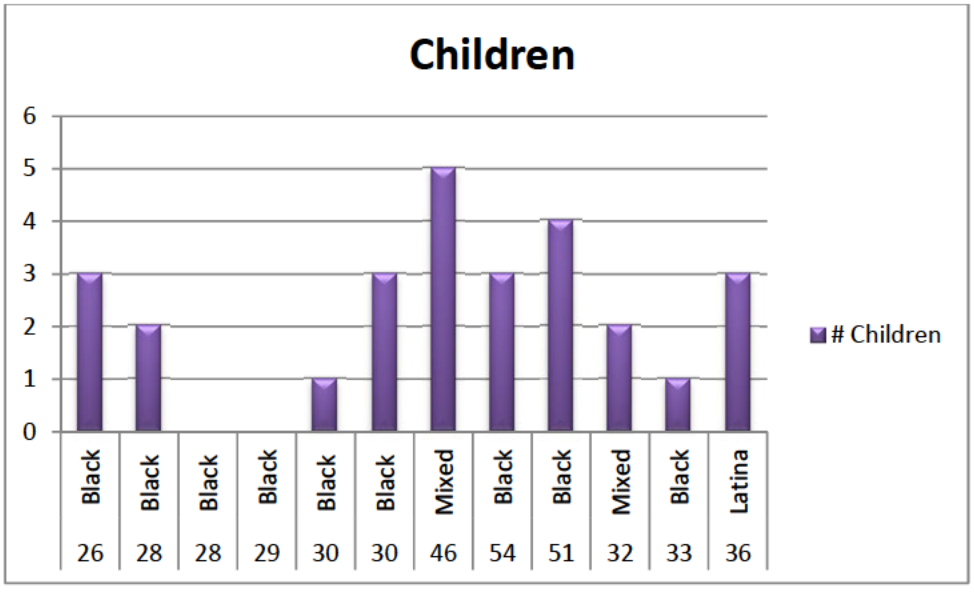
Demographic Characteristics of the Participants

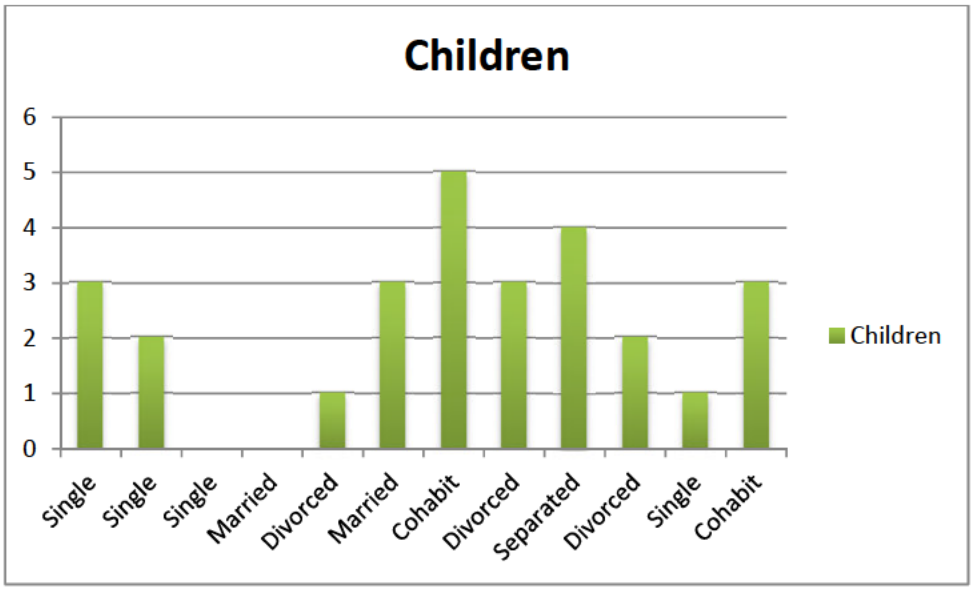
Twelve women participated in the study (Table 1). The majority were between 20 and 40 years old. Ten were African American, one Latina, and two of mixed race. Most had a college education, and most were employed. Three were married, four divorced, and five single; the majority had children, whether one or two children ($N = 4$) or 3 or more ($N = 6$).

Table 1

Demographic Characteristics of Sample

Person	Age	Ethnicity	Education	Job	Partner	# Children
1	26	Black	H.S.	Yes	Single	3
2	28	Black	Some college	Yes	Single	2
3	28	Black	M.A.	Yes	Single	0
4	29	Black		Yes	Married	0
5	30	Black	A.A.	Yes	Divorced	1
6	30	Black	Some college	Yes	Married	3
7	46	Mixed	A.A.	Yes	Cohabit	5
8	54	Black	H.S.	No	Divorced	3
9	51	Black	Some college	Yes	Separated	4
10	32	Mixed	H.S.	Yes	Divorced	2
11	33	Black	M.A.	Yes	Single	1
12	36	Latina	H.S.	No	Cohabit	3





Types of Abuse Experienced

The types of abuse and responses determined were coded for when they occurred. Six (50%) of the 12 participants reported being abused as children or teens, and eight (67%) reported being abused as adults (Table 2). Two people who reported abuse both as children and adults. One said she was abused by her mother and uncle as a child and had an abusive partner as an adult. The other said that as a teen, she had a verbally and physically abusive boyfriend who later became very verbally and physically abusive.

Table 2

Experiences of Abuse and Seeking Help from the Police by Participant

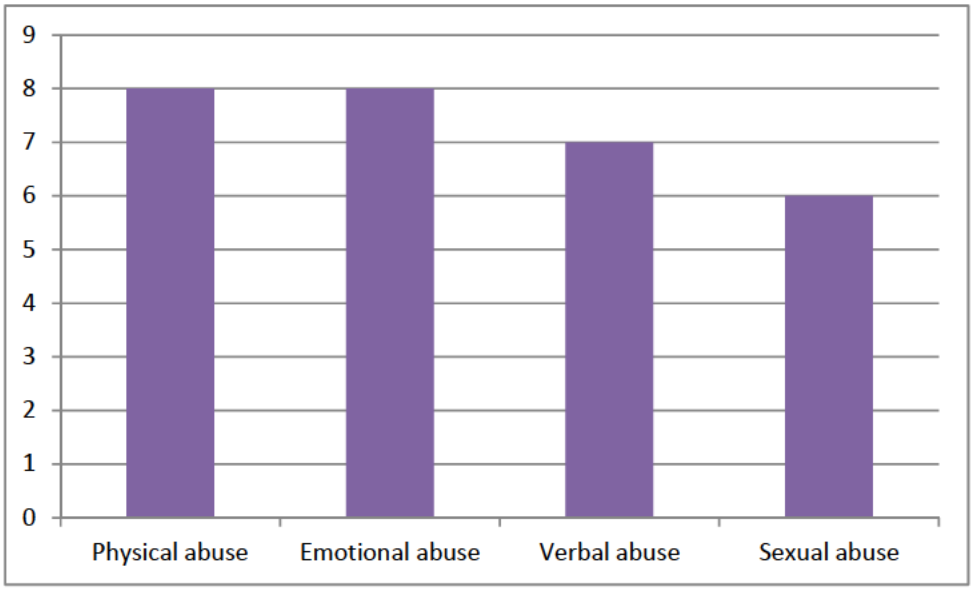
Person	Age abused	Type of abuse				Others at risk	Called police
		Physical	Verbal	Emotional	Sexual		
1	Child				x		
2	Child, Adult	x	x	x	x	Daughter,	Yes, as adult

						friend	
3	Child, Adult	x	x	x	x		
4	Child			x	x		Parent did
5	Adult	x	x				Yes
6	Child			x	x	Sister	
7	Adult	x	x				
8	Adult	x	x (cyber)				Yes
9	Adult	x	x	x			Yes
10	Adult	x	x	x		Unborn baby	Yes
11	Child			x	x	Relatives	
12	Adult	x		x	x	Unborn baby	Yes
	Total	8	7	8	7		

Table 2 also shows that participants reported several types of abuse, including emotional abuse ($N = 8$, 67%), physical abuse ($N = 8$, 67%), verbal abuse ($N = 7$, 50%), or sexual abuse ($N = 6$, 50%), attempted sexual abuse or unspecified molestation ($N = 1$, 8%). Compared to participants abused as children, participants abused as adults were more likely to report physical abuse (7 out of 8 compared to 1 out of 6) and verbal abuse (5 out of 8 compared to 2 out of 6). Participants who were abused as children were especially likely to report being sexually abused (4 out of 6 compared to 2 out of 8 for adults.) All four of the participants who reported childhood sexual abuse reported multiple perpetrators. Participants also reported that other people were at risk at the time of the abuse, including a sister, cousins, their children, or a friend (Table 2).

Seven (58%) participants reported the abuse to the police. This was more common for people abused as adults (6 out of 8) than as children (1 out of 6).

The themes of the study are discussed next. An outline is presented in Appendix E.



RQ 1: Steps To Mental, Emotional And Behavioral Stability And Wellness

Reporting the abuse. One strategy that some participants discussed when stabilizing their situations was reporting the abuse to someone who could intervene and provide assistance, such as law enforcement, a friend, or a relative. However, not everyone reported their victimization, and reporting to a third party was not necessarily as helpful as anticipated once the necessary steps were undertaken.

Reported abuse to the police. Seven out of 12 participants (58%) mentioned contact with the police about the victimization; six were adults at the time of victimization. One child's parents also reported a relative's abuse to the police. However, it was more common for participants to drop the charges than to follow through when initiating a complaint with the police.

Dropped charges. Of those making police reports, three people dropped the charges; one participant who initially dropped the charges later attempted a restraining order unsuccessfully. Two participants reported dropping charges against their romantic partners. Person 10 said, "When I return to the memories, I say how stupid I have been because I love this guy so much. (Did you report your victimization?) Yes, but I dropped the charges because he asked me to."

Person 2 also dropped charges against her partner because of fear and negative responses from others concerning her contacting the police.

Person 2: It got awful at one point. I did call the police, and he was arrested, and his family attacked me and called me names like the devil. I should not do that to somebody I am with, and how can I call the police on my child's father? So, they made me feel inadequate as a person. So, with me doing that, being with him, and knowing him, I dropped the charges. Eventually, I got a restraining order, which ended our relationship. I had a restraining order, but I felt like the restraining order did not even protect me because even the restraining order was current. I got run off the road. He took a screwdriver and came in through my window. He was still contacting me. He was still showing up at my house, and he got arrested. However, the charges were dropped. So, I feel like nothing was done, even with the restraining order. I even had his voicemail saying he would come burn my house out with my daughter and me in it. They did not do anything. So, I never did anything.

(Asked what she would have done differently.) First, I would not have stayed, and I would have contacted law enforcement and let the charges remain instead of worrying about someone else's opinion of someone abusing me. I would let them deal with the consequences of them judging him abusing me.

Followed through with charges. Two other participants followed through with their police reports. Person 8 was physically assaulted as she sat in her car; a teenage acquaintance threw coffee in her face and hit her as someone videotaped the attack; the videotape was circulated on social media unbeknownst to her. Later, someone sent her the video, which she gave to the police as she pressed charges; reporting to the police helped her feel safer to go out again.

Person 8: She made a video, and I did not know that either. So, the video went on Facebook, and I was humiliated because everyone was laughing at me. I got beat up, and I was embarrassed. I went into a shell. However, someone sent me the video, and I could give it to the police department. When they got the video, they charged it with battery, and it went to the state attorney's office, and they have enough evidence to press charges. So, she is being charged with battery, which is a felony.

Moreover, as we speak, she has a warrant for her arrest…. I got up, and I came out of my shell. I have gone places and am not afraid anymore because I know she has that charge. She has a warrant for her arrest. So that makes it easier for me to go and not worry about her touching me again. The old me would not have pressed charges, but I have to teach her a lesson. You cannot put your hands on people and not expect consequences. A parent also reported his daughter's victimization; the perpetrator was later jailed. However, most of those abused as children were not in a position to report to police, nor were their caretakers if the family was protecting an abuser who was a family member.

The victim was arrested instead of the perpetrator. Another participant who contacted the police was arrested herself. Person 5 got into a physical altercation with her partner, who punched, pushed, and choked her. She defended herself by scratching him in the face and was

arrested and jailed overnight because he had visible injuries, but she did not. As a result of being arrested, the participant said that she would not call the police in the future if anything of this magnitude should occur, but she would instead call family first.

***Reported family abuse*.** Instead of reporting to the police, three of six participants who had been abused as children reported the abuse to relatives; however, family members did not necessarily believe the children or support them.

Person 1: Well, I remember one that I did report. No one knows besides my older sister. Nothing was done like my older sister did not believe me; she made it as if it was normal. I felt like I could not trust her anymore. Ok, um, we are not; we have never been close. It pushed me away because I did not feel protected or safe with her.

Sexually molested by her uncle, Person 3 also told her mother, but she was not believed, and as a result, delayed reporting ongoing abuse activity, which allowed more victimization to occur. "So then it went on for another year and a half, and then I told her again, and she finally believed me. The family moved out, but they pretty much moved to the apartment next door, so that did not help." And when Person 4 told her mother about being sexually abused by her mother's ex-husband, he retaliated: he "fake-cried" and the daughter was asked to leave home about a week afterward.

Participants who said they reported to unsupportive family members said they felt helpless, not believed, untrusting, and alone. Several said they internalized the abuse and blamed themselves; this will be discussed further below.

However, three participants victimized as adults did feel comfortable talking to close relatives, who offered them a place to stay (in two cases) or offered support.

Person 2: She (her sister) was taking me out to eat. She has invited me everywhere like I was always with her. Moreover, she will always check up on me. Moreover, whenever I saw her, she would ensure I was OK. She spoke life into me, and from that day on, I was like, I deserve better. She will always tell me, you deserve better. You deserve better, and I began to believe it.

A few participants also went to an agency or the church for help. Seeking help from a group reportedly helped the victim decide for positive change and to leave the abuser.

Person 12: Information in the community helped me tremendously for me and my children. As we get involved in situations, we tend not to be honest about what we face. People I met made me comfortable with the truth.

Person 12 continued, "I share my information and resources with my family and friends. We will leave at the first sign of violence or danger, and I will continue to seek education." The participants who sought help from churches or agencies seemed to benefit from feeling heard, validated, and supported, giving them the strength to make changes.

Victimization is unreported. Although most of the interviewees in the study sought to report the abuse they experienced, three participants said they did not tell anyone about the abuse when it happened. As a child, Person 6 did not report sexual abuse because she did not know the name of the unknown individual who molested her in a household where strangers came and went. Shortly afterward, the children were taken away from the home due to neglect. Person 11 also did not tell adults in the family about child sexual abuse because she was embarrassed. An older cousin molested her while the cousins were experimenting with child-sex play.

Person 11: Most people ask, "Did you tell anyone? Did you tell your mom? Did you tell your grandma, aunt, or anybody who could help you?" Moreover, if that did not matter, it is the embarrassment to yourself, and it makes you, you know, stay in place and not tell specifically. I

do not know why I never said anything because I do not feel like I had the type of mom who would shun me for that, but for some reason, the embarrassment was debilitating, and I do not even know why I was embarrassed. It was not a comfortable topic to discuss, or maybe it was just something that was not taught. You know, in my community, we did it. We made it taboo. Instead of opening up conversation for little girls like me, it would be comfortable, you know, dealing with, you know, things of that nature.

Person 7 was embarrassed to report her husband's physical violence and said she felt paranoid about trusting anyone.

Person 7: I always thought I was in danger and somebody was about to grab me. I felt betrayed. I still feel betrayed. I feel like the system is full of crap because it does not protect us. That is like a slap in the face. You know, like my life is that I am dealing with it…. Unlike others, I don't complain; I deal with it.

Coping after victimization and traumatization. After violent victimization and traumatization, participants also had to find ways to cope with trauma. Several of the participants interviewed reported feeling traumatized ($N = 10$, 83%), anxious ($N = 10$, 83%), depressed ($N = 9$, 75%), untrusting ($N = 9$, 75%), and angry ($N = 7$, 58%). There were differences in the experiences of those abused as children compared to those abused as adults. While most participants abused as children reported feeling angry (4 out of 6), only 3 out of 8 of those abused as adults reported anger. Similarly, most participants abused as adults—most often by romantic partners—reported feeling depressed (7 out of 8), while only 2 out of 6 of those abused as children felt depressed. Several participants said that attending to feelings was essential to advance, while others preferred avoidance of their feelings.

Keeping silent, isolating from others, suppressing feelings, and moving on. For the majority of participants, the first step in dealing with trauma was to keep silent about their feelings (*N* = 9, 75%), isolated from others (*N* = 7, 58%), and try to suppress feelings and move on (*N* = 6, 50%).

"I shut myself out," Person 4 said, "I do not want to talk to anybody…. I try to think about being positive and moving on from it." "I would change around certain people, so people that I did not generally feel safe around, those were the people that I would change around and withdraw from," Person 11 said. This helped her avoid thinking about the trauma and focus on her daily life: "I think I just suppressed it and forgot about it. I kept pushing things aside and remained focused on the task."

Person 1 also mentioned suppressing feelings and moving on. Molested by three different people as a child, she tried to talk to her sister about it, but her sister did not believe her. As a result, Participant 1 reported self-doubt and questioning herself.

Person 1: You do not know how to feel. You do not know. Just do not know what you are supposed to do; it just makes you change your mind on stuff like, OK, everything is supposed to happen. I was supposed to do this. You go to questioning yourself. Did I send off the wrong messages? Inappropriate things like you start questioning yourself.

Person 1 then tried to deal with the trauma by keeping moving.

Person 1: Well, it was traumatizing when it first happened, trying to remember back when it happened. I know I was not correct; it did not feel right, but how it was handled is that I just pushed it under the rug and kept moving. Just keep moving, keep moving regardless. So, it made me do that in every situation in my life. If bad stuff happened to me or crazy things happened to me, I like I had this happen, but I just kept moving through it all.

Keeping busy or distracted. In an effort to avoid coping with negative feelings associated with trauma, nine participants (75%) also reported engaging in daily activities that kept them busy, such as participating in school academics and extracurricular activities, seeing friends, going to clubs, or staying busy in general. Five participants (58%) also reported such forms of distraction as emotional eating, sleep, drugs and alcohol, watching TV, and promiscuous sex. Person 3 mentioned "false" activities that did not help her deal with her trauma responses.

Person 3: And I felt like, you know, going to the club, you had guys paying attention to you. You had girls that were hanging out with you. So, it was that false sense of inclusion. So, I embraced it because I wanted the attention. I wanted the friends, quote-unquote, friends. I wanted all of that. So I loved it at the time.

Person 6 added that she drank and engaged in promiscuous sex, but those activities created other problems:

Person 6: Yes, I used alcohol and seeking men, too; I was seeking men trying to fill a void I did not create. When you are exposed to something sexually or anything, once you do it, your body wants it is just a foolish thing. Yeah. So that is what I was doing, lusting after a feeling, even though it was back to my flesh, it felt good at the time. So, I was seeking that feeling or false sense of pleasure.

Drugs, alcohol, sex, and defiance, all my ways of coping were harmful. All of what I did was like putting a band-aid over a whole, and then it did not help. I made the situation worse because those things brought on other problems. So it did not help.

Later, Person 6 turned to a journal to get through the day. She was determined to find a positive way to cope.

Person 6: It is not how you start but how you finish. Do not let things of your past that hurt take you out or negatively define your future. Find your strength in every situation and focus on how you were strong in that hurtful moment.

Getting in touch with feelings. Another coping step that participants reported was getting in touch with their feelings about the trauma, such as engaging in writing ($N = 8$, 67%), meditation and prayer ($N = 6$, 50%), or listening to music, including gospel music. Social influencers on television or the Internet who have psychological insight could also help understand how to get in touch with feelings.

Journals and writing. For Person 6, a journal helped her get through the day but became a way to stop being silent. “I did journal in that they helped me in my silence. I do not know if it (the journal) just helped me to get through each day because each day was a struggle.”

For Person 1, a journal also allowed her to express and release her feelings to God, whom she trusted.

Person 1: Journals are critical. I have like four journals that are write, write, write, write, and write. I write how I feel to God because that is who I trust. If I wake up, I am having a bad day, and I feel like it is terrible. If I remember what happened to me, I write it to God. Everything I feel, I write, you know, my happy, my sad, my everything. I just started writing.

Moreover, it does help a lot. Moreover, I would say generally journal and write it down. Write it down because sometimes it is just better to get it out. Refrain from following the old mindset of what happens in this house stays in this house rule. Just be open to talking about it and pray that you get the right person to get it out and talk about it with.

Later, she found a church group that let her talk freely about her feelings and start to heal.

Person 1: Church is where I start to get my inner healing. When I started opening up about it, I found a group. I was able to talk about it without being challenged, without being, you know, talked about or looked crazy upon. Moreover, once I started getting it out and talking about all the emotions I went through in the past, the change started coming. You start to feel like you are healing. So definitely.

Although Person 1 found journaling helpful, Person 3 said it was less helpful because she needed to do it consistently.

Person 3: I like to write things down. I have a million journals, but I can never stay consistent for whatever reason. So I will start, and then I will drift away from it. Moreover, I say, oh, let me do it all again. However, it could be more consistent.

Prayer and meditation. Prayer was also described as a way to process feelings and ask for guidance. Person 4 was asked to leave the family home where her mother's ex-husband abused her. She prayed to deal with her anger, although she still isolated herself at times.

Person 4: I do pray a lot. I ask that you forgive me for how sometimes my thoughts are because sometimes I can get so angry just thinking about it. How could my mom let me out on the street with nowhere to go because this man told me I had to leave? It is not like I am a son. I am your daughter.

Furthermore, I just moved to West Point. I had nowhere to go yet. So sometimes, I have to take time and converse with that. Furthermore, sometimes that can ease my mind to it. However, other than that, I stay in my room or shut down and do not want to talk to anybody.

Person 9, whom her partner abused, found consolation and empowerment in prayer and meditation, which allowed her to move forward.

Person 9: Much prayer, a lot of, you know, just meditating helped me to forget through what I think is an ongoing process, though, because there is such a horrible feeling and vibe that goes along with being hurt by someone you love. It still hurts, but I find the strength to wake up daily and do what I need to do…. Praying and allowing my emotions to be laid out there, you know, just being very honest and open, that this hurts. This is painful. You know, I need something greater than myself to get through this….

Influencers. Another way that two people learned to cope with their feelings and situations alone was by listening to television personality and influencer Iyana Vanzant. Person 11 said this helped her explore how her past influenced her present situation.

Person 11: I watched a lot of Iyanla *Fix My Life* all the time. It was like my first introduction to psychological healing and reminded me of my past studies. I would hear terms that I heard in psychology when I was in high school and college. Yes, it would remind me, okay, like this is where you connect the dots, and this is where this trauma comes from and how you get compassion for this person. So, yeah, her TV show is what helped me. Iyanla Vanzant helped me see and understand the starting point of something and then being able to tackle the problem. So first is one of those things people always say: if you want to know who you are, look where you came from. So, for me, it was always finding the starting point and then working myself up from there and, you know, moving forward without any anger. Yeah, that is what I got from her show.

Seeking support from friends and community members. Participants also mentioned the value of speaking to others about their feelings. Three people reported speaking to close and supportive friends, but one teenager reported speaking to friends who gossiped about her.

Three people also reported speaking to church or community groups as adults, and all benefited from this experience of speaking with others who knew how to listen and could help them learn to cope. Person 1 said, "Church is where I start to get my inner healing. When I started opening up about it, I found a group. I was able to talk about it without being challenged." The group also taught her about self-care. Person 2 and Person 12 also found community groups helpful in facing the truth about their situations.

Person 2: Spirituality and conversations with strong women were beneficial in helping me overcome. It was all very beneficial, which helped me get out of it because I feel like if I had not met them, I would have stayed in it much longer than I did because they ensured I did not stay in it.

Person 12: Information in the community helped me tremendously for me and my children. As we get involved in situations, we tend not to be honest about what we face. People I met made me comfortable with the truth.

Finding new purpose and meaning. Another strategy that participants reported was finding new meaning. This could occur through religion or spirituality, developing a better view of self, or developing better relationships.

Turning to religion and spirituality. All participants reported that religion or spirituality was helpful for this purpose, with 8 (67%) saying this was a familiar coping strategy. "I read my Bible. I went to the water," Person 8 said. Person 7 said, "Spirituality was something I used a lot." In particular, participants mentioned God as a kind accompanying presence and source of

inspiration, especially when they were alone. God was described as helpful ($N = 9$, 75%), a guide ($N = 5$, 45%), and a healer and conversant ($N = 3$).

Some people also said that God was instilled as a source of safety in their childhood. Person 1 said, "I grew up in church, so I am a strong believer as far as I was always taught, that God is the one to heal you and help you through." Person 11 said, "It is what I knew. I grew up in it as a child, so I reverted to it." However, four of the six participants who were abused as children turned to religion in adulthood to cope. "After that (numbing coping) did not work. That is when I started, you know, seeking God. I started seeking God in things started to make sense," Person 6 said. She trusted God to help her through her difficulty, and talking to God was a starting point for re-evaluating her sense of self and others.

Person 6: I started seeking God, and things made sense. He helped me through the process and let me know that sometimes, we go through things to help others. This is not that we go through things to take us out or anything like that. Sometimes, things happen to us, but they can always turn out for something good. So, God most definitely showed me that there was a light at the end of the tunnel. I can help other young girls not go through the same thing and give them an outlet if they have parents doing the same thing and putting them in uncomfortable situations. I try to be the outlet to say, hey, I will pick you up. I will take you here. Let us get our nails done. I try to be that person so that another one will not have to go through the same thing.

Developing a better view of self. Nine participants (75%) said their self-view had become more positive. This included all six participants who were abused in their childhood, of whom four turned to religion for meaning. Four participants said they had stopped blaming themselves. "You do not have to apologize for what you have been through," Person 10 said. Person 6 said,

“All of this also helped me because I realized it was not something I did and was not me. It was just something that I went through.”

Five participants also felt they better understood who they had become and felt stronger. Three also mentioned that pastors or women in the church encouraged them to deal with abuse. “Spirituality and conversations with strong women were beneficial in helping me overcome,” Person 2 said. “It was all very beneficial, and that helped me get out of it.”

Person 3 used to question why God allowed the abuse to happen but then internalized the changes as part of herself.

Person 3: And then that is when the game changed mentally. I guess it still was a significant shift because when I was 19, the story switched from, oh, well, you know, God is taking you through this, so he is building you through it. However, it was still painful. Yeah. Because it is just like, why would that want me to go through this? Like, what is the point? Like, I do not. I do not get it. However, now that I am older, I see the woman that I become. So it was just internalizing everything. Moreover, I am still kind of processing through my injuries and pain.

“I am still standing because I am determined to continue to stand and be grateful for my life,” Person 9 said. Person 5 also felt more robust and better able to communicate and think about future relationships: "This is making me stronger and letting me know what things to say, what things I did not want in my next relationship, and other things." Person 6 also thought her experience would help her speak with other young females going through the same thing so they would not have to repeat it. Two participants (10 and 12) also felt concerned about having gotten into abusive relationships and felt they would not do so again.

Person 1 had also joined a non-judgmental church group that dealt with self-care; it helped her speak about feelings. She also said her self-care helped her enjoy herself more.

Person 1: I started doing more self-care. OK, so that helped a lot, which was something I learned in my group. I started doing self-care and focusing on myself. I also like listening to music and just enjoying myself. I just started enjoying myself. I started with it, and that helped a lot.

Person 4 added, "And then I walked in (to church), and I will be around there positivity because they are always positive people. Yeah. So it helped me after a while."

Finding meaning in better relationships. Six (50%) participants also mentioned finding new meaning in their relationships with others. Three of the participants who were abused as children realized that their mothers had their concerns, including being broken, lonely, or irresponsible. "I see now like my mom was just as broken. Like she did not, she knew. No, she did not know any better," Person 3 said. "She does not want to be lonely. So when she gets a guy in her life, it is like she forgets about her family, her kids," Person 4 said. Person 6 felt that God helped her understand that her mother could not protect her.

Person 6: God knows everything before it even happened. I was stuck between a rock and a hard place, and I could do nothing because, at that age, what could I do? So, he helped me understand that nothing could have been done differently for my mom to be more responsible, which she was not at that time. So, my faith helped me channel it differently and see it from a different light, like I cannot go back and change.

Person 9 also found greater compassion for the cousin who molested her.

Person 9: And even when I see my cousin, that was the most like. You know, he was just the worst. Yes. Even when I see him, I hate him, but I have grown to like having compassion for

him and trying to find peace. It should not be an excuse if it is a valid excuse or what it is to help me get through it. However, in my mind, I gained compassion for him to where I can stand to be around him and not have angst in my heart, but when it is tense, it is very tense.

Person 11 erroneously felt that her loyalty and dedication to her partner would help resolve his unattended issues from being abused as a child and later incarcerated. However, she later developed a greater understanding of her partner:

Person 11: I did not even realize how in-depth his experiences in life had affected him as far as his relationships and how he deals with relationships and decision-making and everything else. I did not realize that he could not love me to the extent that I loved him---not even close.

RQ 2: What is Helpful or Unhelpful for Survival and Coping

Research Question 2 asked participants what they found helpful or unhelpful for survival and coping. Participants mentioned two broad strategies for coping with abuse and trauma in the future: staying cautious and respecting one's self-worth while moving on to something better.

Protecting self and children better. All participants said they would try to protect themselves and their children better in the future. The majority—9 (75%)—said they would try to be more cautious:

- "Be careful about getting into unsafe situations" (Person 1).
- "Do not get too comfortable, stay on guard" (Person 6).
- "Call the police and try to make available detailed information" (Person 8).

If they get into abusive situations, they should also leave them:

- "Do not sit there and take it" (Person 5).
- "Do not follow the mindset of keeping things behind closed doors" (Person 1).
- "Do not stay in abusive relationships; leave at the first sign of danger" (Person 10).

Know your worth and move on. The second primary strategy that all participants reported was to know one's worth and move on from the past to something better.

Stay strong. Five participants mentioned strength as a sustaining force: “Be strong and have courage. Do not give into pressure by family members and friends. You deserve to be happy too” (Person 10); “Just get the courage and look for help that [you] might need because it helps” (Person 12).

Address trauma. Five also mentioned reflecting upon, forgiving, and addressing traumas: “Ask how things will affect your life in the future, and address those things” (Person 10). Person 11 also mentioned looking at a situation from every point of view to move forward and find compassion.

Some participants were intrigued by therapy but had opted not to engage because they thought they might be incapable of doing it or had negative perceptions. Person 5 said, “I did not seek therapy or anything like that. I am not good at talking about feelings and stuff like that. I guess that is not how I grew up.” Person 3 said:

Person 3: Typically, I would internalize everything throughout my whole childhood. I would blame myself. I would think that I was not doing something correctly. So, I would try to overcompensate, but once I became an adult. I try to process it more. I never really wanted to go to therapy because I saw therapy as they were going to tell me I was crazy. They are going to tell me something is wrong with me. They are going to they are going to put me on medication. I had all of these negative connotations. So I pretty much just stayed to myself. And then it was not until I got older, maybe about 19, when I started to get into church.

However, Person 3 also said she has unresolved attachment issues from childhood, and her goal was to resolve them to prevent them from becoming concerns in her future marriage and family life. Therapy could allow her to process and reconcile those feelings: “I will probably sit with my emotions more. I would say, and I recognize what I was feeling, I would probably get into therapy because I hear myself talk about it.”

Person 3: It is just that as far as my attachment issues, knowing that I want to start a family, knowing that I want to be married like these things, it gets scary because I do not want to build this negative attachment to a man that I am thinking is going to be my husband. Meanwhile, it is just because they said hello to me every day, and it was that negative attachment that somebody whose husband had. It was just that they said good morning every morning. Thus, these things scare me because I do not want to have negative attachments. After all, I have not addressed my childhood issues.

Person 4 also said that she needed counseling but was apprehensive about engaging in it because she still felt hurt. However, she felt that deep down, she needed counseling to support moving forward and living a happy life.

Person 4: If you focus on the positive things in life and not reflect on all the negative things that have happened in the past, you can move on and live a happy life. You can be successful in life. You can. There are always people you can talk to. If you feel like you are alone, do not like it. I only talked to a few people, but I did have one or two friends I could visit.

Do seek counsel because I feel like I always said I think I need counseling. I need counseling. However, I was afraid to get counseling and talk to people about what happened to me with the time. I think it is important to have counseling when something like this happens because it can be very traumatizing, and it has been for me. I do not speak a lot about it. Speak

out a lot about it, but. It still hurts that it happened to me, even though it was years ago. Yeah, it still has a place. In me, deep down, I try not to think about it. I try to think about being positive and moving on from it because I know that is not going to hold me down in life because it is better out there, and yeah, that is it like you do not have to let that keep you down forever.

Focus on love and happiness. Additionally, three participants emphasized loving and caring for oneself and others. Person 8 mentioned the importance of forgiving others to feel better about life: "If you do not forgive, you are not going to move forward. Moreover, you are going to have this bitterness. It is going to make bitter." Person 9 mentioned "God-given time to love others" and added,

Person 9: "I think gratitude is tremendous for me because although things happen that I do not appreciate or do not want to happen, I realize that there are good things that are happening… So I try to focus on what was good about life and continue to do that."

Person 4 added:

Moreover, I tried to move on from the past, but sometimes it will return to me. However, for the most part, I have tried to put it in my past because I do not want it to affect my future in any way, shape, or form. I want to move on from it to live a happy, joyous life."

Summary of Findings

Twelve women who experienced victimization and traumatization but did not seek professional mental-health intervention participated in the study; six had been abused as children and eight as adults. The study had two main research questions:

Q1. After violent victimization and traumatization, what steps did the participant undertake to address her mental, emotional, and behavioral stability and wellness (if any)?

Q2. Reflecting on their personal experience(s) with violent victimization and traumatization, what did the participant determine to be helpful or unhelpful for survival and coping?

Chapter 4 discussed steps to restore stability or well-being after trauma. These included reporting the abuse and such coping strategies as keeping silent and isolating from others, keeping busy or distracted, getting in touch with feelings, seeking support, and finding new meaning.

The majority of the participants did not contact or follow through with reports to the police either because they were children when the abuse occurred or because they faced pressure from others to drop the charges. The majority of the women also reported isolating themselves and were especially likely to benefit from constructive coping activities they could do alone (such as journaling or reflection, prayer, and meditation) as well as structured groups at church or in the community that could teach them about coping and leaving their abusers. Religion also helped participants find new meanings about self and relationships and move forward with their lives. Some also mentioned that counseling could be helpful in dealing with their futures but did not seek counseling because they thought they were not good at talking about their feelings or had negative perceptions of counseling. Critical messages for survival were to be cautious and not remain in violent and abusive situations. Critical messages for coping were to stay strong, address victimization and traumatization, and strive for love and happiness.

Chapter Five will present the findings, implications, recommendations, and conclusions.

Chapter 5 - FINDINGS AND IMPLICATIONS

Discussion of Research Findings

This study interviewed 12 African American and Latina women who experienced violent victimization and traumatization but did not seek professional mental health intervention. Chapter 5 offers conclusions and recommendations about survival after victimization and traumatization, including the importance of resilience, expressive writing, prayer and meditation, and religion and spirituality. A key finding of this study is that victims of violence, abuse, and complex trauma should take specific and strategic steps to address their experiences at the hands of perpetrators. Another important consideration is that most participants sought intervention and support, but had difficulty finding it, many experienced isolation and used alternative forms of healing on their own, while others turned to church and community groups and found these helpful.

Seeking intervention and informal support: Respondents in the study who experienced violence in adulthood reported significant experiences of emotional abuse, verbal abuse, physical abuse, and, to some extent, sexual abuse, whereas respondents abused as children were especially likely to report sexual abuse, emotional abuse (regarding being harmed or unprotected by someone they loved) and verbal abuse. Consistent with other studies on the effects of violent victimization (Butcher, 2012; Ramos et al., 2004; Riggs et al., 1992), most of the participants in the present study reported feeling traumatized, anxious, depressed, or untrusting and more than half reported feeling angry.

Rahnama et al. (2017) described two popular coping strategies: problem-focused coping (to deal directly with the stressor to try to decrease or end it) and emotion-focused coping (to deal with one's negative emotional response to the stressor). Although women in the study had

not sought professional intervention to deal with victimization, most who were abused as adults engaged in problem-focused coping to try to stop the abuse and made reports to the police after being victimized. However, three dropped charges rather than making consequential follow-ups with law enforcement. Two participants dropped charges due to adverse reactions from a partner or a partner's family regarding the woman reporting the incident to the police. Perhaps additional reasons for the lack of or withdrawal of police reports could be concern about stigma to families, churches, or communities (Lichtenstein & Johnson, 2009), concern with experiencing racism, violence, or arrests (Desmond et al., 2016), or concern about problems with authorities in general (Hampton et al., 2008).

Women may also be afraid to contact the police for fear that police will be lenient with male offenders (Avakame & Fife, 2011). One woman said that she (and not the perpetrator) was arrested after reporting abuse to the police. The perpetrator said the victim attacked him because he had scratches on his face, which she reported as a defensive effort to protect herself. However, because she did not have any visible injury, she was erroneously assumed to be the aggressor and was arrested. This led her to indicate that she would never seek police assistance again but would turn to family. Another woman initially dropped charges against her partner and then filed a restraining order, but the police did not respond to subsequent calls, and her partner committed additional violence against her. Consistent with her story, Dowling et al. (2018) reported that protective orders are less effective when perpetrators have a history of crime, violence, and mental health issues.

In contrast, two victims who chose to report and follow through with law enforcement ultimately expressed satisfaction and favorable outcomes. One woman had clear evidence (a video) to support her claim and felt comfortable going out again after pressing charges against

the perpetrator. Also, a father whose daughter was victimized made a report, and the perpetrator was jailed.

However, participants in the study who were sexually abused as children tended not to report the abuse to police or a relative. One participant did not know the name of the family guest who molested her. Another participant felt shame about a relative's sexual abuse and did not tell her mother. Another told her mother about the abuse but was not believed. According to Johnson (2017), sexual assaults and violations are some of the most underreported crimes due to victims' unwillingness to file reports and press charges. Children also may not have the opportunity or understanding to report abuse to the police or child welfare services, fear getting in trouble, or wish to protect an abusive family member or friend (Schaeffer et al., 2011). One participant's mother, who allowed abuse at home, eventually gave her children up to foster care.

Kaukinen (2001) indicated that trained service providers are accessible to assist and support those who are victimized and traumatized, but benefits decrease when victims in need refuse to identify and engage them. Kaukinen thought that failing to report violence to the police reflects apathy on the part of victims. Instead, half of the women in this study wanted to go to the police, but several factors prevented their divulging ordeals to the authorities. It should also be noted that none of the women who contacted the police said she was offered referrals for help. Failing to file a police report with law enforcement often results in a victim's failure to seek professional intervention to address the adverse effects of victimization and traumatization. Making reports leads to the victims' needs being addressed by professionals like doctors and mental health practitioners, social service agents, and even family and friends, but victims are usually not willing to seek professional help when they do not report being victimized (McCart et al., 2010).

As another form of problem-focused coping, some respondents reported violence to family members. Although three participants said they received support from family, others found that disclosure of abuse did not always yield the desired results and could lead to unforeseen complications and safety concerns, e.g., others' disbelief that a family member was abusive, being asked to leave home, or quiet distance. Wortman (2004) also reported that people may not respond positively to trauma disclosures because they do not like hearing bad news or do not know how to help. One person also said that friends gossiped about her ordeal, which led to distrust. Such experiences could contribute to victims' feeling isolated, hopeless, and helpless, especially if others seemed uncaring about their plight.

For participants in this study, speaking to church or community groups geared towards offering assistance and support seemed to present the most effective approach to dealing with trauma. People in the groups believed the women's stories, could share their own experiences, taught the women about self-care, encouraged them to leave their abusers, and offered respectful, committed, empowering support towards the healing journey: characteristics of good trauma-informed care (Williamson & Kautz, 2018). All three participants who spoke to community or church groups in their adulthood post-victimization and traumatization said this experience was beneficial. One woman said her group helped her and her children be more open and honest about past experiences. As a form of problem-focused coping, all participants hoped to protect themselves and their children in the future: they said they would adopt criteria for healthy relationships and a wiser and more cautious approach towards interacting with others.

Dealing with feelings. To deal with trauma, the study participants adopted different coping methods, adjusting and acclimation. Approaches that helped women deal effectively with negative feelings seemed to help with trauma.

Early on or even sometime after the victimization, most participants said they did not have support and so mainly engaged in emotion-focused coping to try to avoid having or sharing negative feelings: they numbed their feelings (in one case, by drinking), isolated themselves, and usually kept silent. For example, Person 1 did not know whether to blame herself for the molestation she experienced and tried to suppress her feelings. As Ritter (2014) wrote, silence can be a way to disconnect from incredibly unpredictable and poorly understood feelings. As mentioned above, one participant also felt shame about a relative's sexual abuse and chose not to tell her mother, and two others said they told family members but were not believed. Consistent with these findings, Lister (1982) reported that silence after trauma might result from shame or fear that others would respond in disappointing or rejecting ways.

Instead, most participants tried to stay positive and kept busy with activities such as academic pursuits, extracurricular activities, or social meet-ups as a means of re-directing and distracting themselves so they did not have to deal with negative feelings. One participant decided to move on even if what happened did not seem right. She adopted this survival mindset in every facet of her life to the point where she did not consider correcting anything questionable or harmful that happened to her, an example of an avoidant approach that could contribute to the development of PTSD (Pineles et al., 2011). These findings tally with those of Woods-Giscombe et al. (2016), who reported that many African American women expect to be strong superwomen who suppress emotions, do not depend on others, but instead take care of them, and succeed even with limited resources. This can also reduce African-American women's use of mental health services (Woods-Giscomber et al., 2016).

In fact, except for one woman who sought couples counseling with her partner, none sought professional counseling, although two women thought it could help them deal with deep

issues and move forward with their lives. One participant said she was still hurting and was not ready to seek professional help. Participant 3 also said she had internalized everything throughout her childhood and did not want to go to therapy because she thought she would be deemed crazy and given medication. Participant 5 reported not seeking therapy because she was not proficient in expressing her feelings. Other studies have also found that African American women may not seek counselling due to stigma about mental health issues (Thompson et al., 2004) and fear that providers will be judgmental (Copeland & Snyder, 2010) and immediately put them on medication (Leis et al., 2011). Also, lack of affordability and cultural understanding are reasons African Americans underuse psychiatric and psychological intervention, treatment, and care (Thompson et al., 2004).

However, receiving good support during the healing process could be significant, as participants felt uplifted when speaking to compassionate others about their feelings. Some women mentioned praying or writing to God in their journals and said that God is a helpful presence who is always kind, patient, accompanying, and a source of inspiration, mainly when alone. Several also perceived God as a guide and healer. This helped give the women the fortitude to deal with their trauma and led some to return to church. Indeed, religious beliefs and practices are a culturally acceptable way to deal with adverse experiences and illness in the African-American community (Dessio et al., 2004).

Speaking to church or community groups geared towards offering assistance and support seemed to present an efficient approach to dealing with trauma. Participant 2 indicated that spirituality and meaningful conversations with strong, caring women at church helped her overcome her negative feelings. Spirituality and religious faith can provide comfort and foster a feeling of belonging (Jaegar et al., 2021), and support groups can also provide access to social

support for dealing with partner violence and can contribute to better mental health outcomes (Ogbe et al., 2020).

Participants also reported the value of alternative forms of healing, such as expressive writing. One participant said a journal helped her express and release her feelings to God. In time, she could express her feelings in a church group that was ready to listen to her, which also enhanced trauma recovery. Another participant indicated that maintaining a journal helped her get through each day and stop being silent. Consistent with these findings, Cronin et al. (2020) reported that writing about one's feelings allows one to work through them, reorganize one's thoughts, and give them purpose, all of which benefit mental health. However, journaling only seemed practical if done consistently. Participant 3 said she had "a million journals," but they were ineffective in helping her deal with her trauma and stress because she was not consistent with her writing. Pennebaker and Beall (1986) found that writing about issues on consecutive days best helps to process feelings.

The present study's findings also showed that expressive writing is closely connected with spirituality since some participants wrote to God or prayed in their journals. One woman said she wrote to God because he was the one that she could trust. Another woman reportedly prayed as a way of dealing with anger and frustration. Other isolated women also found comfort and openness in expressing feelings to God in writing, prayer, or meditation. According to Nace (2001), trauma victims tend to bring up spiritual matters. The researcher noted that spirituality is connected with individual human consciousness, meaning it is more a psychological issue and only secondarily related to religion. Kick and McNitt (2016) indicate that well-rounded professional practice involves open-mindedly evaluating a victim's spiritual and belief systems as part of a holistic assessment.

Finding new meaning. Trauma victims also considered finding new meaning to be a positive coping strategy. This could occur through religion or spirituality, developing a better view of self, or developing better relationships. Finding new meaning could help participants reframe negative experiences and then move forward with their lives.

Religion and spirituality were integral in finding new meaning; some participants said that God was instilled as a source of safety in their childhood. The women said that God is a helpful presence who helped give them fortitude in dealing with their trauma. For example, Person 6 trusted God to help her through her difficulty, and talking to God was a starting point for re-evaluating her sense of self and others. Person 3 used to question why God allowed the abuse to happen but then internalized the changes as something that made her stronger.

Participant 9 also indicated that a lot of prayer and meditation helped her re-direct her thinking; although her traumatic experience still hurts, she finds the strength necessary to wake up daily and engage in everyday activities. Mindfulness and meditation have been shown to help trauma victims heal emotionally and recover more quickly (Sedlmeier et al., 2012; Wachholtz & Pargament, 2005). Specifically, Centano (2013) noted that meditation can help victims remain connected in the present moment without allowing past trauma, stress, and pain to dismantle their ability to function and increase their capacity to cope and develop a sense of self effectively. Prayer also allowed reflection on the past. In particular, women who were abused as children said they stopped blaming themselves for the abuse or better understood that their mothers had been irresponsible, lonely, or broken. De Castella and Simmonds (2012) also wrote that spirituality helped women experience positive changes in self-concept, relationships, and philosophy of life.

Finding new meanings could also lead to more hopeful interaction with the environment (Taylor, 2016). Participants mentioned religious values of forgiving others to heal from the past and moving forward in a spirit of love. For example, Participant 6 understood that sometimes people go through things in life to better help others due to their experiences. Similarly, Amwiine et al. (2021) reported that as victims develop the courage to speak up and even reach out to individuals with similar experiences, they feel greater well-being and can promote positive social change within the community. De Castella and Simmonds (2012) also mentioned that Christian trauma survivors found meaning in suffering through reported spiritual and religious growth, personal growth, and healing. A spiritual way of thinking and processing can also help victims be more fluid, adaptable, and tolerant after unexpected traumatic events and abrupt change and can promote resilience (Secor, 2011).

Finally, respondents mentioned two main strategies for enhanced coping with abuse and trauma in the future: maintaining caution, respecting one's self-worth, and moving on to a more positive life. All participants hoped to protect themselves and their children better: they would adopt criteria for healthy relationships and a wiser and more cautious approach to interacting with others. They also recognized their worth and strength. Shorter-Gooden (2004) also reported that Black women dealing with racism and sexism relied on prayer, spirituality, and valuing themselves; key external strategies were seeking social support and diminishing contact with certain people and situations.

Implications for the Counseling Psychology Profession

These strategies of learning to protect oneself and recognizing one's strengths are consistent with the sanctuary model; Prchal (2005) indicated that trauma recovery treatment should teach victims to overcome non-adaptive behavioral, social, and cognitive strategies. The

non-adaptive strategies may have developed earlier as failed coping mechanisms for dealing with specific traumatic life events; however, they can and should be professionally and mindfully addressed when the awareness and need arise. Hemmings et al. (2016) also indicated that trauma-informed care commits to empowering safety for victims, which is critical when fighting to overcome the debilitating aspects of abuse, victimization, and traumatization. This might include considering medical needs and ways to protect health in the short term (e.g., injuries) or long term (e.g., high blood pressure or heart conditions resulting from stress).

Mental health providers should also be cognizant of systemic issues that contribute to trauma or help deal with it. According to Schimmels and Cunningham (2021), trauma does not solely encompass negative childhood experiences or abuse; it also covers chronic stressors, complicated grief, and community violence. For example, some participants reported additional stress when family members discouraged reporting abuse to the police or when the police were not helpful. Interactions in the community can also help deal with trauma. For example, Participant 12 indicated that interactions with the community played a critical role in helping her and her children be more open and honest regarding their experiences. Community conversations with strong women also appeared helpful for Participant 2.

In addition, counseling professionals should recognize that alternative forms of trauma-informed care (such as expressive writing, meditation, and prayer) can improve overall well-being as victims adopt new coping, calming, and healing strategies (Glass et al., 2019; Harrell, 2018). Homer (2010) indicated that traumatic experiences are stored as imagery; therefore, expressive art processes (such as expressive writing or art) and their images can help trauma victims process and work through their feelings and experiences. Counselors should learn to integrate spirituality, holistic approaches, mindfulness practices, and expressive writing with

traditional therapeutic interventions to enable a multi-dimensional understanding of human functioning and self-mastery. Counseling professionals should also be aware of beneficial psychological ideas from the media. For example, Iyana Vanzant, a popular television personality and influencer, had a television show that helped Participant 11 explore how her past influenced her present questionably and consider steps to take. Understanding clients' spiritual ideas can also be important. For example, Participant 8 indicated that failure to forgive prevents a person from moving forward and added that God-given love helps one connect with others.

Alternative forms of addressing trauma (e.g., prayer) appeared beneficial because they helped victims develop a better view of themselves, their situations, and life. Half of the participants also revealed that they related better with others. For example, several participants who had been abused as children better understood their mother's life. Participant 6 also said her experiences helped her speak with others experiencing something similar so they would not have to endure and overcome their victimization and traumatization alone.

Gardner (1999) indicates that victims who experience violation on different levels react and respond differently to their traumatic experiences and events. Victims of violence and abuse have differing points of view due to factors such as their cultural background, healthcare settings, and personal experiences with trauma. Trauma-informed care appears to address the multifaceted issues that victims experience and endure. In light of the many factors that are relevant to trauma, Padesky and Mooney (2012) proposed that public and private entities should adopt a more proactive, multi-faceted, and comprehensive approach towards professional mental-health intervention, comprehensive assessment, trauma-informed care, treatment, and wraparound support as it relates to dealing with the challenges that victims of abuse experience. It is also essential that counseling professionals receive good training and continuing education in trauma-

informed care to help victims develop adaptive strategies for coping with trauma. Mental health professionals should also unwaveringly help victims address trauma and encourage them to consider therapy a beneficial start.

Trauma and victimization topics should also be key to the curriculum in psychology programs in different psychology institutions. These should include the study of the effects of crime and stressors and should enhance professional capabilities within different contexts. More psychologists—predominantly minority psychologists—should also be empowered to treat trauma and mental illnesses as routinely and effectively as doctors treat medical conditions.

Perceptions, Thoughts, and Feedback

In trauma-informed care, mental health professionals try to create safe, compassionate, and empowering environments so that victims feel comfortable addressing the adverse effects of trauma on their emotional, physical, and psychological well-being. When Participants 3 and 4 experienced others' empathy, they were able to open up about their ordeals, pain, and struggles. Trauma victims can then effectively heal because of the profound understanding developed regarding trauma (Amwiine et al., 2021).

At the same time, participants wished to focus on the positive aspects of life and on moving away from past negativity. Two participants said gospel music raised their spirits. Another participant said she used meditation to calm herself. Therapists should be able to incorporate these positive experiences into therapy and help clients explore different holistic strategies for coping—whether reflective journaling, meditation, and other healing approaches, or spirituality and religion—in a comprehensive healing approach that considers each person's unique experiences and needs. Care for victims should also focus on helping participants experience love, self-care, contentment, and happiness, as this helps victims move on with their

lives. Counselors can represent trauma-informed care as self-care to process and resolve feelings due to traumatic experiences.

Padesky and Mooney (2012) indicate that human resilience helps trauma victims overcome the mental, emotional, and physical challenges often associated with trauma. Some traumatic experiences haunt victims until they find ways to address their feelings. However, some also sidestep the dedicated work required to build resiliency. Even if victims successfully move on after trauma, they may encounter significant challenges later due to not having the mindset or capacity to come up with practical solutions and resolutions. Incorporating positive experiences into therapy can help people stay in therapy long enough to develop true resilience. Therapists can also emphasize that although dealing with trauma may be painful, it can help people move forward. Participants 3 and 4 also thought therapy could help them deal with attachment or past issues and move on with their lives. Rodin et al. (2017) reported that a combination of trauma-focused coping and forward-focused coping provides flexibility in coping that produces successful outcomes.

Finally, feedback from the findings reveals that the research was thorough and insightful and that the findings correlate with outcomes, ideas, beliefs, and considerations other researchers have developed in these areas. This research also revealed that spirituality is psychologically relevant to sensitive trauma-informed cases because everyone experiences it uniquely. Therefore, mental health professionals should consider tapping into its capabilities to understand better how to best work with victims to achieve desired outcomes. Participant 9 indicated that prayer helped her develop the capacity to express her pain, which worked desirably toward the healing process. Therefore, this research helped create a platform that reaches a broader audience by developing

new perspectives on perceiving trauma and how to deal with it competently and multi-dimensionally effectively.

Limitations, Challenges, and Concerns

This study's small sample of 12 African American and Latina women from two Christian churches in one city in the South limits the generalizability of findings to other ethnic groups, religions, geographic areas, and the larger population. Because participants were recruited from churches, they may have been especially likely to cope using religious and spiritual approaches. However, interviews with the 12 participants showed that women in this research study experienced victimization, traumatization, and coping in different ways, and that there were some differences in the experiences of those abused as children or as adults. Triangulating and comparing interview responses and presenting frequencies also helped us understand the most common responses.

The sensitive nature of violent victimization and traumatization may also have led some participants to self-report falsely or withhold information, which may have limited the validity or reliability of this qualitative research study. Some participants may have provided responses they believed were more socially acceptable instead of expressing their true feelings. Also, coping mechanisms may have led some participants to recall experiences or innocently overlook important details selectively.

However, the participants seemed to speak honestly about their experiences and difficulties, providing a greater understanding of intricate social behaviors and phenomena such as triggering emotions, impulsive and default responses, and social context. The women also found worth and meaning in discussing their experiences.

Challenges and concerns include any post-interview effects the women might have experienced in discussing traumatic experiences or reviewing interview transcripts. However, the participants seemed comfortable during the interviews. The interviewer was also an African-American woman who had experience as a counselor dealing with trauma and providing a safe space for positive release of feelings. She also provided a list of counseling referrals that participants could use for follow-up.

Other Implications

An unexpected finding of this study is that although it recruited participants who had not sought professional mental health intervention for incidents of violent victimization, the majority had initially sought help from the police. Finding ways of connecting law enforcement with community mental-health professionals is an ideal and proactive way of dealing with trauma victims and reducing the prevalence of psychological problems in society, a goal of community psychologists (Norris & Thompson, 1995). Lobbying policymakers to ensure mental-health experts are incorporated into the plan for trauma-informed care whenever trauma victims make reports would also be ideal.

Psychological first aid with skilled and competent professionals effectively prevents trauma victims from being triggered, escalating, and retracting their statements after making a report. Using psychological first aid, mental-health experts apply a combination of skills to limit maladaptive behaviors and distress in a way that helps trauma victims rehabilitate from their experiences (Shah et al., 2020). Trauma victims can tell their stories without intimidation, which can reduce stress and anxiety and help them understand what resources and strategies they might use. In the present study, two women who dropped charges had felt stress and anxiety; in addition, one erroneously blamed herself for the pain and trauma inflicted upon her. When

trauma victims have a sympathetic listener who provides a sense of safety and comfort, they may feel better supported in managing their distress and better positioned to make logical decisions about responding to violence. Receiving immediate aid and support would also likely encourage victims to come forward, which could reduce the number of unreported cases and help inform victims about resources for professional intervention and support. This could help decrease the prevalence of long-term problems such as PTSD.

Churches may also benefit from developing connections with professional counselors who can offer caring, competent psychological first aid and long-term therapy for women who have experienced violent victimization and trauma. Calling these services "first aid" could also help normalize people's seeking help.

Directions for Future Research

The road to recovery and rehabilitation is fraught with enormous challenges for victims of violent victimization and traumatization. Spirituality, cultural perspectives, social support systems, and other environmental factors affect healing. Future research should ask about the victimization and coping experiences of women of various ethnic groups (besides African-American and Latina women), religions, and geographic areas. Women should also be recruited for the research from locations outside churches, including social agencies, wellness spas, or a broader sample online (e.g., Craigslist). We can learn more about psychological well-being and growth after a traumatic event by demonstrating how individual experiences interact with more significant social, cultural, and environmental factors. In order to create helpful interventions and support systems, it is essential to have a firm grasp on factors that go into these processes, such as spiritual beliefs, holistic approaches to healing and wellness, mental health considerations, positive, creative outlets, or interactions with religious institutions and law enforcement.

Training models for spiritual leaders and police officers. In particular, it is vital to investigate how best to train churches and police officers to help those who have been victimized and traumatized.

- How can churches be educated to assist and support victims of violence and abuse or those traumatized by it? This question inquires about the special training that church leaders and volunteers need to develop the knowledge, skills, and compassion required to assist survivors with the unique difficulties they confront in a religious setting.
- What forms of training would best serve as a guide for law-enforcement personnel to assist trauma victims and survivors sensitively and effectively? Research should ask about education on trauma, de-escalation tactics, effective communication, empathetic and respectful approaches and considerations, and willingness and strategies to create and maintain safe spaces.
- How can churches and police departments collaborate to assist victims and survivors in developing a network of wraparound support? This inquires whether these two institutions could collaborate in a win-win manner to strengthen their whole-person support services and asks about strategies to improve connections, information exchanges, and referral networks.
- What benefits and drawbacks would be associated with establishing training programs in places of worship and law enforcement? Research of this kind would explore perceived barriers to effective training implementation, such as resource constraints, internal resistance, cultural disparities, and the type of support needed from industry leaders or to secure concrete buy-in and commitments from victims, survivors, and professionals.

Research could also ask how to compile and disseminate insightful, informative, and beneficial training feedback.

- How do the perspectives of survivors impact training for clergy and law enforcement? Research should also assess the effectiveness of training programs by analyzing client longitudinal mental health and recovery outcomes, as well as program and resource accessibility, sustainability, and response over time.
- How can mutual support and oversight between churches and police continue when training is complete? What mandatory requirements and resources are needed for further education, guidance, and support from leadership? What professional commitments are required to guarantee that newly acquired knowledge, skillsets, and abilities are maintained and effectively applied?

Qualitative research of this nature can help shed light on trauma survivors' views and needs in experiences with churches and police officers and can help to build trauma-informed procedures in these institutions (Harrell, 2018). This would add to the body of knowledge in psychology and help shape interventions and support services. This research would also contribute to our knowledge of the human capacity to overcome adversity and thrive and shed light on underlying mechanisms that underpin resilience.

Development of trauma-informed therapies and interventions. Research can also assist in the development of effective treatments and solutions for victims of violence or trauma by continuing to examine how victims and survivors cope with stress, integrate spirituality into their lives, use writing as a positive outlet and alternative form of healing, enlist and maintain social support; reframe experiences to find new meaning; and benefit from specific techniques and methods in therapy and counseling programs. Such research should also ask about crisis

intervention, post-traumatic stabilization, healing, recovery, post-traumatic growth, and the development of resilience. Qualitative research could also depict how victims can recover from abuse and trauma: how they can learn to accept validation, hope, reassurance, and sustaining support that provides a safe space for them to feel inspired, persevere, and learn to trust in their own successful healing and recovery processes. Such research could improve the efficacy of interventions and the overall well-being of trauma survivors. It could also highlight the role of empathy, sensitivity, competency, compassion, and understanding in aiding trauma survivors, as well as providing criteria for training programs that provide professionals with the required skills and information.

Conclusion

This research study revealed that trauma victims can take multiple steps to effectively address the adverse effects of trauma, with one of the most notable steps being making reports safely to law enforcement officials or a relative. Other measures include journaling, spirituality, meditation, keeping busy, internalizing silently, and ultimately choosing to move on. These coping measures work for some individuals, but not all. Even if the most effective approach might be seeking professional help, some victims do not seek this type of assistance despite recognizing the importance. The most effective approach determined is to encourage trauma victims to seek professional mental health services and support at the point of initial reporting to law enforcement. This multifaceted level of intervention would likely help victims deal with any stress, anxiety, shame, and uncertainty experienced more effectively, thereby increasing the chance of maximizing the reporting of their victimization and traumatization.

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Appendix A

Recruitment Announcement for Study Participants

As part of completing my doctoral dissertation, I am seeking mature women in the volunteer capacity to participate in a confidential interview process that will focus on their personal experience(s) of coping with violent and traumatic victimization. I welcome you to visit my table after church service today; I will ensure that you receive an informational handout explaining the process, in addition to how those interested can contact me for additional information and commit to participating. Thank you.

Appendix B

Screening Questions to Determine Participation in the Study

I appreciate your interest in my study. To see if you might be eligible to participate, I have several questions to ask beforehand. Do you have time? Thank you.

1. Are you between the ages of 18 and 65? Yes/No
2. This study is about the experiences of women who have experienced violent victimization, have not sought professional intervention or support, and have found their ways to cope.
   a. Have you experienced violent victimization, and could you briefly tell me what that was? For example, could you tell me if you have experienced physical abuse, sexual abuse, or verbal abuse and/or been the victim of a crime? Yes/No
   b. Did you seek professional intervention or support, such as seeking psychological counseling or joining a support group led by a professional? Yes/No
   c. Did you find your ways to cope, such as through spirituality or writing? Yes/No
3. a. Do you think that you would feel able and comfortable telling your story in a face-to-face interview? Yes/No
   b. Is there any medical issue that might make it difficult to participate? Yes/N
   c. Are you willing to participate in the interview even though you will not be paid for participating? Yes/No

If an individual answers "no" to questions 2b and 3b and answers "yes" to other questions, she is eligible to participate in the study.

If eligible: Thank you. You are eligible to participate in this study. The interview will take 1 hour or more; it will be confidential, will be held in a quiet location, and will be audiotaped. I will ask you to sign a form for informed consent before we begin the interview. Do

you have any questions for me? Would you like to schedule the interview now? Thank you for taking the time to speak with me.

If not eligible: I'm sorry, but you are not eligible to participate in the study. Thank you for taking the time to speak with me.

Appendix C

Semi-Structured Interview Questions

- 1. Before we start the interview, I have a few demographic questions.
  - Could you please tell me your age?
  - What is the highest amount of education you have completed?
  - How would you describe your ethnic or racial group?
  - Are you married or living with a partner?
  - Do you have children, and if so, how old are they?
  - Are you currently working?
- 2. Please tell me your story about what happened during and after your experience of victimization.
- 2a. Did you have any physical injuries or concerns during and after the ordeal? If so, how did you address them?
- 2b. What psychological or emotional concerns did you experience during and after the ordeal?
- 2c. What concerns about your behaviors or lifestyle did you experience during and after the ordeal?
- 3. How would you describe your reactions to being violently victimized and traumatized?
- 4. What steps did you take to help yourself after being violently victimized and traumatized?
- 4a. Did you report your victimization to the police? Why or why not?
- 4b. Did you report your victimization to a family or friend? Why or why not?
- 4c. If you reported your victimization to anyone, why did you choose that person?

- 5. The next questions ask how you coped with your mental, emotional, and behavioral needs during and after your experience of violent victimization.

- 5a. Thinking about your psychological state during and after the event, how did you cope with it? Were there any specific coping strategies that you used?

- 5b. Thinking about your feelings during and after the event, how did you cope with them? Were there any specific coping strategies that you used?

- 5c. Thinking about your behaviors and lifestyle during and after the event, how did you cope with these? Were there any specific coping strategies that you used?

- 5d. Are you satisfied with the outcomes?
- 5e. Reflecting, would you do anything differently?
- 6. I am now going to ask you if you used some specific ways to cope.
- 6a. Did you use religion or spirituality to cope, and if so, how? If not, why not?
- 6b. Did you use meditation or yoga to cope, and if so, how? If not, why not?
- 6c. Did you use keeping a journal or making art to cope, and if so, how? If not, why not?
- 6d. Did you use conversations with others to cope, and if so, how? If not, why not?
- 6e. Did you have an idea about successful coping or a person you tried to be like, and how was that helpful in your coping?

- 7. (For each method described) How beneficial or non-beneficial do you feel these methods were?
- 8. Comparing before the incident and after the incident, how would you describe your level of awareness and understanding of how to best self-protect from violent and traumatic situations? Is there anything you would tell other women?

  9. In closing, what else do you feel it is important to say or add?

Appendix D

Letter of Informed Consent

This research is being conducted by *Sabrina Harris,* who is a student actively engaged in the National University Online Ed.D. Program (Counseling Psychology and Supervision). This qualitative research study is a requirement to fulfill the researcher's degree and will not be used for decision-making by any organization.

The title of this research study is as follows:

Experiential-Based Research Depicting Humanistic Survival after Violent Victimization & Traumatization: Exploring Human Resilience, Spirituality, Meditation & Expressive Writing

1. The *purpose* of this qualitative research study is to determine specific methods through which persons who endure violent victimization yet refuse professional intervention (for whatever reason) can best safeguard their mental, emotional, and physical well-being in the aftermath. It will also explore ways in which to educate, empower, and support the general public on how to more efficiently and effectively respond and handle violence-induced traumatization while minimizing any possibility of long-term residual effects.
2. You were selected to participate in this study due to meeting the following pre-defined criteria: adult woman, medically fit, able to read and speak English, must have a history of violent victimization (to include having never received any therapeutic intervention or support), may recall utilizing psychological (e.g., human resilience) and psychosocial-based coping strategies (effective problem-solving) both during and post-incident, and will voluntarily consent to participate with no expectation of public accolade or compensation.
3. A total of 12 participants will be selected to participate in this research study.

4. The principal investigator of the study will have all participants complete a Letter of Informed Consent and Research Participant Consent Form (see attachments) and collect demographic data via Survey Monkey, in addition to conducting face-to-face audio-taped semi-structured interviews with all participants in a quiet and private setting as determined convenient for the parties involved.
5. It is anticipated that the completion of forms, collection of data, and participation in the semi-structured interview process will take approximately one (1) hour to finalize.
6. A possible *risk* of participating in this study is that recounting experiences depicting violent victimization may trigger the participant and require some form of intervention and support. The researcher is a credentialed and practicing trauma therapist and crisis intervention specialist in the State of Florida, and there will be additional mental health resources and referrals ensured as determined needed.
7. This research study will seek to determine specific methods through which persons who endure violent victimization and traumatization yet refuse professional and supportive intervention can best safeguard their mental, emotional, and physical well-being in the aftermath. A possible additional benefit of the study is that it can give women an opportunity to tell their stories and bring greater awareness to society regarding the adverse impact of violent victimization and alternative ways to cope effectively; however, there is no guarantee in this regard.
8. You have been proactively notified that you will not receive any compensation, monetary or otherwise, for participating in this study.
9. The information you provide will be treated confidentially, which means that nobody except Sabrina Harris will be able to tell who you are as a consenting/ participating adult.

10. The records from this study will be kept private. No identifiers linking you to the study will be included in any report that might be openly published.
11. The records will be stored securely, and only Sabrina Harris will have access to the records. Research participants' data will be kept in a locked file cabinet for three years after the study is completed, after which the audiotapes and transcripts will be destroyed. The participant will sign to give consent that *she* is willing to participate in the study to include the pre-screening process and being audiotaped. The participant will review and sign the consent form before any data is collected as supporting verification, in addition to a copy being generated so that the participant may take a copy home.
12. You have the right to receive a summary of the results of this study, and you can obtain it by contacting Sabrina Harris direct at (thecounselorinme@yahoo.com).
13. Your participation in this research study is strictly voluntary. If you do not participate, it will not harm your relationship with (Sabrina Harris). If you decide to participate, you can refuse to answer any of the questions that might make you uncomfortable. You can also withdraw at any time without your relationship being adversely affected.
14. You may contact *Sabrina Harris* – email: [redacted] (and) *Dr. Joffrey Suprina* – email: jsuprina@nl.edu with any questions about this research study.

I understand that this research study has been reviewed and certified by the Institutional Review Board, National Louis University. For problems or questions regarding participant rights, I can contact the Director of Institutional Research, Stacy Vlahakis – email: svlahakis.nl.edu

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I have also been provided a copy of this consent form.

By signing this document, I voluntarily consent to participate in this research study.

Name of Participant (printed) _____

Signature: _____ Date: _____

Signature of Principal Investigator: _____

Date: _____

Principal Investigator Contact Information

Name: Sabrina Harris

Address: [redacted]

E-mail address: [redacted]

Contact Number: [redacted]

Appendix E

Outline of Themes to Answer Research Questions 1 and 2

RQ 1: Steps To Mental, Emotional And Behavioral Stability And Wellness

Theme A: Reported Abuse to the Police (58%)

Subtheme 1:

a. Dropped the charges (25%)

b. Followed through with charges (17%)

Sub-theme 2:

a. Victim arrested instead of the perpetrator (8%)

Theme B: Reported Abuse to Family (50%)

Sub-theme 1:

a. Was not believed or supported (25%)

Sub-theme 2:

b. Suffered retaliation (8%)

Sub-theme 3:

c. Was believed and supported (25%)

Theme C: Victimization Unreported (25%)

Sub-theme 1:

a. Unknown perpetrator (child victim) (8%)

Sub-theme 2:

b. Embarrassment and shame (17%)

Sub-theme 3:

c. Paranoia and distrust (8%)

Theme D: Coping in the Aftermath of Victimization & Traumatization

Sub-theme 1:

a. Psychological responses (100%)

Sub-theme 2:

b. Silence (75%), isolation (58%), suppression of feelings , and moving on (50%)

Sub-theme 3:

c. Keeping busy and/or distracted (75%)

Sub-theme 4:

d. Getting in touch with feelings

i. Journaling and writing (67%)

ii. Prayer and meditation (50%)

iii. Influencers (17%)

Theme E: Seeking Support From Friends and Community Members

Sub-theme 1:

a. Friends (25%)

b. Church and community groups (25%)

Theme F: Finding New Meaning and Purpose

Sub-theme 1:

a. Turning to religion/spirituality (100%)

Sub-theme 2:

b. Developing a better view of self (75%)

Sub-theme 3:

c. Finding meaning in better relationships (50%)

RQ 2: What is Helpful or Unhelpful for Survival and Coping

Theme G: Protecting Self and Children Better (75%)

Theme H: Know Your Own Worth and Move On (100%)

Sub-theme 1:

a. Stay strong (42%)

Sub-theme 2:

b. Address trauma (42%)

i. Reflect on one's life (42%)

ii. Why some people didn't seek therapy (25%)

Sub-theme 3:

c. Focus on love and happiness (25%)