AN ABSTRACT OF THE DISSERTATION OF

Leanne Schamp for the degree of Doctor of Philosophy in Counseling presented on June 8, 2010.

Title: An Exploratory Study of Experiences of Christian Therapists Working with Conservative Christian Women Experiencing Intimate Partner Violence

Abstract approved:

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Deborah J. Rubel

This dissertation presents research that investigated the experiences and perceptions of Christian therapists who work with conservative Christian women who experienced intimate partner violence (IPV). Despite the widespread occurrence of IPV, therapists continue to face challenges in areas of training and supervision in working with this type of trauma. In addition to the factors involved in working with IPV, unique and complex cultural factors complicate the process of working with conservative Christian women in IPV. Studies related to the interface of IPV, religion, and the impact on therapists working with this population are limited. No literature was found concerning Christian therapists' experiences and perceptions when working with this population.

To address this gap in the literature, this investigation incorporated a grounded theory design to explore and describe the experiences of Christian therapists as they worked with conservative Christian women in IPV. Five categories emerged from interviews conducted with six female Christian therapists over a nine month period of time. These categories were having a calling, therapist self, treating the women, encountering systems, and therapist understanding. Participants suggested their work with conservative Christian women in IPV was vocational as well as professional, based on personal transformation and experiences with God. Their experiences and perceptions of God resulted in the belief that IPV was incongruent with Christian spirituality. This informed how they provided clinical treatment to their clients, as well as how they encountered religious and secular communities regarding the issue of IPV. The process of working with conservative Christian women in IPV was a multifaceted, complex, and fluid process that included interaction of all the categories and properties as participants functioned in the calling that was central to their work with IPV.

An Exploratory Study of Experiences of Christian Therapists Working with Conservative Christian Women Experiencing Intimate Partner Violence

by
Leanne Schamp

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APPROVED:

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Dean of the Graduate School

I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

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Leanne Schamp, Author

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To the participants who graciously gave of themselves to work with me in this study, you are an amazing group of therapists and I am honored you've been on this journey with me. Thank you for all you do to facilitate healing and to advocate for change.

I honor all the courageous women of faith that God has brought across my path in the search for healing from the impact of intimate partner violence.

I thank God for his sustaining grace and for his incomprehensible love and kindness in my life. I am blessed.

"He has shown you, o man, what is good. And what does the Lord require of you? To act justly, and to love mercy, and to walk humbly with your God." Micah 6:9

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Chapter I

Introduction

This dissertation presents research that investigates the experiences and perceptions of Christian therapists who work with conservative Christian women survivors of intimate partner violence (IPV). This chapter provides an introduction to the subject of and prevalence of IPV, background on the cultural considerations related to conservative and fundamentalist religious systems which impact clinical work with women in IPV, discusses the purposes and goals of the study, and outlines a rationale for the investigation and the type of research methodology to be employed. Additionally, a description of subsequent chapters is included.

Rationale for the Study

United States national statistics labeled the problem of IPV as pervasive (Tjaden & Thomnes, 2000). It affects women and their families across ethnic, religious, and socioeconomic lines (Nason-Clark, 2004). Despite the on-going widespread occurrence of IPV, therapists continue to face challenges in areas of training and supervision in working with this type of trauma.

In addition to the particular factors to be considered in working with IPV trauma, the literature indicated that additional unique factors such as values, beliefs, and social networks resident within fundamentalist religious systems further complicate the process of working with conservative Christian women in IPV. Research revealed that when women from fundamentalist faith communities seek help they most often seek a therapist

from a similar faith tradition (Haj-Yahia, 2002; Kaufman, 2003; Nason-Clark, 2004). Therapists may face unique challenges working with this population; they may be affected on multiple levels professionally, spiritually, and personally.

Studies related to the interface of IPV, religion, and the impact on therapists as a result of working with this population are limited. No literature was found specifically examining the experiences and perceptions of Christian therapists when working with conservative Christian women in IPV. To address this gap in the literature, this investigation incorporated research methodology designed to explore and describe the experiences and perceptions of Christian therapists as they worked with conservative Christian women in IPV. Naturalistic inquiry using qualitative methods was best suited for exploring phenomena (Lincoln & Guba, 1985). Specifically, this investigation used grounded theory.

Defining Intimate Partner Violence

Intimate partner violence, also referred to as domestic violence (DV), has been defined a number of ways. The National Coalition Against Domestic Violence (NCADV) stated:

> Domestic violence is the willful intimidation, assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another. Violence against women is often accompanied by emotionally abusive and controlling behavior, and thus is part of a systematic pattern of dominance and control. (NCADV, 2007)

The American Bar Association (ABA) also defined domestic violence as a pattern of behaviors and tactics employed on the part of an individual in order to assert power and control over another. These behaviors include "physical violence, emotional abuse,

isolation of the victim, economic abuse, intimidation, and coercion and threats" (1995, 2001, p. 2).

Additional discussion regarding the types of abuse included in IPV appears in Chapter II, which provides a review of extant literature. For the purposes of introducing this topic, the key characteristic that defines IPV is not the type of abuse but the systematic pattern of behaviors used by one individual to dominate and control another individual. As already noted, the types of abuses vary.

Prevalence of IPV

Intimate partner violence is a pervasive problem within the United States. It affects women and families across cultures, ethnicities, religious and spiritual traditions, and socio-economic status (Nason-Clark, 2004; National Coalition Against Domestic Violence [NCADV], 2007). National statistics reported that one in four women will experience intimate partner abuse within her lifetime (Tjaden & Thomnes, 2000), and the Centers for Disease Control and Prevention (CDC, 2003) estimated that based upon annual reported cases of domestic violence, 1.3 million women are physically assaulted by an intimate partner each year. The United States Department of Justice (USDJ, 2005) identified domestic violence as one of the most underreported crimes in America. Because these statistics reflect physical battery and sexual assault reported to law enforcement, no official national data reflecting types of abuse such as psychological, emotional, and spiritual exists. Evidence showed, however, that often when physical and sexual assault decreases, verbal, emotional, and psychological abuses escalate (Gondolf, Heckert, & Kimmel, 2002).

Despite the wide-spread problem of IPV, therapists continue to face challenges such as training and supervision in developing competencies in working with women experiencing IPV.

Wingfield & Blocker (1998) found that while counseling for victims and perpetrators of domestic violence has been a developing area of specialization, and even though specialized training is a requirement in many states, counselors remained unprepared in the areas of domestic violence assessment and intervention. While counselors may have received some theoretical training in domestic violence issues, they lacked understanding in the development and implementation of treatment interventions. Wingfield & Blocker also stated the need for further research into the effective integration of domestic violence assessment and intervention training into university counseling programs.

Evidence indicated that the issue of IPV within fundamentalist Christian faith communities presents challenges to therapists due to the unique values, beliefs, and social systems within these communities. Cultural considerations require that therapists have knowledge of the dynamics within fundamentalist systems, and in particular, they have an understanding of fundamentalist Christian culture. Skills related to working with this population, based on cultural understanding, are critical if therapists are to provide competent care and appropriate clinical interventions (Foss & Warnke, 2003; Hannon & Howie, 1994).

Important Cultural Considerations

Researchers and counselor educators have been drawing attention to the need for multicultural sensitivity, training, and competency for therapists for more than a decade (Sue, Arredondo, & McDavis, 1992; Sue, et al., 1998). Religion and spirituality have been noted as areas of consideration within the framework of cultural diversity (Foss & Warnke, 2003; Miller, 2003). Demonstrating sensitivity to and knowledge of diverse religious and spiritual ideologies have been noted as multicultural issues (American Association of Marriage and Family Therapy [AAMFT], 2004; American Counseling Association [ACA], 2005; American Mental Health Counselors Association [AMHCA], 2000; Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2001; Pate & Bondi, 1992; Sue, et al., 1998). Religious training and involvement has been significant in the cultural development for many (Pate & Bondi, 1992), and therefore must be given attention if clients are to be treated in a holistic fashion which fully addresses their identities. Young, Wiggins-Frame, and Cashwell (2007) pointed out that religion and spirituality often provide an integral part of identity development for individuals, ignoring these areas means disregarding a critical aspect of client identity. This observation supports the argument that knowledge and skills in these areas are critical to competent, professional clinical treatment.

Key Characteristics of Fundamentalist Christian Culture

While more detailed discussion will be given in Chapter II related to the characteristics of fundamentalist Christian culture, a brief outline of key points is offered here.

Conservative Christian women may find that their religious communities provide both spiritual and social support systems (Knickmeyer, Levitt, Horne, & Bayer, 2003; Shaw, 2008).

Religious life is a way of life, and involvement within the faith community is often encouraged through provision of multiple opportunities throughout the week for social activities and religious teaching. Members of the faith community may experience closeness in relationships so that the community is experienced as family (Hannon & Howie, 1994).

Patriarchal dogma dominates the fundamentalist Christian culture, and women are often viewed as inferior to men, with wives being required to submit to and obey their husbands (Alsdurf & Alsdurf, 1989). The Bible is believed to be the literal, inerrant word of God, and particular sections are interpreted in such a way so as to reinforce patriarchal ideology. Marriage and the family are held in high esteem, and separation and divorce are forbidden except in the case of marital infidelity. Even in instances of experiencing IPV, a conservative Christian woman may hesitate to seek help due to fears regarding what it might mean to her marriage, to her family, to her own spiritual life, and to her social life. Religious teaching often stresses separation between the holy and the secular, which can instill fear that going outside the faith community to seek help will compromise one's faith and conduct (Foss & Warnke, 2003; Griffin & Maples, 1997). However, studies have shown that if a conservative Christian woman seeks help outside her faith community, she often seeks the help of a therapist with a common faith tradition (Nason-Clark, 2004). This behavior may present unique challenges for Christian

therapists as they seek to manage clinical care and intervention as well as their own well-being.

More detailed definition and discussion about Christian culture and subcultures follows in Chapter II. While this information is important for a fuller cultural understanding, to facilitate ease of discussion, the use of the term "conservative" includes "fundamental" and "fundamentalist" as well.

Challenges for Therapists

Studies related to intimate partner violence, conservative religious systems, and the impact on therapists working with Christian women from conservative faith communities are limited. Minimal research has been published related to the impact of IPV counseling on the therapists who provide mental health services to victims and survivors. No literature was found reporting experiences of Christian therapists who work with conservative Christian women who have or who are experiencing IPV.

While the body of literature concerning domestic violence is significant, research related to the impact of domestic violence counseling on the clinicians who provide services to women in IPV is minimal (Iliffe & Steed, 2000). Research on the impact of therapists working with conservative Christian women in IPV was not found. However, extant literature indicated that therapists struggle with balancing their concerns for the safety of their clients, explaining the inappropriateness of behaviors associated with IPV, and respecting their clients' agency and their right to choose to stay in abusive relationships (Kurri & Wahlstrom, 2001).

Some evidence suggested that counselors who work in the areas of sexual abuse, domestic violence, and other type of trauma work, may do so because they have survived related trauma and desire to help others in similar situations (Baird & Jenkins, 2003). Research results were mixed as to whether clinicians with a personal trauma history are more strongly impacted by hearing the trauma stories of their clients (Follette, Polusney, & Milbeck, 1994; Pearlman & MacIan, 1995; Schauben & Frazier, 1995). Despite discrepancies in the literature it is important to recognize the challenges facing the therapeutic relationship when counselor countertransference potentially hinders best clinical practices.

Vicarious traumatization (VT), a concept introduced by McCann and Pearlman (1990), was found to occur for therapists who were repeatedly exposed to clients' emotionally shocking stories (Iliffe & Steed, 2000). The impact of VT on clinicians may result in the disruption of their cognitive schemas (Bowlby, 1969), how they go about making sense of events or organizing information in order to function. VT also impacts worldview and affects therapists' assumptions of the world and how they relate within it and with themselves (Cunningham, 2003).

Symptoms, such as those experienced in Posttraumatic Stress Disorder (PTSD), were also evidenced in therapists experiencing VT. In these cases, therapists may experience the same flashbacks and nightmares as those of their clients, as if they were experiencing the same trauma that their clients experienced. They may also experience a sense of despair and hopelessness as their perspectives of the world and levels of safety within it are altered (Iliffe & Steed, 2000). Findings showed that VT is a normal

response to trauma work and that clinicians need to be aware of this occurrence and attend to their needs based upon their responses (Iliffe & Steed, 2000; Stebnicki, 2007).

Participants in one study identified several symptoms associated with their work with victims of IPV, including loss of confidence in working with this population (Iliffe & Steed, 2000). They reported a lack of preparedness in the areas of acquired knowledge and skills due to a lack of training. From a clinical standpoint, they felt ineffective, inadequate, and powerless.

In addition to the challenges outlined here, Christian therapists working with conservative Christian women experiencing IPV may face additional obstacles. Augmenting the concerns and fears shared by all women who experience IPV, the conservative Christian woman has additional and unique concerns related to her spiritual life and wellbeing. Evidence suggested that when these women of faith decided to seek professional help they sought a Christian therapist to help them navigate through the complexities in their situations. Christian therapists may offer important insights in the area of working with conservative Christian women in IPV.

Purpose of the Study

The primary purpose of this study was to explore the perceptions and experiences of Christian therapists who work with conservative Christian women in IPV. The grand research question for this investigation was: What are the experiences and perceptions of counselors with a Christian background as they work with conservative Christian women survivors of intimate partner violence?

Due to the unique cultural factors to be considered within conservative religious systems, and to the lack of research in the area of impact on the therapists who work with women in these systems, further research is needed. Such research will enhance understanding regarding the perceptions and experiences of therapists and the implications for clinical practice and inform counselor education and supervision

Methodology

Counseling with survivors of IPV can be seen as a specialized area within the profession (Wingfield & Blocker, 1998). While the research in this area is rather extensive, relatively little is available regarding therapists' experiences in working with this kind of trauma. While a small body of research incorporated reports of the role faith in the healing processes from domestic violence and other types of trauma (Kane, 2006; Knickmeyer et al., 2003), no literature reported perceptions and experiences of therapists who work with conservative Christian women experiencing IPV. This gap suggests that an exploratory naturalistic inquiry utilizing a qualitative methodology to explore Christian therapists' experiences and perceptions in working with this population could add to the body of literature. Additionally, it may provide valuable information to clinicians and counselor educators, as well as clinical supervisors in the areas of multicultural counseling competency, counselor training, and supervision of counselors working with this population. The following section outlines the methodology that will be used for this investigation.

Naturalistic inquiry examines phenomena in their natural settings. In this case, the phenomenon investigated was the perceptions and experiences of Christian therapists

as they worked with conservative Christian women experiencing intimate partner violence. According to Lincoln and Guba (1985), naturalistic inquiry incorporates the researcher as the instrument for gathering data. Theory about the phenomenon being studied is grounded in the data regarding the phenomenon and emerges as the investigative process unfolds (Lincoln & Guba). Qualitative methods are sensitive and adaptable to influences within naturalistic research, and they are used when little research has been done in an area and when variables that are hard to measure are part of the research.

Qualitative methods, specifically grounded theory methodology, are rigorous in design. It is used to explore a social or human problem via a systematic set of procedures investigating a particular phenomenon for the purpose of generating a theory (Strauss & Corbin, 1990). Grounded theory design can provide a general structure that guides the research, or it can be pre-structured in order to aid in ensuring comparability across sources. While this structure may assist in answering questions of variance, it can also restrict researcher response to details in emergent data in a grounded theory study (Maxwell, 2005). For this investigation, a general structure to guide the research was used, allowing for researcher sensitivity to emergent data (Strauss & Corbin, 1990).

The initial step in grounded theory design is to identify a phenomenon for investigation. As previously discussed, due to the lack of research in the area of Christian therapists working with conservative Christian women in IPV, an exploratory study was warranted. Therefore, the phenomenon investigated was the experiences and

perceptions of Christian therapists working with conservative Christian women experiencing IPV.

The next step in the design was to form a grand research question that defined the phenomenon investigated. This question was initially stated broadly and narrowed and became more focused as research progressed. The grand research question for this study was: What are the experiences and perceptions of therapists with a Christian background as they work with conservative Christian women survivors of IPV?

Population & Data Collection

The participants for this study were six nationally licensed female Christian therapists who were currently or had been involved in a conservative Christian faith community and who have experience working with conservative Christian women in IPV. Participants were secured through referrals by academic and clinical professionals knowledgeable in IPV counseling who were asked to identify potential participants meeting the participant criteria in various regions within the United States, and through professional mental health organizations. This investigation was restricted to female therapists, as female therapists were more likely than male therapists to work with survivors of IPV (Iliffe & Steed, 2000). Data collection included recorded telephone interviews, a researcher journal, and a final member check interview with research participants. The research took place over several months until such time as identified themes reached saturation and no new data emerged (Strauss & Corbin, 1990).

Data Analysis

Data analysis included open, axial, and selective coding procedures (Strauss & Corbin, 1990). Open coding began as data were collected and coded into categories or themes. Properties, also described as characteristics of categories, were used to identify subcategories. When these subcategories began to emerge, axial coding was incorporated. Open and axial coding were ongoing and concurrent, and were processes of disassembling data and reassembling them, resulting in the identification of a main phenomenon. The process continued until the data were saturated and no new properties emerged (Lincoln & Guba, 1985). Selective coding occurred next, which consisted of writing a narrative including results of the coding. Finally, a conditional matrix provided an illustration and explanatory framework for presenting the details, procedures, and logic behind the grounded theory (Strauss & Corbin, 1990).

Ensuring Trustworthiness

Trustworthiness is identified by Lincoln & Guba (1985) as the hallmark of a well-designed and executed qualitative study. Establishing trustworthiness included establishing credibility, confirmability, dependability, and transferability. Credibility is similar to internal validity in statistical designs, and refers to the accuracy with which a researcher relates the true results of participant experiences. Threats to credibility include participants' reactions to the researcher and the process and researcher bias (Lincoln & Guba). Prolonged engagement, triangulation, negative case analysis, peer debriefing, and member checks were incorporated by this researcher to offset the threats to credibility.

Prolonged engagement refers to building trust between researcher and participants, learning about participant culture, and checking research information (Lincoln & Guba, 1985). For this study, the researcher conducted individual and repeated interviews using open-ended questions in order to learn participants' experiences.

Triangulation, or the use of multiple sources, methods, or investigators, also helped to offset threats to credibility. This method was accomplished through the use of the literature; stories of participants, who are experts in the field of working with conservative Christian women in IPV; and the use of member checks, allowing for participants to verify, clarify, or refute researcher conclusions. Lincoln and Guba (1985) considered member checking to be the most important step in establishing credibility.

Negative case analysis was accomplished by submitting data analysis and interpretation to professionals who were disinterested in this particular research. This step helped guard against the assumptions of the researcher negatively affecting the credibility of the investigation.

The researcher presented the data, analysis, and conclusions for peer review and debriefing. This step helped ensure consideration of all relevant material related to the research and assist in minimizing researcher bias.

Summary

The need for research related to the experiences and perceptions of Christian therapists who work with conservative Christian women in IPV was evidenced by the lack of research which currently exists and because of the unique cultural issues inherent

in working with individuals from fundamentalist religious systems. In addition, the literature indicated that the area of domestic violence presented the need for specialized training and skills development in order for therapists to effectively treat their clients and be aware of their own needs related to self-care (Iliffe & Steed, 2000; Wingfield & Blocker, 1998).

This section presented an outline for a naturalistic, qualitative research design used to investigate the experiences and perceptions of Christian therapists as they worked with conservative Christian women experiencing IPV. The information gathered from this study may provide therapists, counselor educators, and clinical supervisors with additional understanding regarding multicultural awareness and needed skills related to working with conservative Christians, the interface of IPV, conservative and fundamentalist Christian communities, and the impact on counselors. These findings may add to the understanding of best supervision practices when working with this population and may inform curriculum and program development for the education and preparation of counselors.

Overview of Remaining Chapters

A review of the literature concerning the interface of intimate partner violence and religion is included in Chapter II. Specific areas of discussion include additional definitions of types of partner abuse and more details related to the prevalence of IPV: religion as culture; characteristics of conservative and fundamentalist Christianity; the unique needs of conservative Christian women and the hindrances that may keep them

from seeking professional help; background on domestic violence counseling; and the impact of trauma counseling on clinicians.

Chapter III consists of a more detailed presentation of the methodology that guided this investigation, including the key components to qualitative study and specifically, grounded theory methodology.

Chapter II

Literature Review

Studies concerning the interface between intimate partner violence (IPV), fundamentalist religious traditions, the impact on counselors and therapists working with these populations, and counselor preparedness are limited. However, the literature revealed several reasons for exploring connections between religion and IPV. These include, but are not limited to, its role in violence within marital dyads (Alsdurf & Alsdurf, 1989; Brinkerhoff, Grandin, & Lupri, 1992; Cunradi, Caetano, & Schaeffer, 2002; Ellison & Anderson, 2001; Kroeger & Nason-Clark, 2001); survivors' unique perspectives on religion and spirituality (Bierman, 2005; Fallott & Heckman, 2005; Kennedy & Drebing, 2002; Watlington & Murphy, 2006; Webb & Otto Whitmer, 2003); religious fundamentalism and abuse (Foss & Warnke, 2003; Griffin & Maples, 1997; Haj-Yahia, 2002; Kroeger & Nason-Clark, 2001); the role of the Christian church in advocating for and facilitating healing for survivors (Kroeger & Nason-Clark, 2001; Nason-Clark, 2004); and the perspectives of religious leaders about domestic violence and divorce (Kaufman, 2003; Levitt & Ware, 2006). Additionally, studies explored resulting religious ideologies, religious coping, and problem-solving processes for adult survivors of childhood maltreatment (Bierman, 2005; Kennedy & Drebing, 2002; Webb & Otto Whitmer, 2001, 2003).

Scant research has been published regarding the impact of IPV or domestic violence (DV) counseling on the therapists who provide mental health services to victims and survivors. Iliffe and Steed (2000) conducted an initial exploration on this topic.

Their study, by necessity, was based upon literature related to the psychological effects on counselors working with trauma, such as torture, but not about the specific traumas related to domestic violence.

No literature surfaced related to the experiences of Christian therapists working with conservative Christians in IPV. However, studies have shown that women who do seek professional help tend to seek it from those who share their faith traditions and convictions, as going to a secular therapist could pose a threat to these women's belief systems, their social environments, and to their families (Haj-Yahia, 2002; Kaufman, 2003; Nason-Clark, 2004). While there has been a call to the counseling profession for increased multicultural knowledge and competency regarding the role of spirituality and religion within counseling practice (Hall, Dixon, & Mauzey, 2004; Kelly, 1994; Levitt & Ware, 2006; Miller, 2003; Pate & Bondi, 1992; Warburton, Hanif, Roswell, & Coulthard, 2006; Young, Cashwell, Wiggins-Frame, & Belaire, 2002; Young, Wiggins-Frame, & Cashwell, 2007), even with the development of spiritual and religious competencies evidence that therapists are being trained in working with clients of various faith traditions and spiritual ideologies was minimal (Young et al., 2007).

The minimal amount of data available concerning the impact of IPV on therapists and the gap in research related to the impact on Christian therapists working with conservative Christian women in IPV presented a need for further research into these phenomena. In addition, an understanding of the dynamics of IPV, as well as the cultural considerations facing clinicians working with conservative Christian women, is critical to

providing sensitive, competent therapeutic services. The following discussion examines the research and theory related to these points.

The establishment of definitions of terms and the current statistics regarding the prevalence of IPV are included in this review of the literature. An overview discussing religion as culture, an examination of pertinent factors in fundamentalist Christianity that impact conservative Christian women in IPV, and how these inform treatment is provided. An exploration of the current literature regarding the impact of domestic violence and other trauma counseling on therapists follows. A review of the literature provides an overview of extant research while establishing the need for further understanding into the area of IPV and the impact of IPV on conservative Christian women and the Christian therapists providing treatment.

Definition of Terms

Domestic violence, sometimes also referred to as intimate partner violence (IPV), has been defined by the American Bar Association (ABA) as, "a pattern of many behaviors directed at achieving and maintaining power and control over an intimate partner, such as physical violence, emotional abuse, isolation of the victim, economic abuse, intimidation, and coercion and threats" (1995, 2001, p. 2). The National Coalition Against Domestic Violence (NCADV) stated the following:

> Domestic violence is the willful intimidation, assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another. Violence against women is often accompanied by emotionally abusive and controlling behavior, and thus is part of a systematic pattern of dominance and control. (NCADV, 2007)

While the terms "domestic violence" and "intimate partner violence" are used interchangeably within these definitions, it may be important to make the distinction that domestic violence is a broader term because other family members (e.g., children, the elderly) may be targets of abuse. Additionally, researchers in the field of marriage and family therapy suggested that different types of violence exist in intimate relationships and that recognition of these differences is important for drawing further distinctions in assessment, identification, and treatment (Greene & Bogo, 2002). The definitions outlined by Greene and Bogo were generated from an earlier study by Johnson (1995), where distinctions are made between types of violence within couple dyads. What is referred to as patriarchal terrorism (PT) involves patterns of thinking and behavior that extend to attempt complete control over a partner's life, violence being just one means to this controlling end. It is a pattern of abuse that can be violent or non-violent; it escalates over time and is more likely to be the cause of serious injury when violence is involved (Greene & Bogo; Johnson, 1995). Common couple violence (CCV) has been defined as "an intermittent response to a specific argument or conflict" (Greene & Bogo, p. 456). No pattern of unilateral control appears to be in place; rather, the attempt at control is limited to a particular issue or situation. CCV does not appear to escalate, nor does there appear to be as much risk of violence resulting in physical injury (Greene & Bogo).

While a fuller conceptualization of intimate partner violence may be helpful and necessary in assessment and clinical treatment for individuals and families, for the purposes of this study, IPV is defined as including any and all behaviors that physically, emotionally, psychologically, and spiritually harm an intimate partner. They include, but

are not limited to, all forms of physical aggression and violence, including sexual assault; intimidation, threats, use of pejorative or demeaning language and actions against an intimate partner; withholding finances; and using biblical writings, spiritual practices, and/or spiritual position to shame, intimidate, manipulate, or threaten an intimate partner.

Prevalence of Intimate Partner Violence

Literature related to the prevalence of IPV revealed that IPV is a common and pervasive problem affecting many diverse populations. National statistics report that one in four women either have experienced or will experience abuse by an intimate partner in her lifetime (Tjaden & Thomnes, 2000). Between 1998 and 2002, family abuse accounted for approximately 3.5 million reported violent crimes, with 73% of these crimes being committed against females. Of the females who were victimized by family violence, 84% were in the category of spousal abuse. According to the Centers for Disease Control and Prevention (CDC, 2006), 1.3 million women are physically assaulted by an intimate partner each year. These figures represented only those crimes that were reported to law enforcement. The CDC estimated that only about one quarter of the physical assaults perpetrated against females by intimate partners each year are reported to the police, along with only one-fifth of rapes and one half of stalking incidents being reported. According to the United States Department of Justice (USDJ; 2005), domestic violence is one of the most chronically underreported crimes in America. Tjaden and Thomnes (2000) reported that only 20% of the 1.5 million individuals experiencing IPV each year obtain civil protection orders.

Intimate partner violence knows no boundaries. It affects women and families across cultures, ethnicities, religious and spiritual traditions, and socio-economic status (Nason-Clark, 2004; NCADV, 2007). Annis and Rice (2001) reported statistics from a 1989 survey study conducted by the Christian Reformed Church in North America, which reflected that 28% of women surveyed in their small randomized sample reported having experienced at least one form of abuse by an intimate partner. This percentage is close to that reflected in the national statistics, although religious or spiritual preferences were not included in the data from national sources. While IPV affects a broad range of women, the IPV experiences for women and their decisions in seeking and responding to assistance and treatment may be impacted by cultural factors such as religion.

Interface of Culture, Religion, and Counseling

In an attempt to better grasp the cultural factors which influence abused women's decisions to seek help, a discussion of the interface between culture, religion, and counseling is necessary.

Understanding Culture

Axelson (1993, as cited in Merchant, 2006) stated, "Culture has been defined as a group of people who identify or associate with one another on the basis of some common purposes, needs, or similarities of background" (p. 322). According to Pederson (1997) and Logo (2006), human beings are born into a context of existing culture, which is the framework in which they learn and display behaviors. Such culture affects the way human beings encounter the world and relate to other people. Additionally, each cultural group has its own distinct interpretation of reality, standards by which normality and

abnormality are judged, and their unique perspectives on the nature of human beings.

Based on these definitions, Christianity could be considered a culture, with the various

denominations or sects of Christianity being considered as subcultures. For the purposes

of this exploration, fundamentalist or conservative Christianity was considered a

subculture within the broader Christian culture. For ease of discussion, the term

"conservative" was used throughout this study to refer to fundamentalist Christian

religious systems and the women who identify with them.

Religion as Culture

According to recent surveys (Gallup, 2005), 78% of Americans reported that they

believe in God, and 82%identified with a Christian religion. The literature showed that

many clients desire to incorporate religious or spiritual practices into therapy (Schaffner

& Dixon, 2003; Weld & Eriksen, 2007). As recently as 2006, 57% of Americans

indicated that religion is very important in their lives (Gallup, 2006).

While these statistics reflected a significant percentage of Americans who value a

spiritual or religious component to their lives, no indication was given to the variety of

subcultures that are found in Christian culture alone. For this investigation, it was

important to distinguish and define the conservative Christian subculture from other

Christian subcultures.

Characteristics of Conservative Christianity

Consideration of the diversity within religious cultures and related subcultures is

critical to increasing multicultural sensitivity and awareness when working with people

of faith. This section explores some of the key characteristics found in conservative

Christianity.

The literature defined and characterized conservative Christianity in a number of

ways. Denton (1990) cited the work of McNamara (1985) when he included

"fundamentalists, charismatics, evangelicals, pentecostals" as part of the *New Christian*

Right (p. 8). These groups share common beliefs but differ in some of the dogma to

which each would adhere (Denton, 1990).

Buckner & Epstein (1987, as cited in Hannon and Howie, 1994), identified

several core beliefs attributed to conservative Christians, including the virgin birth of

Jesus Christ; the truth and inerrancy of the Bible; the atoning crucifixion of Jesus Christ

for the sins of the world; the bodily resurrection and ultimate return of Jesus Christ to the

earth; and the truth and authenticity of biblical miracles.

Patriarchal ideology dominates conservative Christian culture (Alsdurf & Alsdurf,

1989; Denton, 1990; Dobash & Dobash, 1979; Foss & Warnke, 2003; Griffin & Maples,

1997; Hannon & Howie, 1994; Kroeger & Nason-Clark, 2001; Levitt & Ware, 2006;

Nason-Clark, 2001; Nason-Clark, 2004; Shaw, 2008). The Bible is interpreted as the

literal, inerrant word of God; therefore, teachings and structure reflect male authority and

female submission to authority. New Testament passages, such as Ephesians 5:22-24,

and 1 Peter 3:1-5 (New International Version), are used to ensure that wives are

influenced to submit to their husbands in all situations, because the husband is the head of

the wife.

Shaw (2008) referred to beliefs found within conservative religious communities that have served to encourage the abuse of women and children. Interpretations of sacred writings and other religious teachings perpetuate dogma that categorizes women as inferior to men. Women are considered to lack the moral judgment of men as evidenced by Eve (the first woman) and her contribution to the commission of original sin and the fall from grace in the Garden of Eden. Children are considered to be born sinners, given to rebellion, and in need of having their wills broken. Forgiveness must be extended to those who have caused offense, and suffering is considered commendable (p. 199)

The institutions of marriage and the family are held in high esteem within conservative Christianity. Teaching within the religious community allows for separation or divorce only the most extreme situation, that of marital infidelity—specifically adultery. Marriage and the family and their importance and relationship with religious ideology within conservative Christianity has been referred to as a symbiotic relationship (Nason-Clark, 2001). Religious individuals may be less likely to seek help or use resources outside of the faith community. If they do seek support for personal and/or family needs, they will first look to their religious organization. Concern for the impact of the secular on the family, as well as the spiritual, can often keep the conservative Christian family and religious systems closed to professionals and other service providers outside of the faith community.

The lack of trust in helping professions such as counseling can pose barriers to the conservative Christian woman experiencing IPV. Conservative religious ideology tends to instill fear in its followers that danger may be found in participating in secular

activities of any kind. Mixing of sacred and secular is discouraged; conservative

ideology dictates separation (Miller, 2003). According to Whipple (1987), conservative

ideology includes an element of thinking that it is the conservatives versus the world,

encouraging individuals to seek help from within the church rather than from secular

society. While in some conservative Christian communities women have reported

receiving help and support from other women (Knickmeyer et al., 2003; Kroeger &

Nason-Clark, 2001), when support is not available within a woman's faith community,

she is left with the dilemma of remaining in the abuse with no support or seeking help

outside of her faith community. Because of religious teaching about the secular world

and the need to separate from it, seeking help may be perceived by a conservative

Christian woman as too great a risk to her identity and her way of life. She may fear that

seeking therapy or assistance outside of the church will create vulnerability to evil by

exposing her to professionals who may challenge her beliefs (Foss & Warnke, 2003) or

that she will feel pressure to leave her abusive partner. This option may not be realistic

for her if she has no other way to support herself and her children, nor would it be viewed

as permissible within her conservative religious ideology, unless her partner has

committed adultery.

Foss and Warnke (2003) discriminated between fundamentalist and evangelical

Christians by identifying fundamentalists as the more conservative of the two sects. As

previously discussed, conservative Christianity is characterized by male domination or

patriarchy. Evangelical Christians can be found throughout the various denominations

within protestant Christianity, as well as Catholicism. Some evangelicals may hold to

certain conservative tenets while disagreeing with the gender issues found in patriarchal religious systems. Intimate partner violence is often attributed to patriarchal ideology. Such ideology is less likely to influence more moderate or liberal mainline denominations of Protestantism, where women are often encouraged to pursue roles within church leadership that might otherwise be restricted to men. Gender equality is found in some evangelical Christian denominations (e.g., Quaker or Friends, Foursquare, Assemblies of God) that also espouse many conservative ideologies. Essentially, evangelical Christians are those who believe in the Christian gospel as presented in the first four books of the New Testament and who seek to share their beliefs with others. Miller (2003) distinguished evangelicals as "moderately conservative, striving to reform the world" (p. 67). Fundamentalist Christians were described as "very conservative, tending to want to separate from the world" (p. 67). Both evangelical Christians and fundamentalist Christians are concerned with preaching the gospel. For the purposes of this study, discussion of conservatism assumes evangelicalism in addition to fundamentalism, since both groups espouse a literal interpretation of the Bible as fundamental to Christian faith and conduct.

Relatively recent surveys (Gallup, 2005) sought to measure the number of Americans who considered themselves evangelical Christians. One survey asked participants a series of three questions of participants to determine if they had at some point had a "born again experience," committing themselves to Jesus Christ, if they had tried to encourage someone else to believe in Jesus Christ, and if they believed the Bible to be the actual word of God. Responses to these questions showed that 22% of those

surveyed described themselves as evangelical. When simply one question was posed,

"Would you describe yourself as a 'born again' or evangelical?", 44% of those surveyed

responded affirmatively, with an average agreement of 43 % over four surveys from

December 2004, through November 2005. Seventy percent of Black Americans

answered affirmatively, while 28% of White, non-Catholics answered positively.

It seems clear from these figures that a large percentage of Americans believe in

God and consider religion or a spiritual component important to their lives. Additionally,

a significant number of Americans identify with the Christian religion, many of whom

would categorize themselves as evangelicals. While no measurement was made for how

many Americans identify as conservative Christians, the questions posed in Gallup's

(2005) surveys would also be answered affirmatively by those identifying with

conservative Christianity (Denton, 1990; Levitt & Ware, 2006). The importance for

considering this information regarding conservatism and evangelicalism is found in the

realization that religious cultures are varied. The critical need for multicultural

awareness, sensitivity, and competency are well-documented (AAMFT, 2004; ACA,

2005; AMHCA, 2000; Miller, 2003; Sue et al., 1992; Sue et al., 1998; Sue & Sue, 2003).

Religious Culture and Counseling

Multicultural counseling and the call for counselor multicultural competence has

been in the forefront of the counseling profession and counselor education for more than

a decade (Sue et al., 1992; Sue, et al., 1998). Diverse opinions exist regarding the

definition of multicultural counseling. Some say that it should only be related to race or

ethnicity (Sue & Sue, 2003), while others conclude that religion and spirituality should be

included in the framework of culture (Foss & Warnke, 2003; Miller, 2003), making

sensitivity and knowledge of differing religious and/or spiritual ideologies a multicultural

issue (AAMFT, 2004; ACA, 2005; AMHCA, 2000; CACREP, 2001; Pate & Bondi,

1992; Sue et al, 1998). Pate and Bondi (1992) suggested that counselors understand that

religion is a part of cultural development for individuals. To attempt to assist clients

without acknowledgement and understanding of this point is to fail to address and attend

to ". . . a significant part of the identity of those they are attempting to serve" (p. 112). In

their article regarding counselor competence and spirituality, Young, Wiggins-Frame,

and Cashwell (2007) supported the argument that failure to address religious and spiritual

issues in counseling is to ignore an often integral part of client identity. Development of

identity is often shaped by individual experience, as well as by group membership and

culture (Pate & Bondi, 1992; Sue & Sue, 2003).

It is clear that culture, including religious culture, impacts women dealing with

IPV. Understanding the factors influencing their decisions to seek help is important for

therapists if they are to provide sensitive, holistic, competent services for this population.

Unique Values, Needs, and Experiences of the Conservative Christian Woman

Understanding conservative Christian women is critical for therapists in their

attempts to build a therapeutic alliance, especially when abuse brings a woman to

therapy. As previously reported, one study within a major Christian denomination in

North America revealed that 28% of women surveyed reported having experienced at

least one form of abuse by an intimate partner (Annis & Rice, 2001). Another study cited

a nominal 17% of women attending religious services having been abused in some way

by an intimate partner, with one quarter of these having been assaulted physically (Neergard, Lee, Anderson, & Gengler, 2007). In addition to features common to the majority of women who experience IPV (e.g., shame, fear, multiple levels of vulnerability, and recovery from physical, emotional, and psychological damage; Alsdurf & Alsdurf, 1989; Kroeger & Nason-Clark, 2001), the Christian woman also may have spiritual concerns that must be given voice and honored (Foss & Warnke, 2003; Griffin & Maples, 1997; Knickmeyer et al., 2003; Young et al., 2007). Often the spiritual concerns, the shame, and the fears are inseparable.

Unique characteristics within the conservative Christian religious system set it apart as a subculture within Christianity, with its own unique beliefs, norms, language, and corporate experiences. Within the larger subculture reside individuals with their own unique experiences, which are nonetheless influenced by the cultural norms within conservative Christianity.

Experience of Spiritual Life

First and foremost, when working with conservative Christian women, therapists need to consider how these women experience spiritual life (Foss & Warnke, 2003; Miller, 2003). Their experiences are likely rooted in their beliefs about God, their experiences of God, and who they are in relation to him. A key tenet in Christianity is that God created the world and all that is in it, including humanity with whom God desires to have relationship. One Hebrew name for God taken from Christianity's Judaic roots is Immanuel, meaning God with us. It describes a personal God who is concerned for his people and who is ever-present and accessible (Maas, 1909; Shedd, 1888, as cited

in Gomes, 2003). One of the most important beliefs operating within a conservative

Christian community is the necessity for salvation through a personal belief in Jesus

Christ as the Savior of the world and a personal Savior (Miller, 2003). An understanding

of what this belief means to a conservative Christian woman is critical to honoring her

struggle to determine how God views her and her individual situation and whether or not

she has valid reason for seeking professional help. Her relationship with God will likely

be primary to her, and therefore, a factor that therapists must take into consideration

(Foss & Warnke, 2003; Knickmeyer et al., 2003; Kroeger & Nason-Clark, 2001).

Gender, Sanctity of Marriage & Family, Forgiveness & Faith

Other key factors of concern to conservative Christian women identified by

Whipple (1987) included spiritual and biblical teachings related to gender roles; the

sanctity of marriage and the family and the importance of avoiding divorce; forgiveness;

and faith. Biblical teachings related to the roles of husband and wife are interpreted

through a hierarchical, patriarchal lens, iterating the necessity for women to submit to

their husbands in all things (Kroeger & Nason-Clark, 2001; Nason-Clark 2001; Shaw,

2008; Ephesians 5:22-24; 1 Peter 3:1-5). Typically, the only valid reason for separation

and divorce within a conservative Christian system is adultery—specifically an

extramarital affair (Levitt & Ware, 2006). The subject of forgiveness is often

accompanied by an interpretation that one must also forget an offense. The conservative

Christian woman may assume that an apology from her abusing spouse means that she

must return to him if she has separated from him (Nason-Clark, 2001; Whipple, 1987).

The faith factor has to do with praying to God and believing that the situation will

improve. This action is often reinforced for an abused woman when the abusing spouse seems to repent and show remorse for his actions (Alsdurf & Alsdurf, 1989; Whipple, 1987).

Faith Communities and Social Life

For many conservative Christian women, their faith communities are both spiritual and social systems (Knickmeyer et al., 2003; Shaw, 2008). When relationships are strong within faith communities, they are often likened to family. Hannon and Howie (1994) noted that conservative Christians may refer to members within their faith communities as "brothers" or "sisters" (p. 123). Depending upon the local faith community, multiple opportunities for social and/or spiritual gatherings may occur on a weekly basis, and the importance of involvement is often emphasized. Religious life is a way of life, often with the church or the church leaders representing authority figures in the lives of the member families. Women experiencing IPV who attempt to find support for their situations within these communities face many losses if the clergy and/or other members of the system are not supportive. Conversely, when support is found, healing within their situations is much more likely to be facilitated (Knickmeyer et al., 2003; Nason-Clark, 2001).

Relationship Responsibilities and Blaming the Victim

Nason-Clark (2001) painted a telling picture of how conservative Christian theology and dogma are supported and advanced through Christian family literature. Many well-known names within conservative, evangelical Christianity help to reinforce gender roles found in the roots of conservative culture, namely male headship within the

family and female submission to such headship in all things. Additionally, she pointed

out that the messages that these popular and prolific authors send to Christian women can

be interpreted as blaming wives or putting the responsibility for their husbands' behaviors

back upon them, calling them to examine how they have contributed to the situation,

what their responsibilities are in stopping the abuse, and authoritatively writing that a

wife is to submit, regardless of the husband's behavior.

Alsdurf and Alsdurf (1989) reported similar victim-blaming responses from

within faith community leadership and from others within the system. Common in the

religious institution is the projection of responsibility onto an abused woman for the

choice her husband makes to abuse her. It is assumed that she must be doing something

to cause his behavior. Additionally, a wife's prayers for, submission to, and loving

responses toward her abuser are the elements that will effect change in him and in her

marriage. Christian women are often told, implicitly and explicitly, that they are

responsible for setting the atmosphere in the home and that they are ultimately

responsible for the condition of their marriages (Foss & Warnke, 2000; Knickmeyer et

al., 2003; Levitt & Ware, 2006).

Hindrances to Seeking Help

Given the cultural roles and norms Christian women face within conservative

religious systems, the hindrances to seeking help when IPV is an issue are numerous.

The process by which a decision is made to seek help can be lengthy and fraught with

confusion as to how much information to disclose and to whom, and whether seeking

help is a valid option. According to Nason-Clark and Kroeger (2004), a myriad of

emotions and thoughts are involved in a Christian woman's process of deciding to seek help. Because a Christian woman's role as wife is synonymous with harmony in the home, she may feel as though she has failed if harmony and peace are missing. She may blame herself for the abuse, reasoning that her behaviors must have warranted such treatment. Along with this self-blame, she may feel shame and an ongoing erosion of her sense of value, resulting in feelings of worthlessness. Threats from her abusive spouse, as well as her own internal struggles in her relationship with God and the faith community, place pressure on a Christian woman to remain silent. It is not uncommon for women to withhold details of the abuse at first or refrain from naming the abusive acts themselves, due in part to the religious ideology that suffering is a virtuous act (Foss & Warnke, 2003). For women of faith in conservative religious systems, forgiveness and the identification with Christ as a sacrificial lamb are strong ideologies that may keep them silent and in an abusive relationship cycle (Nason-Clark, 2004).

Additional hindrances to seeking help may include low energy and confusion. A woman in an IPV situation is generally doing all she can do to maintain the status quo and to keep the abuse hidden, leaving few energy stores left to seek help for herself and for her family. She may often have difficulty achieving and maintaining a clear perspective in the midst of dealing with any number of types of abuses (Nason-Clark & Kroeger, 2004).

Disclosing Abuse

Studies elucidating IPV victims' reasons for choosing to disclose or to refrain from disclosing information about their abusive situations can be useful for clinicians and

for faith communities and their leaders. Many of the barriers to disclosure and to seeking help that are found in the general population are also present within conservative Christian communities. The research showed that the reluctance on the part of some IPV victims to disclose and/or seek help fall under numerous categories, including personal, interpersonal, and social (Neergaard et al., 2007). In addition to hindrances already discussed, women identified social isolation, recrimination, experiencing judgment from others if they chose to leave the abuse or if they chose to stay and endure it (Knickmeyer et al., 2003; Levitt & Ware, 2006), as well as fearing intimidation from their perpetrators, being stigmatized as abused women, fear of rejection, and having their disclosures invalidated and disbelieved (Neergaard et al., 2007).

Other concerns related to seeking help in IPV situations have been identified as worry that confidentiality will be kept within a counseling setting, worry that counselors and/or agencies will notify authorities, and that an abuser will find out about the disclosure. Often this disclosure can be a life or death situation. In some cases, women stated that they wanted to protect their partners and their relationships (Neergaard et al., 2007).

Seeking help outside the faith community can raise other fears for a conservative Christian woman within IPV. Teaching that reinforces the need to avoid secular humanism present in the world outside of the religious system creates concern that the help sought could lead to compromise or to a loss of religious conviction (Foss & Warnke, 2003; Griffin & Maples, 1997).

While this discussion is related to women within conservative Christian culture, the literature indicated common themes resident within conservative Jewish and Islamic cultures as well (Douki, Nacef, Belhadgj, Bouasker, & Ghachem, 2003; Haj-Yahia, 2000, 2002; Kaufman, 2003). The importance of marriage and the family, the social connectivity within faith communities, as well as patriarchal structure, are evident within each of these conservative religious systems (Abugideiri, 2005; Douki et al., 2002; Foss & Warnke, 2003). Additionally, holy texts from each of these religious traditions are often interpreted in such a way as to support or justify IPV (Abugideiri, 2005; Alsdurf & Alsdurf, 1989; Douki et al., 2003; Haj-Yahia, 2000, 2002; Kaufman, 2003; Kroeger & Nason-Clark, 2001)

Counseling Victims of Intimate Partner Violence

Given what is reflected in the literature regarding conservative Christian women and the religious ideological lenses through which they view disclosure and help-seeking in cases of intimate partner violence, a discussion of what constitutes IPV counseling as we know it is in order. Through examination of what might be considered typical IPV counseling, what the literature revealed about victims' and survivors' views about their experiences of IPV and seeking help, and the impact of IPV counseling on clinicians, a foundation may be established for further investigation into the particular needs of conservative Christian women and the clinicians with whom they work.

Varied Services in IPV Treatment

Services available to victims of IPV are varied and may include individual and/or group counseling, domestic violence educational groups, and temporary placement in

safe houses or shelters. Victim advocates may also be available. Some agencies or

programs may provide family services, including batterer intervention and counseling

groups for children and adolescents (Howard, Riger, Campbell, & Wasco, 2003). While

services for families may be available, care is typically given to provide such services to

individual family members, as opposed to conjoint treatment with couples and families.

Safety concerns for victims and care in avoiding victim blaming have historically guided

this method of treatment; however, some researchers have recommended reconsideration

as evidence seems to indicate possible benefit of conjoint treatment in some cases

(Harris, 2006; Murray, 2006; Stith, Rosen, McCollum, & Thomsen, 2004).

Regardless of the extent of services available in any program, the focus in

domestic violence counseling has historically been to see a reduction in or an end to the

violence (Fugate, Landis, Riordan, Naureckas, & Engel, 2005). Research has shown the

negative effects women experience from abuse, whether physical, emotional,

psychological, or a combination of these (Dienemann, Glass, Hannon, & Lunsford, 2007;

Dziegielewski, Campbell, & Turnage, 2005). For women seeking help, the focus in

counseling is often on ending the relationship. While it may be that this approach has

been intended to reflect the interest of safety and well-being for a woman and possibly

for her children, Kurri and Wahlstrom (2001) pointed out that these kinds of counseling

practices have been "criticized for underestimating the differences in women's individual

life situations and world views" (p. 188). Fugate et al. (2005) reported that an emphasis

on a woman ending an abusive relationship may still be in place even when taking her

perspective into account. While this emphasis has been identified as one reason women

in IPV are reluctant to seek counseling services (Fugate et al., 2005), counseling for a conservative Christian woman in IPV may be even more complicated due to her religious and spiritual convictions. As a result of the patriarchal ideology present in religious conservatism, even if a conservative Christian woman begins to view her husband's abusive behavior as wrong, she may struggle to come to terms with ensuring safety for herself if it means she must stand against her husband's demands (Foss & Warnke, 2003). If she chooses to disclose the abuse and seek help, she might be more likely to contact her pastor first, speak to another Christian woman in her faith community, or contact a professional therapist who identifies him or herself as a Christian and comes recommended by her pastor or other spiritual leader (Griffin & Maples, 1997; Levitt & Ware, 2006; Rotunda, Williamson, & Penfold, 2004).

Impact of IPV Counseling on Therapists

While the body of literature concerning domestic violence is significant, research related to the impact of domestic violence counseling on the clinicians who provide services to women in IPV is minimal. Research related to the impact on therapists working with conservative Christian women in IPV was not found. It is appropriate to consider what extant literature revealed regarding clinician experiences in working with IPV victims, in order to consider further areas of investigation, the implications for counselors and therapists, and the training and supervision of future clinicians.

Little research seemed to exist related specifically to the effects of IPV counseling on the counselors and therapists who provide these services (Iliffe & Steed, 2000). Although only one study was found in the area of social work, which measured coping

and resiliency from a strengths perspective in counselors working with IPV (Bell, 2003), studies have been conducted since the 1970s on the impact of treating trauma survivors on those who provide treatment. Research has drawn distinctions between types of trauma (e.g., human-induced vs. naturally occurring traumatic events) and the various types of impact on clinicians who treat traumatized individuals. Differentiation has also been made between therapist burn out, countertransferrence, and secondary or vicarious traumatization (VT) (Cunningham, 1999, 2003; McCann & Pearlman, 1990). These conceptual frameworks share some similar symptoms; however, certain factors also set them apart from one another. An understanding of how each differs from the others may be helpful.

Differentiating Burnout, Countertransference, and Vicarious Traumatization

Burnout may result from multiple factors, such as dealing with difficult clients, feeling isolated in the clinical work, carrying too demanding a workload, or dealing with particular administrative issues (Cunningham, 2003). Such factors often contribute to increased colds and other illnesses related to stress, recurring or increased headaches, decreased energy, irritability, and feelings of detachment from clients. Burnout can happen when working with any difficult population, not just those counselors dealing specifically with trauma (Cunningham, 2003; Iliffe & Steed, 2000).

Countertransference may also have implications for the therapeutic relationship and the impact of client stories on therapists. In classic psychoanalytic theory, countertransference refers to the "unresolved personal conflicts" (Cunningham, 2003, p. 451), which may account for therapists' reactions to clients' stories. Iliffe and Steed

(2000) asserted that the extant countertransference literature can assist in understanding

the kind of impact trauma counseling can have on therapists. One study related to

counselor countertransference in working with trauma found a positive and significant

correlation in counselors working with sexual abuse; 31 out of 81 participating clinicians

reported a personal history of sexual abuse (Cunningham, 2003). Therapists whose

countertransference responses resulted from their own unhealed experiences risked

becoming ineffective in the therapeutic relationship and possibly risked doing damage to

the client when the countertransference remains unrecognized (Watkins, 1985).

A more contemporary view of countertransference expands understanding as to its

function, describing it as a way in which a clinician can identify that which might be

happening within a client that remains unexpressed. The lack of expression may be a

result of the lack of conscious awareness on the part of the client. Countertransference

has been described as "one of the most important tools for the therapist's work, providing

insight into the patient's inner world" (Richards, 2000, p. 322; Watkins, 1985).

Watkins (1985) outlined the importance of the countertransference function

within therapists in the explanation of why it happens within the therapeutic dyad. He

illustrated the identification counselors experience with their clients and suggested that it

is a critical component in the effectiveness of therapy:

> When an optimal identification exists, the therapist is able to relate to and
> to understand the client and still maintain an appropriate distance. When
> there is no optimal identification, the counselor-client relationship tends to
> be compromised, and consequently, the helper will have difficulty in
> empathizing with the counselee. (p. 357)

The avenues by which identification happens are varied, including factors such as values, language, expectations, and goals. Optimal identification is considered to be a midpoint on a continuum ranging from overidentification with a client to disidentification with a client, both of these ends of the spectrum presenting risk to the effectiveness of therapy and the well-being of the client.

Research showed that some therapists who work in the areas of sexual abuse, domestic violence, and other types of trauma work do so because they have survived related trauma and seek to help others in similar situations (Baird & Jenkins, 2003). Research results were mixed as to whether clinicians with a personal trauma history are more strongly impacted by hearing the trauma stories of their clients. Follette, Polusney, and Milbeck (1994) and Schauben and Frazier (1995) reported no significantly greater impact on therapists with personal trauma history than on those without; however, other studies showed greater disruption in cognitive schemas for clinicians with personal histories of trauma (Pearlman & MacIan, 1995). Despite such discrepancies in the literature, it is important to recognize the challenges facing the therapeutic relationship therapists' identification with their clients is not at an optimal level. If they overidentify with clients, clinicians may avoid important interventions due to fears of angering clients or viewing clients as fragile and in need of overprotection. If they disassociate with clients, therapists may distance themselves from clients, resulting in rejection or even display of hostile behaviors toward their clients (Watkins, 1989).

It is evident that therapist countertransference serves a valuable role in assisting in joining with clients and with potentially providing insight and guidance for the therapist

about a client's inner world. In addition, the relation of countertransference to counselor identification with a client can prove to be invaluable in the therapeutic alliance and in the healing process. However, on the countertransference continuum, Watkins (1989) described those therapist behaviors falling on either end of optimal identification provided a range of potential challenges to the therapeutic relationship. This information is important for therapists and supervisors to consider in working with all clients, especially in working with those clients who are seeking healing from traumatic experiences.

Vicarious traumatization (VT) is another critical component to consider for therapists working with women in IPV. Vicarious traumatization, introduced by McCann and Pearlman (1990), is directly related to repeated exposure to clients' emotionally shocking stories, which can alter clinicians' worldviews or cognitive schemas (Cunningham, 2003; Iliffe & Steed, 2000; McCann & Pearlman, 1990). Individuals develop cognitive schemas as they attempt to organize information and make sense of experiences in order to function (Bowlby, 1969), while worldview deals with the assumptions each one makes about the world as it relates to self, others, and the world (Cunningham, 2003). Cunningham (1999) suggested that therapists who hear their clients' traumatic stories often experience disruptions in their cognitive schemas, much the same as their clients' experience. This identification with clients can result in the same kinds of flashbacks, nightmares, and other types of Post Traumatic Stress Disorder (PTSD) related symptoms for therapists, as if they were experiencing the same trauma their clients experienced. Additionally, sense of security in the world is altered, trust of

others changes, and therapists may develop feelings of helplessness and despair (Iliffe & Steed, 2000). While burnout can occur when working with any difficult client population (Schauben & Frazier, 1995), vicarious traumatization occurs in therapists who continually hear "emotionally charged, emotionally shocking material from their clients" (Iliffe & Steed, 2000, p. 396).

While the literature reflected the impact on therapists who work with survivors of childhood and adolescent sexual abuse as well as other forms of sexual violence (Cunningham, 1999, 2003), studies related to therapists' experiences working with domestic violence were limited and compared them to those who worked with survivors of torture trauma. Findings indicated that burnout, countertransferrence, and vicarious traumatization appear to have widespread application to therapists working with trauma survivors (Iliffe & Steed, 2000). Therefore, arguments have been made that the symptoms evident within each of these contexts are normal responses to trauma work and that clinicians need to be aware of this potential reaction and encouraged to attend to their needs based upon their responses (Iliffe & Steed, 2000; Stebnicki, 2007).

Reported experiences of clinicians working with domestic violence populations included multiple emotional and cognitive symptoms. Participants expressed an initial loss of confidence in working with domestic violence due to a lack of knowledge and skills training in this area (Iliffe & Steed, 200). From a clinical standpoint, they felt ineffective, inadequate, and powerless, while also recognizing that despite their concerns for their clients, they were not ultimately responsible for clients' decisions or safety. The assumption of too much responsibility was sometimes problematic, as was the ability in

their early experiences of maintaining respect for their clients despite the choices they

may have made to stay in abusive relationships.

Therapists are regularly presented opportunities to balance honoring a client's

agency in identifying and establishing goals for therapy and in challenging unhealthy or

rigid thinking and behaviors that hinder growth and well-being. When the question of

physical and emotional safety is considered, therapists may feel they face the moral

dilemma of honoring client agency while clearly communicating that abuse is wrong

(Kurri & Wahlstrom, 2001). This dilemma can be even more challenging when working

with conservative Christian women who are entrenched in rigid religious systems. In

addition to the concerns and fears shared by women who experience IPV, the

conservative Christian woman has additional and unique concerns related to her spiritual

life and well-being. Because these women of faith will most often seek out Christian

clinicians to help them navigate through the complexities present in their situations,

Christian therapists may have important insights to offer in the area of working with

conservative Christian women in IPV.

Summary

While scant research seems available related to the impact of IPV trauma on

clinicians, none was found concerning Christian therapists who work with conservative

Christian women experiencing IPV. Scholars and educators have elucidated the

importance of specific understanding into the areas of intimate partner violence, and the

role of spirituality and religion in individuals' lives; a number of codes of ethics

(AAMFT, 2001; ACA, 2005; AMHCA, 2000) pointed out the unethical nature of

counselors and therapists practicing outside the scope of their training. Extant studies, as well as the lack of research, raised four important considerations for the fields of counseling and marriage and family therapy. How prepared are therapists to work with women and their families regarding family abuse and IPV issues? Secondly, how prepared are therapists to work with clients who come from conservative Christian faith traditions? How do therapists manage the trauma to themselves that accompanies working with traumatized individuals? What are the implications for the preparation therapists entering the clinical field?

The literature highlighted the importance of gaining understanding into the unique experiences and perspectives of Christian therapists who work with conservative Christian women in IPV. Due to their religious cultural norms and beliefs, conservative Christian women in IPV may not readily seek counseling services outside of their faith communities. Those women who do seek counseling services will most often search for the help of a Christian therapist. As insiders, Christian therapists who work with conservative Christian women in IPV may offer valuable understanding into working with this population given their culture-specific perspectives and knowledge of Christian culture (Miller, 2003; Nwachuku & Ivey, 1991; Phiri-Alleman & Alleman, 2008; Sue & Sue, 2003). Such information may serve to increase multicultural understanding and inform the training of multiculturally competent therapists. Given what is evident in the literature regarding the impact of countertransference, burnout, and vicarious traumatization on clinicians who work with traumatized clients, Christian therapists who work with conservative Christian women in IPV may experience unique vulnerabilities.

Understanding their experiences may facilitate education and supervision in order to

minimize these vulnerabilities.

Chapter III

Methodology

While the body of literature concerning domestic violence is significant, research related to the impact of domestic violence counseling on the clinicians who provide services to women in IPV is minimal. Research on the impact of therapists working with conservative Christian women in IPV was not found. Scholars and educators have highlighted the importance of specific understanding of the areas of intimate partner violence and the role of spirituality and religion in individuals' lives; a number of codes of ethics (AAMFT, 2001; ACA, 2005; AMHCA, 2000) pointed out the unethical nature of counselors and therapists practicing outside the scope of their training. The absence of research regarding the unique experiences and perspectives of Christian therapists who work with conservative Christian women in IPV indicates that exploratory research is necessary.

To address the limitations or absence of prior research, this study utilized methodology designed to explore and describe the experiences and perspectives of Christian therapists working with conservative Christian women in IPV. The methodology most suited to the purpose of this study was naturalistic inquiry using qualitative methods; specifically, this study employed grounded theory to explore the unique experiences and perceptions of Christian counselors who were working clinically with conservative Christian women in IPV at the time.

Naturalistic Inquiry

Lincoln and Guba (1985) explained that researchers who conduct research via naturalistic inquiry do so because they believe that meaning and context are inseparable. It, therefore, examines a particular phenomenon within its natural setting. Naturalistic inquiry uses qualitative methods that are "sensitive and adaptable to the many mutually shaping influences and value patterns" (p. 40), which occur during the course of conducting research. Qualitative methods are often chosen over quantitative methods due to their adaptability in working with multiple realities and because "qualitative research allows researchers to get at the inner experience of participants, to determine how meanings are formed through and in culture, and to discover rather than test variables" (Corbin & Strauss, 2008, p. 12). Strauss and Corbin (1990) also described qualitative research as any type of research that produces description and new understanding through exploration of phenomena about which little is known, without reliance upon quantification through statistical measures. Given the lack of research in the area of therapists' experiences in working with conservative Christian women in IPV, qualitative research provides an ideal methodological framework for investigation into the perceptions and experiences of Christian therapists working with conservative Christian women experiencing IPV. Its usefulness in gaining understanding of the context in which participant actions occur (Creswell, 2009), through the possibilities for obtaining thick, rich, and meaningful descriptions (Denzin & Lincoln, 2003) support it as a viable research methodology for this study. Specifically, the next section outlines the usefulness of grounded theory.

Grounded Theory

Grounded theory is one of several qualitative research methodologies (Denzin & Lincoln, 2003; Strauss & Corbin, 1990). This method was designed to systematically gather and analyze qualitative data in order to form a theory, versus the assumption of a theory prior to the gathering of data regarding particular phenomena (Corbin & Strauss, 2008; Lincoln & Guba, 1985). Lincoln and Guba (1985) asserted that no statement of a prior theory, as is required in statistical research methodologies "could anticipate the many realities that the inquirer will inevitably encounter in the field, nor encompass the many factors that make a difference at the micro (local) level" (p. 205). Through a rigorous, systematic, and emergent process of data collection and analysis across numerous categories, theory regarding particular phenomena emerges from the unique experiences and perceptions of the participants. Flexibility on the part of the researcher is required in this process of constant comparison of data (Creswell, 2009; Maxwell, 2005).

For the purposes of this study, a grounded theory design was appropriate due to its sensitivity to phenomena that are not easily measured. It is compatible with open-ended and process-oriented inquiry and useful for exploratory studies when pre-existing research is absent or limited. Maxwell (2005) stated that grounded theory refers to theory that evolves from inductive study and constant interaction with data rather than a particular level of theory. The hoped-for result is a useful theory that brings new insight and a broader understanding of a particular phenomenon. In this study, the phenomenon of interest was that of Christian therapists' experiences of working with conservative

Christian women in IPV. A qualitative methodology allowed for ideal investigation into the experiences and perceptions of Christian therapists working with conservative Christian women in IPV. Grounded theory procedures provided a foundation for developing a theory related to this phenomenon, identifying useful new insights and understanding in the area of multicultural counseling, to working with conservative Christian women in IPV, and to the profession of counselor education and supervision.

Role of the Researcher

One of the essential elements in qualitative research is the role of the researcher (Lincoln & Guba, 1985; Strauss & Corbin, 1990). Human beings are viewed as ideal instruments for gathering and analyzing data in naturalistic inquiry due to their ability to provide responsiveness, adaptability, and a holistic emphasis. Additionally, the human instrument can expand the knowledge base beyond propositional knowledge, is able to process data as soon as it is available, and can immediately summarize, clarify, correct, or explore atypical data (Lincoln & Guba, 1985).

The researcher's role carries multiple responsibilities (Creswell, 2009; Maxwell, 2005). Among these responsibilities are the maintenance of ethical standards, negotiation of research relationships that are appropriate to the research design and maintenance of balance between objectivity and sensitivity in the gathering, analysis, and interpretation of data.

Researchers face numerous ethical considerations. Assuring confidentiality of research participants, securing the consent of participants based upon adequate information including the purpose of the research and the possible risks and benefits of

participation, as well as communicating that participants may discontinue participation at any time are critical in maintaining ethical standards (Creswell, 2009). This study was submitted to the Oregon State University Human Subjects Committee prior to data collection. Each participant received a statement of Confidentiality and Informed Consent, which was signed and returned to the researcher prior to the collection of data. Specific procedures are described in later sections.

The key in the collection of quality data rested on the negotiation of research relationships between researcher and participants (Maxwell, 2005). Participants openly and candidly shared cognitive and emotional processes regarding their work with conservative Christian women in IPV. As an academician, as well as a marriage and family therapist who has worked with conservative Christian women in IPV and their families for a decade, this researcher possessed the qualifications to negotiate relationships with participants in order to facilitate the necessary openness and reflection needed for the collection of high quality data.

The researcher bared the responsibility of balancing objectivity and sensitivity as a primary concern in conducting qualitative research (Maxwell, 2005; Strauss & Corbin, 1990). The balance of sensitivity and objectivity was critical in the process of theoretical sampling, a data collection method that was based on the concepts and themes generated by emerging data (Corbin & Strauss, 2008; Strauss & Corbin, 1990). It is in this balance that determination can be made as to emerging concepts, evolving theory, and the need for further data collection.

However, Corbin and Strauss (2008) stated that objectivity in qualitative research is now seen as a "myth" (p. 32), because researcher perspectives, knowledge, and experience become integrated into all aspects of research. The critical issue is *how* the researcher uses personal perspectives, knowledge, and experience, not *whether* these were used in the research process (Corbin & Strauss). Equally important, the researcher refrained from imposing or forcing personal biases onto the analysis and interpretation of emergent data so that study participants' experiences and meanings were accurately reported (Creswell, 2009). This was accomplished by using comparative thinking, considering multiple viewpoints, incorporating multiple techniques for gathering data, and maintaining an attitude of skepticism. In addition, questioning, comparing, and sampling procedures also assisted in establishing and maintaining objectivity (Strauss & Corbin, 1990).

According to Corbin and Strauss (2008), sensitivity refers to having insight and being able to discern what is happening within the data. Sensitivity has to do with being immersed in the data and in working with people, being able to accurately grasp and present participant views via the ongoing processes of data gathering and analysis. Sensitivity is often augmented by a researcher's professional experience; it can also be hindered if the researcher's experience overrides what is happening in the data. Several authors (Corbin & Strauss; Creswell, 2009; Maxwell, 2005) iterate that qualitative research findings are a combination of research data and all that a researcher brings to data analysis, maintaining the importance of the participants' views and experiences.

The role of the researcher is a critical component in qualitative research, and more specifically, in a grounded theory approach. The researcher serves as the instrument in data collection and analysis and as such, is crucial in the establishment of working relationships with research participants in order to collect relevant and meaningful data. A significant part of this relationship role is the protection of participant rights and the maintenance of ethical research standards. Balancing objectivity and sensitivity produced a theory that accurately reflected the phenomenon being studied: the perceptions and feelings of Christian therapists working with conservative Christian women in IPV.

Process of Grounded Theory

Grounded theory methods consist of following specific procedures to establish scientific significance. The results of following such procedures produced a grounded theory study that was trustworthy, credible, transferrable, dependable, and confirmable (Lincoln & Guba, 1985). The basis for and the beginning of qualitative research design is the development of a conceptual context and framework. According to Maxwell (2005), a conceptual framework is a system of assumptions, beliefs, and theories supporting and informing research. It is a tentative theory about the phenomena under investigation, and it serves to inform the research design, including assessing and refining goals, developing relevant questions, and addressing of validity issues.

Review of the Conceptual Context

The conceptual context serves as the foundation for developing a research problem and grand research question, informs further data collection and analysis

decisions, and enables the researcher to address issues of validity. The researcher

constructs a conceptual context using information gathered from a number of sources:

experiential knowledge, prior theory and research, pilot and exploratory studies, and

thought experiments (Maxwell, 2005). Objectivity and sensitivity are necessary in order

for the researcher to allow existing theory and research to inform the conceptual context

of a study without imposing limiting and unnecessary structure (Maxwell).

For this study, the researcher incorporated experiential knowledge, prior research,

and existing theory to construct the conceptual context. Additionally, the researcher

attempted to develop and maintain a balance of objectivity and sensitivity in order that

the conceptual context would reflect relevant literature as well as personal experience.

Such balance provided a starting point in understanding the reality of research

participants (Strauss & Corbin, 1990).

The conceptual context of this study of Christian therapists' perceptions, feelings,

and behaviors when working with conservative Christian women in IPV is based in part

on the researcher's experiences as a Christian therapist working with this population.

The researcher's experiences informed the assumptions that Christian therapists may at

times experience feelings of isolation within their communities of faith. They also may

be impacted on multiple levels, including emotional, psychological, spiritual, and

physical, in the process of working with Christian women experiencing IPV.

In addition, the researcher's experiences increased the desire to understand the

experiences and perceptions of other Christian therapists who work with conservative

Christian women in IPV, with the hope of adding to the literature in the areas of

multicultural counseling, to increase multicultural counseling competencies in counselor education, and to inform counseling and supervision practices.

A review of the literature provided another source of information related in the construction of the conceptual context and framework for this study. While extensive literature was available regarding domestic violence and some literature was available related to counseling practice with traumatized clients and the integration of spirituality into counseling, no literature was found related to Christian counselors working with conservative Christian women in IPV, exposing a need for exploration into this area. The gap in research related to Christian counselors working with conservative Christian women in IPV provided the condition of a researchable problem that is part of qualitative research (Maxwell, 2005) and part of grounded theory methodology specifically (Corbin & Strauss, 2008).

Once a researchable problem was identified, a grand research question was formed. A grand research question is that which identifies a phenomenon to be studied and leads the researcher into the data that provide knowledge about the chosen research area (Corbin & Strauss, 2008). The focus of the research question within grounded theory methodology is oriented toward action and process (Strauss & Corbin, 1990). The primary purpose of this study is to explore the perceptions and experiences of Christian therapists working with conservative Christian women in IPV, and the grand research question for this investigation was: What are the experiences and perceptions of counselors with a Christian background as they work with conservative Christian women survivors of intimate partner violence? Sub questions of interest include: 1) How do

counselors with a conservative Christian background reconcile their own beliefs and emotions with the process of counseling conservative Christian women in IPV? 2) How do these counselors integrate religion and spirituality with best practices in treating IPV with these women? 3) How do these counselors navigate the social systems that surround them and the conservative Christian women survivors of IPV? The next section presents the specific questions that were asked of the participants.

Data Collection

The conceptual context shaped the decisions about data collection. Decisions considered were related to the selection of specific interview questions, participants, and methods for collecting data (Maxwell, 2005). Operationalizing the grand research question occurred as specific interview questions were developed. It was important that questions chosen were understandable and could be answered by participants. Such questions avoided dictating specific responses and provided relevant and useful data for answering the grand research question.

Initial interview questions pertaining to this study included: 1) Describe your experiences working with conservative Christian women in IPV; 2) What are your beliefs and emotions when working with conservative Christian women in IPV?; 3) As you attempt to provide the best care possible, how do you integrate issues of religion or spirituality into your work with these women?; 4) As you work with conservative Christian women in IPV, how do you navigate the social systems which surround them, and possibly you?   These questions were designed for sensitivity to the conceptual

context and framework of the study, allowing participants to express their unique experiences and perceptions.

All questions pertaining to this study were designed to include the possibility for in-depth exploration into the unique perceptions and experiences of Christian therapists as they worked with conservative Christian women who were survivors of IPV. In accordance with Maxwell's (2005) discussion of design methods, the questions were constructed to be sensitive to the participants' experiences without undue influence and were reviewed and reformulated as data analysis progressed. Initial questions were deliberately written in a very general fashion, with progressively narrowing questions arising from data analysis and emergent themes (Corbin & Strauss, 2008).

Based in grounded theory, the next step in the process was the selection of participants for this study. The primary consideration in participant selection was choosing participants who could provide the information required to answer the research questions (Maxwell, 2005). Those participants best suited for the purposes of this investigation and to the development of a theory related to the phenomenon in question were therapists with a Christian background who worked with conservative Christian women survivors of IPV. Accordingly, the researcher used purposive sampling (Corbin & Strauss, 2008; Lincoln & Guba, 1985).

Purposive sampling is designed to maximize information rather than to encourage generalizations, as is found in sampling that is based on statistical considerations (Lincoln & Guba, 1985). Therefore, sites, events, and study participants were specifically and deliberately chosen (Strauss & Corbin, 1990). Participants in this study

included female therapists who were licensed mental health professionals, who identified themselves as Christians, who were currently active in their faith tradition and who were experienced in counseling conservative Christian women in IPV. Participants were secured via identification of academic and clinical professionals knowledgeable of IPV counseling, and of Christian therapists engaged in counseling conservative Christians. These individuals were asked to identify potential participants meeting the participant criteria in various regions within the United States. Additionally, contact with potential participants was made through professional mental health organizations. Participants were restricted to female therapists since female therapists were more likely than male therapists to work with survivors of IPV (Iliffe & Steed, 2000). The number of participants was determined by the number needed to achieve saturation or redundancy of data and constructs. The number of participants for this study was six.

Data collection procedures used in this grounded theory investigation included individual interviews with participants, a researcher's journal reflecting observations and conceptualizations, and a final member check interview with participants.

For the purposes of this investigation, the researcher conducted telephone interviews. Due to the confidential nature of counseling and the critical nature of the therapeutic alliance in the healing process, participation of the researcher within counseling sessions for observation would have been disruptive. Therefore, telephone interviews provided a practical alternative to the more favorable model of naturalistic inquiry, collecting data within the natural environment (Lincoln & Guba, 1985).

Volunteers from various regions within the United States were asked to participate in an initial 30 to 45 minute interview where they would be asked open-ended interview questions. Following the initial interview, the researcher analyzed the data in order to determine questions for a follow-up interview and explain concepts and relationships emerging from first round interview data. This process continued until the data produced a thick description of the phenomenon in questions and a saturation or redundancy was reached. Thick description, saturation, and redundancy are characteristic of qualitative research and necessary in order to build a grounded theory.

Individual interviews were taped and transcribed. Transcripts were analyzed between interview rounds in order to develop and expand concepts, as well as generate questions for the next round of interviews. The purpose of this process was to enable the researcher to verify and develop categories and relationships that emerged out of previously conducted interviews.

The researcher used a journal to record both descriptive and reflective notes related to participants' responses and emotions, as well as the researcher's personal thoughts, experiences, feelings, impressions, and ideas that came about during the data collection and analysis procedures (Creswell, 2009).

To ensure participant confidentiality, only the researcher conducted and transcribed the interviews. Participant numbers were given to the participants, and only these numbers were used in reporting data.

Data Analysis

In grounded theory, the systematic steps involved in data analysis include incorporating a variety of coding techniques: open, axial, and selective. Open coding was used to generate categories or themes, axial coding determined individual categories within the theoretical model, and selective coding produced the emergence of a story line from which a narrative was written about the results from the coding (Creswell, 2009). Open and axial coding occurred simultaneously as the researcher broke down the data and rearranged them for the purposes of determining broader themes (Maxwell, 2005; Strauss & Corbin, 1990). This process continued until data were saturated and no new categories, properties or dimensions emerged, referred to by Lincoln & Guba (1985) as redundancy.

Following the development of a story line and narrative via selective coding, a conditional matrix was developed. The conditional matrix is a diagram or figure that enables the researcher to link conditions and consequences of the phenomenon being studied (Strauss & Corbin, 1990).

Data analysis for this investigation consisted of a review of the transcripts produced from audio taped telephone interviews with research participants. The researcher edited the transcripts for the purposes of working with an accurate representation of the data. Data were analyzed using open coding to identify relevant themes, categorize consistent themes, and note relationships between themes. Axial coding commenced when subcategories began to emerge as a result of open coding. The process of axial coding assembled data that had been disassembled during open coding.

Open and axial coding continued concurrently until saturation of themes was reached. These coding processes were used to develop questions for follow-up phone interviews with participants and to increase theoretical sensitivity (Corbin & Strauss, 2008).

Analysis of transcribed data consisted of using the aforementioned coding procedures, along with the development of a conditional matrix (Strauss & Corbin, 1990). Open coding was used to identify concepts and develop categories of consistent themes found among the data. Concurrently, as subcategories emerged from open coding analysis, axial coding determined categories and related them to subcategories at the levels of properties and dimensions (Strauss & Corbin).

Selective coding served to integrate and refine theory that emerged from the categories and relationships identified from open and axial coding (Strauss & Corbin, 1990). Integration, or identifying a central category to which all other categories relate, was accomplished by writing a storyline to develop a narrative regarding the results of the coding process.

In addition to using open, axial, and selective coding in the development of categories and relationships, data was analyzed for process relationships. According to Strauss and Corbin (1990), process relationship refers to the sequences of actions and interactions occurring within a phenomenon. For this study, data were examined for any changes in conditions that influence actions, interactions, and participant responses over time (Strauss & Corbin).

A conditional matrix provided a visual aid to assist in understanding the integration of categories, properties, and dimensions with process relationships (Strauss

& Corbin, 1990). Benefits related to the development and usage of a conditional matrix include: assisting the researcher in (1) being theoretically sensitive to the range of conditions which possibly influence the phenomenon under investigation, (2) being theoretically sensitive to the range of possible consequences resulting from action and interaction, and (3) the work of systematically relating conditions, actions and interactions, and conditions to the phenomenon under investigation (Strauss & Corbin).

The data gathering and analytic processes outlined here were repeated until categories were saturated and redundancy was achieved (Lincoln & Guba, 1985). This process was designed to produce meaningful descriptions of the phenomena being studied and theory that represents participant experiences. The descriptions of categories, relationships, and developing theory were examined, questioned, and compared in an ongoing fashion throughout the course of the analysis process in order to ensure credibility (Strauss & Corbin, 1990).

Ensuring Trustworthiness

According to Lincoln & Guba (1985), trustworthiness is the hallmark of a well-designed and executed qualitative research design. Criteria for establishing trustworthiness include credibility, transferability, dependability, and confirmability (Lincoln & Guba).

Credibility parallels the internal validity found in quantitative research designs, and it is related to the accuracy of the researcher's findings and the reality of the research participants. Threats to credibility include participant reaction to the researcher, as well as researcher bias (Lincoln & Guba, 1985). To address threats to credibility, Lincoln and

Guba recommended incorporation of the following techniques: prolonged engagement, negative case analysis, peer debriefing, triangulation, and member checks. Maxwell (2005) refers to bracketing researcher biases and recommended that researchers identify and explain possible biases.

For the purposes of this study, the researcher acknowledged the following assumptions that may have contributed to the bias of the analysis and interpretation of data. The researcher has worked with conservative Christian women in IPV over the past decade. Assumptions and biases considered were that the researcher's own experiences in working with this population would be mirrored in the experiences of other therapists and that participants would have data to share that enhanced understanding of a particular religious group. The researcher needed to guard against her own experiences unduly influencing the interpretation of data.

Prolonged engagement is addressed via building trust between researcher and participants, learning about the culture, and by checking for misinformation (Lincoln & Guba, 1985). Establishing prolonged engagement within this investigation occurred through the process of individual and repeated interviews with participants over a period of nine months, which contributed to a greater understanding for the researcher related to participant culture.

Negative case analysis involves revising hypotheses until all the data are accounted for (Lincoln & Guba, 1985). Data analysis, follow-up interviews, and theory revision occurred in this investigation until all relevant data were accounted for and a thick description of emergent themes was achieved (Creswell, 2009).

Peer debriefing enhanced credibility and challenged researcher bias (Lincoln & Guba, 1985). This occurred by presenting data, analysis, and conclusions to disinterested peers for feedback, allowing for considerations of all material relevant to the research and providing accountability for researcher decisions.

Triangulation provided another safeguard to ensuring credibility and therefore, trustworthiness. The use of multiple sources, methods, and investigators provided validation to the categories, relationships, and developing theory that were generated over the course of the study (Strauss & Corbin, 1990). In this investigation, triangulation was accomplished through the use of the literature, the stories of the participants who are experts in the field of working with conservative Christian women who experience intimate partner violence, and member checks. Follow-up interviews and member checks provided an opportunity for participants to clarify, verify, or refute the assumptions, interpretations, and conclusions of the researcher. This process included the opportunity to support or challenge categories, relationships, and emerging theory (Strauss & Corbin, 1990). Member checking is considered to be the most important step to establishing credibility (Lincoln & Guba, 1985).

Transferability refers to the ability to apply research conclusions to other settings, similar to external validity's function within quantitative research design (Lincoln & Guba, 1985). The establishment of transferability in this investigation was accomplished through providing detailed descriptions of the participants, events, setting of the study, and study procedures so that others would be able to decide the applicability of these findings to their respective settings and situations (Lincoln & Guba).

In order to address confirmability and dependability which are likened to objectivity and reliability, respectively, a confirmability audit was used. This required an audit trail, including raw data, data reduction and analysis products, data reconstruction, and synthesis products, process notes, and research development notes and materials (Lincoln & Guba, 1985). All such information needed for a confirmability audit was recorded and retained, and will be made available for future use.

The incorporation of the steps discussed here helped to ensure the trustworthiness of this investigation. The expectation is that the theory generated through this study accurately represents the reality of the participants and also provides information useful to other settings, studies, and the professions of counseling and counselor education and supervision.

Conclusion

A grounded theory design was appropriate for an exploration of the experiences of Christian therapists who work with conservative Christian women survivors of IPV. Incorporating the procedures discussed ensured achievement of the goal of this investigation, which was to develop a grounded theory of the phenomenon under study. This may add to the research knowledge base related to intimate partner violence, specifically within Christian culture, expanding the literature related to multicultural counseling and the role of spiritual beliefs in the work of counseling. Additionally, new information may be generated related to the training and supervision of therapists.

Chapter IV

First Round Interviews

Introduction

Data was gathered from individual telephone interviews with six nationally certified or licensed female therapists who identified themselves as Christians and who possessed expertise in the treatment of conservative Christian women experiencing intimate partner violence (IPV). In order to maintain participant confidentiality, each therapist was assigned a participant number. Transcripts of the interviews were analyzed using open coding procedures to construct conceptual categories. Additionally, axial coding procedures were employed to explore connections between categories and to ensure complete analysis.

Four open-ended questions comprised the first round interviews:

1. Describe your experiences working with conservative Christian women in IPV;

2. What are your beliefs and emotions when working with conservative Christian women in IPV?

3. As you attempt to provide the best care possible, how do you integrate religion or spirituality into your work with these women?

4. As you work with conservative Christian women in IPV, how do you navigate the social systems that surround them and possibly you?

Four major themes emerged from the open and axial coding that represented participants' experiences as they worked with conservative Christian women in IPV. The

themes were associated with the participants' experiences working with the issue of IPV, understanding the knowledge and process associated with working with conservative Christian women in IPV, and with self-awareness. The phenomenon being examined was identified as *working with IPV*. Initial conceptualization of *working with IPV* included consideration of the ways in which participants engaged in the work addressing intimate partner violence. First round interviews revealed that their involvement with clients was multifaceted, occurring within the therapeutic relationship with the women and the social systems they experienced in their faith communities. A number of aspects emerged related to *working with IPV*.

Participants reported that the work they did with conservative Christian women in IPV was not an area in which they sought specialization but the work found them. Some disclosed a belief that their work was a calling from God.

> P04: "I've been a therapist for 25 years and that [IVP] wasn't something expected to get into, but as you listen to people's stories it's something that you hear."

> P05: "I did not plan this eight years ago. From the very beginning, God brought me a woman in a situation like this and all I knew was what they teach you in school, which is not much."

The same participant discussed the ambivalence she faced periodically concerning the work she did with Christian women. She described the questions she was faced with in her spiritual life as a result of her work.

> P05: …about every six-eight months in my supervision and in my walk with Christ, I go through a period of time where I'll sit question, "Lord, it seems like all I do is help women divorce. Are you *sure* this is where you want me?" I have had religious teaching, and I struggle; marriage *is* sacred. It is important; it is not to be taken lightly. God continues to bring me women, and I continue to get reassurance.

Another participant echoed a similar experience of having the work with IPV happen upon her. She also expressed her work with victims of IPV as a calling from God.

> P06: Well, we don't ask to work in domestic violence! I fell into it and God said, "I want you to stay in it and try to make a difference." This is bigger than us, and I have to accept that it's bigger than me, but I also know God has called me to do what little part I can do.

Consideration of ethical concerns played a role in therapists' work with conservative Christian women in IPV. Participants expressed such concerns in a number of ways, such as assessing physical safety for their clients and mandated reporting responsibilities when minor children might be in physical danger in the home.

> P02: …there isn't a woman in the world that's being abused that isn't going to say, "I love him." And so basically I just say, "It isn't about love, it's about safety."

> P05: Obviously if someone's in danger I will speak strongly, and do safety plans. I will teach women that as they start to change how they react, it may certainly get worse and they need to be prepared for that.

> P06: I look at them and say, "I will never tell you that you need to leave him, or that you need to divorce him. What I will do is help you see what your choices are, and continue to hold up safety." Now, if there are children in the family and if I don't believe they can keep their children safe, I very much explain to them about confidentiality and when I have to break it.

Another consideration that emerged from the data regarding *working with IPV* was the impact of the work on the therapists. Initial interviews with participants began to address impact on the therapists on an emotional level, with limited data informing impact on spiritual, psychological, or physical levels. Categories that began to emerge from first round interview data were conceptualized as *treating the women, interfacing*

with conservative Christian faith communities, therapist understanding, and *therapist self-awareness.*

Treating the Women

Treating the women was defined as providing clinical counseling services to conservative Christian women experiencing IPV, including providing a safe environment in which women could tell their stories to therapists who understand IPV and the Christian faith without fear of judgment. Providing clinical counseling services also involved assisting the women in understanding the psychological, emotional, and spiritual impact of intimate partner violence in order to facilitate healing. *Treating the women* was conceptualized as a category of *working with IPV*. This category reflected properties of *respecting* and *supporting* the women, *educating the women, challenging perspectives*, *empowering,* and *emotions*.

Respecting

Respecting was conceptualized as a property of *treating the women*. It was defined as considering individual client situations, honoring each woman's process and her resulting decisions, without participants imposing their own beliefs on their clients.

Participants illustrated ways in which they respected their clients as they provided counseling services and resource information. They also described the challenges they faced balancing their individual biases while keeping respect for their clients' free agency foremost in mind.

> P02: I have to be respectful of them. They're on the front line and they
> know their relationship with their pastor and their church, and their
> families much more than I do. So I have to respect them where they are.

I don't try to influence my clients; I give them information and I know
they're in a difficult situation.

P03: A *lot* of my belief is really about, yes, I feel very strongly about this
but then how do I meet my client/clients, male/female, where they really
are? So we are really back to the dance of how I understand their faith if
they are believers, and how do I not superimpose my theology but at the
same time look for openings and ways to really help them grow and
understand what freedom in Christ looks like.

One participant related *respecting* to her commitment to avoid perpetuating a

pattern of powering over that victims of IPV often face. She related this behavior to her

belief in the value of the therapist-client relationship.

P05: I believe very strongly that each woman needs to make the decision
for her life circumstance. I do not live there. She knows how dangerous it
is; she knows where she is, and if I fall into the trap of starting to tell her
what to do, then I am no different than the problem she faces now. I guess
I'm saying I strongly believe that how I interact with someone in my
office is a lot of what therapy is.

Another participant expressed the importance she placed on asking permission of

a client before sharing any information with her about IPV and safety, or about spiritual

teachings.

P06: Initially when they come to see me we really are focused on safety,
and so I will, with their permission, ask them if I can give them
information on safety…I will use Scripture, but only with permission.

Participants expressed strong commitment to *respecting* the Christian women they

work with who have experienced IPV. They illustrated ways in which their commitment

to showing respect occurred in *treating the women* and reflected the importance of

respect because of their professional roles as therapists. They also described the

importance of *respecting,* because conservative Christian women who have experienced

IPV have often been oppressed and unable to choose. In their relationships with the

women, participants modeled healthy relationship boundaries in allowing their clients to

make informed decisions without judgment.

Supporting

Supporting was defined as providing empathic assistance to conservative

Christian women in IPV. While *supporting* seemed to emerge as a property within the

category of *treating the women*, it was difficult to clearly differentiate *supporting* from

respecting after first round interviews. Further data collection and analysis was needed to

more clearly establish this as an individual property.

> P02: I have to support them, give them the information, help them to feel
> safe with it, and then they have to make the decisions…I'm not the one
> that's going to be alone on Saturday night when they get the phone call
> from their ex-husband, "Oh, I miss you so much…" So, I have to respect
> them for where they are, and if they can't make the decisions, they can't
> make the decisions. I give them the best advice I think I can give them
> and there's no pressure, because I can't. You know, you just can't do that.

Another participant talked about integrating prayer into sessions with her clients.

Her description illustrates the support experienced by the conservative Christian women

with whom she works.

> P06: I will use Scripture, but only with permission. Then I'll ask at the
> end of the session if I can pray with them, and nine out of ten say, "Yes."
> Now they're usually crying at the end, because they love the fact that
> somebody's praying for them and with them. It's very, very therapeutic
> most of the time.

Educating the Women

Educating the women encompassed providing key information to the women

related to intimate partner violence, healthy relationships, Christian theological

principles, and relating spiritual practices to the healing process. Included in these aspects

is the idea of challenging some of the women's perspectives that have influenced their

beliefs and decision-making regarding their abusive relationships, and empowering them

to overcome attitudes and behaviors that keep them victimized.

Related to *educating the women* regarding IPV and Christian theological

principles, participants reported their approaches and their experiences of conservative

Christian women's responses. They explained how conservative Christian women often

experience fundamentalist teaching in their faith communities that informs their belief

systems about marriage, how they regard themselves, and their understanding of IPV.

One participant described experiences in initially encountering conservative

Christian women as they come for counseling services. She also illustrated how

education can sometimes be done by validating a woman's experience.

> P01: I have found them [conservative Christian women] to be less likely to
> straightforwardly say it's an abusive relationship and it's not okay. A lot
> of Scripture is used against them and certainly around submission issues.
> There's also a belief around sexual issues that it is a sin to withhold sex.
> So, no matter what they believe, they're supposed to agree to whatever
> sexual involvement their husband wants, whether it inflicts pain or not,
> for instance. And they've had husbands act like there's something wrong
> with the woman if it hurts—physically hurts, and when they've described
> some of the things to me, I've said, "Well, that would hurt any woman.
> That would be painful."

Another participant talked about a level of denial that conservative Christian

women face when confronting IPV. She described one process that she used to educate

women in order to challenge the denial she often finds early in the women's healing

processes.

> P02: They don't want to call it [IPV] what it is. It's very shaming for
> them, and there's a lot of denial. They come up with excuses and they call
> behaviors by other names. They say, "Well, he's not the typical abuser

because he doesn't do _____." A lot of times I have a sheet of paper that has the cycle of violence on it. I give it to them, and their eyes just get really big and they go, "How do you know this?"

The same participant went on to talk about the women's limited understanding about what constitutes IPV and how she works to broaden their perspectives and knowledge about the issue.

> P02: A lot of the women say, "Oh, he never hits me—he chokes me once in a while…" I ask them if they realize it takes eight pounds of pressure around your neck for eleven seconds to kill you.

Participant 06 reported how she educated conservative Christian women about the seriousness of all forms of abuse. She demonstrated an understanding of the broad range of abuses encompassed in IPV and talked about how she educates her clients to increase their understanding of the dynamics of IPV.

> P06: There is no excuse and there's no reason for domestic violence. I don't tolerate it at any level, and I put the physical, the emotional, the mental, the spiritual, the psychological all equally on the same plane. I explain this to clients because usually they say, "Oh, he just called me an f---in' bitch," or "He just grabbed my throat one time, and that was years ago." I take that one incident, and then I begin to explain to them what it will lead to. I'm pretty frank with them—I say, "It's just a matter of time. It's not if, it's when."

Another participant reported using resource materials from a local crisis center known for its work with domestic violence as she educated conservative Christian women who experienced IPV.

> P03: I use some *excellent* educational materials. One of them is a 25-page hand-out explaining IPV, including *really* long lists of what you'd call mental and emotional abuse, not just physical and sexual. I have gotten copies of that, and I warn them [clients], "This is going to be really hard reading. You're not going to want to see all this," because it's just sort of raising their consciousness level. You know, you're watching their

blinders come off and [they] realize, "Oh my gosh, I am in an abusive relationship." It's not just about physical or sexual abuse.

One participant who facilitated groups with conservative Christian women who have experienced IPV talked about the responsibility she carries to educate women about IPV and about becoming healthy.

> P05: I believe my job is to teach a woman, support her, encourage her, come alongside her, but I cannot tell her what to do. I will teach women that as they start to change how they react, things may certainly get worse and they need to be prepared for that. I will teach lessons in group—we talk about repentance and what it looks like because that opens them up to understanding it is more than an abuser just saying, "I'm sorry." I'll also teach lessons on forgiveness, on boundaries or on codependency.

She also illustrated how the education she provided may differ from that found in secular groups for victims of IPV. She referred to *educating the women* as an element in feeling called to work with conservative Christian women who have experienced IPV.

> P05: I believe that what I'm called to do differently is help the woman understand nothing they've done deserves the violence, yet they have danced a dance. I'll say, "You have been part of a dynamic of a dance and we have got to address that, otherwise I will be seeing you again in two years."

Participants talked about an element of educating conservative Christian women regarding healthy relationships, drawing a contrast between their current abusive relationships and relationships where there is an absence of abuse, and helping them to choose healthy responses and relationships.

> P02: I think in Romans it talks about judging, and absolutely whatever [the women] judge comes back to them in whatever measure they judge it. So, if they judge themselves to be no good, they're going to reap people in their lives that treat them that way—that's part of the battered women's syndrome. I tell them most of the time that emotionally healthy people won't stay in a relationship like this. A woman will think that her abuser is the only one that'll ever love her because that's what he's been telling her for years.

P01: One issue is talking about making a new family, explaining that sometimes families of origin cannot be healthy enough to be family support in emotional or spiritual ways. Sometimes, there is a need to establish that with other people that aren't biologically connected. There certainly is navigating about new boundaries with the family when a person is trying to step away from something abusive that is destroying her. If her contacts in her family and social systems make it more difficult to move towards health, then part of it is sorting through boundaries around those people.

P04: I have a three step process of teaching [the women] how to speak up, how to stand up, and how to step back from a relationship that is destructive and abusive. It involves learning to express feelings, learning how to take responsibility for one's part, learning to ask the abusing party when to stop. We talk about how to set effective boundaries and what happens when the boundaries are not respected.

Participants reported educating conservative Christian women in IPV in spiritual principles over the course of treatment. They also illustrated ways in which they taught and integrated into treatment spiritual practices sensitive to Christian culture, in order to facilitate healing.

P02: I use a lot of Scripture. Most of the people that come to me are Christians, that's why they're coming, because they want a Christian counselor. So there's Scripture that's involved, and there's prayer that's involved.

P03: If clients state they are Christian believers, I am more able and comfortable to naturally in the course of conversation make reference to Scripture, theology, talk about the Cross, talk about healing, talk about Jesus. I don't make a point of just trying to liberally sprinkle Christian language; it's just if it's there and natural, and not focused or superimposed. I usually ask if they're involved in a Bible study or in something where they're more active in their faith. Then I work with that, and I can use that in my approach to treatment. I use a fair amount of Theophostic prayer; I do a lot of prep and education and examples, and then when they're ready to try it out, probably 90% of the time it "works." We see triggers go down in the marriage.

P04: I'll teach them meditation, and I'll teach them centering prayer. I will teach them how to listen for God and journal. I give them that as a

homework assignment and teach them how to sit in a story pertinent to abusive relationships and healing.

Educating the women was a conceptualized property within the category *treating the women*. Participants talked about the importance they placed on education related to IPV, theological doctrine, and healthy relationships in their work with conservative Christian women who experienced IPV. They provided specific examples of educational interventions used to provide opportunities for growth in the women's self-awareness, to facilitate moving out of denial about the abuse to which they have been subjected, and to help women in the process of healing and change.

Challenging Perspectives

Another property related to *treating the women* was *challenging perspectives*. *Challenging perspectives* was defined as encouraging the women to examine, question, and think critically regarding their beliefs about themselves, God, religious teaching, and relationships. During first round interviews, participants discussed multiple ways in which they found themselves challenging their clients' perspectives related to IPV, religious doctrine, and relationship dynamics.

> P02: They think an abusive partner would not kill them. I say, "If he doesn't do that, there's oxygen deprivation to the brain—do you even think about if you're not killed, he might maim you?" And they don't even think of that. It's either they're alive or they're not.

The same participant addressed how she moves clients toward thinking critically about the abusive behaviors of their partners.

> P02: They don't think about the grey area. So to get her thinking, "Well, what if I'm oxygen deprived? Or what happens if he breaks a vertebra in my back? Or what happens to the children if he does something and I can't take care of them?" is one of the ways I get through the denial.

Another participant discussed challenging religious ideology about the character

of God that conservative Christian women sometimes bring into treatment.

> P05: I get to help women realize that maybe what *religious* Christians have
> been teaching them is not who God and Jesus are.

When asked to clarify the meaning of *religious* Christians, she identified

Christians who were rigid and more concerned with the letter of the law versus the spirit

of the law. She also expressed a belief regarding her role in helping women to

understand relationship dynamics of IPV.

> P05: I believe I am remiss if I only show the women the man's part of the
> cycle. I've got to help her see how she's been part of it.

Another participant discussed the most common experiences she encountered

when conservative Christian women sought counseling. She illustrated her approach

with the women to gently introduce a new perspective regarding their concerns.

> P06: The most common experience I've had with all the victims I've
> worked with who are Christians is, "But God doesn't want me to get a
> divorce." That has probably been 99% of the first thing that comes out of
> their mouths. The second thing that tends to come out of their mouths is,
> "If I had only done_____, he wouldn't have done _____."
> "If I had only been submissive he wouldn't have _____." Those are
> two very common expressions right off the bat with conservative Christian
> women. My response is, "You know, God hates divorce but he also hates
> violence." I ask permission to share Scripture with them to show another
> part of God's Word that talks about how much God hates violence.

She further disclosed the importance she found in pacing how she introduced new

perspectives with her clients based on her understanding of trauma. She expressed

sensitivity to the needs of the women given the often limited amount of time she had to

work with them.

P06: I don't overload them. I usually just give snippets because they can zone out very quickly since they've been so traumatized. I know at some point they're not going to be able to afford to continue to see me, so right off the bat I'm holding up safety as a priority and using God's Word to help hold up their distorted beliefs and what has been mistaught from the pulpit.

One participant discussed her perceptions of erroneous teaching within Christianity that often resulted in misunderstanding regarding expected behaviors. She illustrated the needs she saw for critical consideration about such teachings and how they impacted beliefs and behaviors.

P04: Sometimes, what we've been taught as Christians—how to act right—isn't really how to act right. It's not always right to be passive and accommodating when someone is sinning against you. So what *does* it look like when someone is sinning against us, how do we act right? How do we stand up for injustice? How do we speak the truth in love? We need to learn to do those things as Christians as well.

Participant 02 discussed how she talked with conservative Christian women about the core beliefs they held in order to increase understanding about her clients' belief systems. She described using the Bible to affirm or challenge the women's beliefs based on the premise that the Bible is the standard by which accuracy or inaccuracy in perspective is determined.

P02: A lot of times, I go from a premise of core beliefs and judgments, and different things they believe. We talk about those beliefs as opposed to what Scripture says and what they know the Lord would say regarding whether they are supposed to stay or if it's okay that a spouse hits them.

Other participants also related how they used the Bible to challenge women's perspectives and to address their concerns.

P05: I tend to use stories in the Bible. For example, a woman was with me yesterday with the belief that a woman's just supposed to submit. So I questioned, "How do you see Jesus treating women? What is the first

story that comes to your mind of Jesus and women?" It was the prostitute at his feet. I asked her, "Well, what does that tell us?" I'll tell a story, or pull a Scripture story and have them read it. It's a tender dance there even as you do interpersonal psychodynamic work where you're looking at family of origin issues, cognitive work, and grief.

P04: One story I've begun using that I think is very helpful for a woman stuck in an abusive relationship is from John, Chapter 5, where the man is by the pool and on a mat, and Jesus asks him, "Do you want to get well?" That's an important question because getting well requires a lot of changes. And those are scary changes for a woman who has had to take steps to protect herself and now faces that if she really gets healthy she can't live like she did anymore.

One participant explained challenging conservative Christian women to wrestle with their conflicted emotions and thoughts. Unlike other participants, she did not use biblical passages or particular Christian spiritual disciplines, but encouraged clients to explore their spirituality in new ways as they heal.

P01: I really encourage them, if there is openness on their end, to get angry, to wrestle with it, and to question the status quo that borders on brainwashing. I also encourage them to recognize that there are other paths that are still within a Christian faith, that are far more compassionate to who they are, far more healing and respectful. I usually suggest that they begin to explore their spirituality and don't put a label on it. I encourage them to get with nature and usually in the course of that they will say, "Oh yeah, I really feel something spiritual going on when I walk on the beach, or when I'm in the forest, or by the river…" And then I'll encourage doing more of that and that they wait for the longing to come back for the Divine, rather than force it or try to hang on to what's not working.

Empowering

Empowering was defined as assisting clients in developing self-awareness and self-efficacy through exploration of their beliefs about themselves, God, IPV, and healthy and unhealthy relationships, and taking responsibility for their individual healing journeys. Participants empowered their clients through validating their experiences,

helping them to examine their beliefs, and assisting them in learning to assert themselves and to set healthy boundaries in relationships.

One participant explained how a conservative Christian woman's perception of God and how God supports her can provide the self-efficacy she needs to move from the oppression of power and control to freedom and healing.

> P04: If she can believe God is for her and not against her—that he is not asking her to just shut up and be led like a lamb to slaughter—and that she needs to stand up to the injustice because it is the right thing to do, and the most loving thing to do, that is her key to freedom. If she believes she can do that with God's blessing instead of a belief that she is going to hell even though she can't stand it anymore, it is a step toward freedom and healing.

Emotions

Data revealed the emotional impact on therapists who treat conservative Christian women in IPV. Participants addressed a variety of emotions which surfaced for them in treating the women, including frustration, sadness, grief, sorrow, outrage, fear, vulnerability, isolation, disbelief, disgust, horror, worry, shame on behalf of the client, respect, compassion, gratitude, humility, hatred, hope, and excitement.

> P01: I've had women who woke up in the night realizing that their husbands are having intercourse with them. They don't like it, and they literally have trouble getting enough sleep. Another woke up with the back of her nightgown soaked with semen because he'd been masturbating against her, and that's a nightly thing, sometimes numerous times a night. They've also gone to their pastors or pastoral counselors and heard things like they need to be a lover, they need to get that spark back they had on their honeymoon, and be more inviting sexually. I'm just stunned about that sort of thing, and I feel pretty upset by the liberty that people take in oppressing others and get away with it. I find it remarkable how a system like a family system or a church system can enable, if not promote it. So that's been pretty upsetting, really pretty appalling to me.

P02: My emotions range from frustration to just grief. I used to get frustrated a lot more than I do now because I understand more of what the dynamics of the cycle of domestic violence—those kinds of things. But it's really difficult to break through their denial system. Because the only way they can *stay* is to be in denial. And that's pretty well-established and so it gets very frustrating. Then you feel like you broke through and they go back into the situation and it's like starting all over again.

Participant 03 expressed a level of exasperation in continuing to encounter IPV as she works with couples and individual clients:

P03: At worst it's like, "Here we go again." In other words, there's a certain weariness, because you get tired of this stuff.

She also reported feeling "quietly very excited" when clients begin to grasp a hope for change and express a willingness to consider a different perspective.

P03: Yeah, I get excited when I talk about the potential for change and what can happen. And they see that excitement in me—in my affect and the words I use.

One participant described the fear and vulnerability she felt for herself because of the work she does with the issue of IPV.

P04: I feel compassion, I feel angry--frustration when someone's very, very stuck. I feel scared. Sometimes I've felt scared for myself if I'm going to advocate for a woman or give her tools to advocate for herself. I have a private practice, and I have a big dog that sits in my office with me, but it still has caused me pause at times. I remember one time I was sitting here late at night wrapping up and all of a sudden I heard that outside office door click open because I hadn't locked it yet and I thought, "Oh my gosh, one of my clients' husbands is here." Thankfully it wasn't—it was my husband. But it did cause me pause; my first thought was, "Okay, it's my turn now."

P05: I find myself at times very angry at the men who do this…I feel *sorrow*, especially for the children—I ache for the kids. And I ache as I hear women say, "Well, it's better to hold the family together." They're afraid that divorce hurts children, which is true. But they stay in denial about how this mess hurts children also.

One participant described her impatience and emotional struggle when working

with women who had resources to leave a violent relationship and chose to stay.

> P06: Here's what I struggle with at times—I work with victims who
> probably, half of the ones I've worked with have resources. They have a
> safe place they can go to, they have financial resources, they have a
> support system, and still they don't leave. You know, it's amazing to me.
> I have to really ask God to give me patience, because I find them harder to
> work with.

She went on to describe her disdain for IPV and its far-reaching and

comprehensive effects.

> P06: I hate domestic violence. I hate what it does—the ripple effect
> touches everything in our society and in our world. I cry. I have cried
> with clients. With God's help and strength, I've been able to contain my
> emotions at times when they've needed to be.

Participants reported a wide range of *emotions* they experienced in their work

with conservative Christian women who have experienced IPV. Emotions expressed

were related to the women's stories, to the change process, and to the perceived threats to

safety experienced by participants.

Interfacing with Conservative Christian Faith Communities

A second category that began to emerge was conceptualized as *interfacing with*

conservative Christian faith communities. Initial aspects related to this category seem to

be related to therapists' perspectives regarding the religious systems, their emotions and

attitudes toward such systems, educating within the religious systems, and advocating for

conservative Christian women within these systems.

All participants reported currently being part of conservative Christian faith

communities and discussed their experiences, perspectives, and emotions related to their

own communities, the communities to which their clients may belong, and to Christian religious systems in general.

As participants talked about working with IPV and *treating the women*, they also talked about how working with IPV involved interfacing with conservative Christian faith communities, which is reflected in properties initially conceptualized as *advocating for the women*, *educating*, *emotions,* and *respecting the system*. Lines dividing these initially conceptualized properties related to interfacing with Christian faith communities were not clearly defined. It appeared that the advocacy and education in which participants engaged were closely linked, as were the emotions they feel when they encounter Christian religious systems as they educate and advocate. *Respecting the system* was reflected in how the participants understood the system from an emic perspective and how they engaged with those within the system in the course of advocating and educating on behalf of conservative Christian women in IPV.

Participants reflected on a range of their own emotions and perspectives as they talked about interfacing with conservative Christian faith communities in advocating for women and in educating faith communities about IPV. Emotions described were not unlike those expressed in therapists' experiences of *treating the women*, although the intensity of some of the emotions seemed greater when dealing with the systems surrounding the women as opposed to treating the individual women.

Participant 01 expressed concern regarding the oppression of women in general within the Christian faith and how she has experienced the religious systems that have

surrounded her clients in working with IPV. She discussed her perceptions of inequality

found in Christianity due to gender bias.

> P01: I am concerned that the Christian faith, the way it's been structured, especially on the conservative side and the Catholic side, has been very oppressive to women. The tolerance of domestic violence is a natural outcome of the centuries of male dominance in the Christian faith. As long as we abide by that and don't question it, we're still under its thumb. It doesn't necessarily mean that people have to leave the Church, or their church, but there needs to be an acknowledgement that it's out of balance. Any time you have different rules based on gender you have an out-of-balance situation.

Participant 02 talked about her frustrations with how conservative Christian

religious systems deal with the problem of IPV and the women who experience abuse.

> P02: It's very shaming for them and there's a lot of denial. They don't feel real supported by their church because a lot of times in conservative churches women will—if they talk to the pastor or another leader in the church—get sent back into the abusive situation with instructions to submit and pray, and let their actions turn their husband to the Lord. And honestly, that drives me up the wall! I felt like I was crossing the Church—that I didn't really know I had grounds to do that. So I felt guilty.

Participant 03 expressed frustration, exasperation, hopelessness, and excitement

when talking about her experiences interfacing with conservative Christian faith

communities and her recognition of the need for a spiritual support system for abuse

survivors.

> P03: Support is huge. It's just absolutely vital, and so we're back to my frustration where, "Church, wake up! Where are you?" I get on one hand, very frustrated and at moments have felt pieces of hopelessness. Other times when I see it working well, I get excited.

Participant 04 expressed anger and frustration when interfacing with conservative

Christian faith communities regarding IPV.

P04: I worked pretty consistently over the years and the more I heard how churches handled it, the angrier I got—the more frustrated I got. It's frustrating when you see someone really trying to get the support they need. I do think that people who try to take that step need support and they're not getting it from the Church and that feels very frustrating to me.

She also reported feeling fear when teaching a class to divinity students in a seminary:

P04: I was teaching this class—I was talking about different kinds of abuse, and I talked about sexual abuse—what sexual abuse looks like in a marriage. A M.Div. (Master of Divinity) student raises his hand in front of the whole class and says, "I think you're wrong; I don't think there can be any sexual abuse in marriage. A wife isn't allowed to say 'no' to her husband." I'm sure a great many people in the class were horrified, but the fact that he believed his position enough that he could actually say it out loud in front of the entire class and challenge me, scared me.

Disrespect was another feeling expressed in interfacing with pastoral leadership in her own personal community of faith.

P04: The counseling pastor was extremely conservative, and there were times when I felt like he used bad judgment in counseling cases. I tried to talk with him several times and I didn't feel like he respected my point of view or even heard me. I remember one time I went to the senior pastor and tried to talk to him because there had been one incident of domestic violence and I said, "I feel a little bit concerned that here we have an incident of domestic violence in our church and no one called me? If you had a lawyer in your church and there was a legal issue you would call them, wouldn't you? You wouldn't have just handled it. It makes me feel disrespected that I wasn't consulted on what to do." That was hard for me to say and hard for him to hear.

Participant 05 echoed other participants' feelings of frustration and challenge in interfacing with conservative Christian faith communities and the broader Christian Church.

P05: There's the wonderful and there's the frustrating, because many times I experience a feeling of being up against the Church.

She illustrated a time when she traveled to a client's church to speak to the pastor

and elders regarding intimate partner violence and the resistance she encountered.

> P05: I actually traveled to the church, which was about an hour away, to speak to the pastor and the elder board. I had this suspicion, so I asked my husband to come with me—I wanted a man there and my husband can speak to it in reality, in the fact that he grew up in home with domestic violence. So we showed up for the elder meeting and I was so excited! Stuff to teach, and they just sat there. The youngest elder asked a couple of questions and appeared to be engaged. When we finished one of the older ones turned away and looked at my husband and said, "So! Where do you work?!" And just totally dismissed it. We were just kind of ushered out of the church and that was it. So to me there is that frustration of men who do not want to hear. I find myself at times very angry at the men who do this and at religious systems who keep it quiet and contained.

About her own community of faith, Participant 05 expressed gratitude and

excitement regarding active involvement in the support of conservative Christian women

in IPV.

> P05: I am very fortunate to belong to a church that in its imperfection will deal with this, and we have a whole ministry set aside for it. I do all the work with the support group, and because I am on the frontline with the women, all I need to do is call back to the one who runs the money and say, "Okay, got a girl leaving this weekend, we need the first month's deposit and the apartment." I belong to a place where I can provide not just support group and words and counsel, but tangible help. And that, I believe, is absolutely necessary to help in these situations. I just *love* it; I *love* it!

Participant 06 discussed her frustration with the seeming lack of cooperation

between Christian faith communities and community resource agencies that provide

support for women in IPV. She expressed that it may be shame and denial that prevents

faith communities from intentionally engaging with community resources to help

conservative Christian women within their congregations.

P06: I think part of it is, "Not in my backyard. It's not happening here." For those who have acknowledged IPV occurs within their faith communities, "Yeah, it's happened here, but we know how to take care of it." I just met with a pastor last week who knows he's not an expert in domestic violence and I shared with him about the Rave project. His eyes lit up. He's also a professor at the seminary and he teaches Christian counseling. I was pretty pumped about that! He said he wanted to give my name to another woman who is a Christian who is attempting to set up a ministry for victims of domestic violence. We're all over the place, but we're not connected. It shouldn't be so hard; I don't know why it is—it's *so* hard.

She drew a parallel comparison with approaching Christian faith communities regarding needed resources and support and confronting an alcoholic individual in denial regarding his drinking. Additionally, she acknowledged that pastors may themselves be abusers and may be without support and accountability.

P06: Think about the pastors who abuse their wives. Think about going to confront an alcoholic about his drinking. What do they do? They don't listen. "I don't have a drinking problem." So to attempt to hold these resources up to churches, they are going to have to come out of the darkness and into the light. Do you know anybody who likes to do that? I also think that pastors are overwhelmed and under a lot of pressure. I think they don't get support and accountability. There's a lot they can do on their own and domestic violence is one of them.

Initial interview data revealed mixed experiences for participants who engaged with conservative Christian faith communities. Data also suggested ambivalence on the part of participants when encountering the religious system as they described their experiences and their perceptions related to them.

Another category that began to emerge from initial interview data was related to therapists' understanding of IPV, the clients with whom they work, the systems that surround their clients, and the ethical and spiritual concerns that may present themselves.

Therapist Understanding

Therapist understanding was defined as the practical and experiential understanding participants have related to the issue of IPV, the dynamics of IPV, the impact of IPV, conservative Christian women's spiritual concerns and beliefs, the women's needs in therapy, the women's feelings and perspectives, the challenges conservative Christian women in IPV face, and ethical concerns which may require attention.

Within this category, two subcategories began to develop, those of *IPV and conservative religious systems* and *healing process. IPV and conservative Christian religious systems* was defined as the therapists' practical and experiential understanding of IPV and conservative Christian religious systems. *Healing process* was defined as therapists' clinical, practical, and experiential understanding of the factors contributing to the healing process for conservative Christian women in IPV.

IPV and Conservative Christian Religious Systems

Participants addressed their understanding of IPV and conservative religious systems in describing the dynamics and the impact of IPV, conservative Christian women's beliefs, and the challenges these women face within conservative Christian religious systems when experiencing IPV.

Participant 01 described an understanding of the dynamics of IPV related to couples seeking marital counseling, power and control, and the confusion that often impacts a victim's thinking processes.

> P01: I don't agree with people having marriage counseling to make the
> marriage better while an abusive relationship is going on. There's so

much power and control that goes with an abusive person that even if they are working with a marriage counselor, even if there aren't acts of victimization, the residual effects of the past can be used to control. So that's why I feel people are better off being separate. In the cases I've dealt with, when the person is separated from the other it's like this fog lifts and they begin to see things I don't think they would have seen while still under the same roof. So to me, it's important to be in a safe enough environment to be able to think for yourself.

She also discussed how a conservative Christian woman's religious beliefs can influence her thinking about herself and how she makes decisions regarding her situation.

P01: I have found conservative Christian women to be less likely to just straightforwardly say it's an abusive relationship. They don't seem to have a sense of that as much as my other clients do. There does seem to be a sense that their faith—the doctrines they have learned—plays into that. For instance, a belief that marriage is forever no matter what. There's something wrong with separating from an abusive person, so they hardly acknowledge that it's bad, and they certainly don't want to deal with the idea that maybe they need to be separate from the abuser because everything in them is about the right thing to do—stay married and never divorce.

She discussed fears that some conservative Christian women have about how failure to submit to their husbands sexually will result in being abandoned or even the abuse of her daughters.

P01: They believe that from Scripture they cannot forbid him and if they do he will be unfaithful and it will be their fault. Or, he'll go off to their daughters. It's just unbelievable some of the twisted ways religion's been used on them.

Participant 02 described her knowledge of IPV and conservative religious systems through her understanding of the women's beliefs and the challenges conservative Christian women face when living with IPV.

P02: It's real hard to break away from leadership and authority, especially male authority because as a conservative Christian you're taught to respect male authority. Basically, if they take a stand to get out of the situation, a

lot of times they are looked at differently by the members of their church. Statistically, they say that if a woman is going to leave she will leave seven times before she finally leaves. But I don't see that in the conservative Christian community. They stay until they absolutely can't handle it anymore. They've probably tried—maybe left for an evening or something—but they don't make the big step because of that authority thing. You're not a good Christian if you leave your husband.

Illustrating her understanding of IPV consisting of a pattern of abusive behaviors, Participant 04 talked about differentiating between abusive relationships and abusive incidents. She also argued that a single incident of abuse, depending upon its severity, may be enough to warrant the ending of an intimate partnership.

P04: Abuse is never justified, it's never excused, it's never okay no matter how provoked we are. It happens, and I think sometimes we need to distinguish between an abusive relationship and an abusive incident. There is a difference. We are all capable of abusive incidents because we are sinful people. Sometimes one incident is enough to break up a marriage; one incident of holding a gun to someone's head is enough.

Demonstrating a knowledge of conservative Christian faith systems and an understanding as to how doctrinal beliefs often impact a conservative Christian woman experiencing IPV, she pointed to some of the challenges faced by the women.

P04: God hates injustice, whether it's in a home, in a church, in a community, or in a nation. He hates the sin of the abuse of power, and just because we have authority—whether a parent, a husband, a pastor, or an elder, he does not want us to use that authority to get our own way—to misuse that authority to get our egos stroked or to call "headship" the ability to get my own way. I think it's real important that we define things biblically. Sometimes churches misuse those terms. One of the *saddest* things I find is that sometimes *women* mis-counsel other women—friends, Bible study partners, or mentees, because *they're* misunderstanding headship and submission passages.

She also recognized the difficulty found addressing the subject of IPV in a conservative Christian religious system influenced by patriarchal ideology, and the importance of speaking the language of the conservative Christian culture.

> P04: A woman who's going to make a stand against this in a conservative church has got a very tough road. It's a struggle, especially as a woman in this field. I think one of the really important things that I've learned if you're going to do any kind of advocacy work, is you have to speak biblical language. So all of my writing and all of my teaching—when I teach at churches or do any kind of advocacy work, it's all in biblical words. I don't use any psychological terms *at all*, because they won't hear you. Even with that, it's really hard to make a paradigm shift in the Church. I think it's happening a little bit but it's really hard.

Participant 05 illustrated a knowledge of IPV and conservative religious systems as she talked about encountering the dynamics and impact of IPV on conservative Christian women, oftentimes due to the teaching they have received within conservative Christian faith communities.

> P05: I do a lot of trauma work—domestic violence is trauma work. Domestic violence is bigger than we think. It's easy to imagine a woman in a hospital, or bruises. But what I do is bigger than that—I work with women who are in abusive relationships, controlling relationships where there is degrading, verbal abuse. Whether it is with words, economics, through children, or with fists, there are bruises on the heart.

She also addressed what she found in working with conservative faith communities related to rigidity in doctrinal teaching that often contributes to challenges for conservative Christian women experiencing IPV.

> P05: "I can't tell you the number of women who come to my support group that what they know of Scripture is basically that women are to submit and God hates divorce."

She spoke to the dangers that she sees that can occur when contextual understanding about religious teaching and individual situations are not considered.

P05: "Context is bigger than pulling one Scripture verse. It drives me nuts to just pull one verse. I think it's *dangerous*. You can pull one verse and justify *anything*. You've got to look context-wise."

Participant 06 also discussed her knowledge of IPV, its dynamics, and her understanding of its impact on conservative Christian women. She pointed to patriarchal ideology as key in perpetuating IPV within conservative Christian circles. She also expressed her outrage with secular systems and the perceived levels of disregard for abused women.

P06: It's almost like the domestic violence movement posits the physical violence as being the worst, and if it's just verbal or mental but no physical abuse, it's like they almost don't qualify. So the "f---in' bitch" in my belief is *just* as serious as if he punched her physically. Or if he pointed the scripture in Ephesians, "submit, woman," that's just as bad as if he's got a gun to her. It kills the spirit of a woman, and when the spirit of a woman is killed, when it is dead and numb, she doesn't care anymore. If fact, she's so numb she doesn't even *know* there's a gun to her head. There's such a disassociation from the danger. So if someone is being abused with God's word—that makes me gag when I say it—when that happens they're not going to care about physical safety. It's still a patriarchal system that feeds the problem. And the legal system—when it's a misdemeanor to assault a female and a felony to abuse an animal, what do you do with that?

First round interview data suggested understanding on the part of participants related to the interface of IPV and the conservative Christian religious system. Participants articulated their knowledge of the religious system and the teachings promoted therein from an emic perspective. They also demonstrated a professional understanding of IPV and its impact.

Healing Process

Participants addressed their understanding of conservative Christian women's needs in the process of healing. Women's needs were described in a variety of ways

including a safe and supportive space in therapy, education regarding IPV, honoring and

integrating spirituality, and the importance and the availability of support resources.

Participant 01 discussed how providing a safe and supportive space in therapy can

allow a conservative Christian woman the freedom to explore the confusion about her

faith that can result from living in IPV.

> P01: Usually the conservative clients I have will come in and pretty much make the stand of their church; they believe the same things. They're usually pretty clear and they tow the line. Among the very conservative oftentimes if you view anything differently you're *wrong*, and you're probably sinning. So for instance, a view of divorce or abortion that is different than the conservative view, they're not going to say it. I just kind of wait and see what happens because usually their own wounds are leaving them pretty confused about their faith. In fact, anyone that comes in first has to make sure I believe the right things or they're not going to see me. So, the very fact that it is so intensely important leaves me with the thought that there may be some real struggles in that area in an effort to hang on for dear life, hoping it will work but it's not working given the abuse they're dealing with. Usually it will come out at some point and I'm always relieved that I didn't say too much on my end which might have shut down their ability to later just get really honest and say, "You know, sometimes the whole male God thing pisses me off."

Participant 02 discussed providing respect, support, education, and resource

information during the *healing process*.

> P02: I have to respect them where they are. A lot of times I warn them about what might happen, "Be prepared for your pastor to say this…be prepared for this kind of thing to happen in your church…let's create a plan. What kind of support system are you going to have?" They can't get out of these things without a support system, whether it's family or friends. I let them know that in choosing to leave, they may be choosing to leave their church, too. It is very difficult for some. You have to support them, give them the information, help them to feel safe with it, and then they have to make their decisions.

Participant 03 also talked about the needs women have for support in the social

and religious systems that surround them as they move through the process of healing.

P03: I remember one young woman I worked with extensively who was part of a mission group. I went and educated them as to what she needed. I explained what flashbacks were, I explained what trauma was, and I explained this is what she was going through and why she was looking so strong outwardly but really falling apart inside. And they responded. I love it when I work as a counselor when I have a pastor or other people from the community—a mentor, a friend, other members of the family who are part of the treatment team, if you will. I love that. I support that, I ask for that, I encourage that. Any chance we have for that. A support system is huge—it is absolutely vital.

Participant 04 discussed the focus that needs to be given to a woman's personal identity formation and development in the *healing process*. She identified a spiritual component as being critical to the process.

P04: One piece in terms of her healing is that identity is formed in relationship, identity is shaped in relationship, and identity is damaged in relationship. When you work with someone who has been told over and over again that she's stupid, or worthless, she can't do anything right or nobody's going to want her, she has identity issues. Where does that healing take place for a Christian woman other than in the context of her relationship with God?

Participant 04 also described another need for women in the healing process as learning how to establish appropriate boundaries and to address the abuse in a personally empowering way, rather than in ways that keep her victimized.

P04: When a spouse acts wrong and a woman starts to handle it poorly, she gets labeled. I've worked with women in custody situations where they're going off the deep end—they're so angry—and they're acting out in ways that label them as Borderline, Bipolar, and they lose custody of their children because the psych evaluation is looking at their behavior. Unless they get some really good coaching and help beforehand on processing through some of their anger in a good way, their reactions and some of the ways they handle it once they really get in touch with what they're feeling can be very destructive.

Participant 05 discussed extending patience toward the women as part of the process of healing for conservative Christian women in IPV.

P05: Statistics tell us it's seven or eight times before a woman actually leaves. I have learned now doing group for six years, a woman may drop in once. So I always give her a gift bag and two books to start things. And then she'll show up two years later and actually stay a couple of times. Then maybe six months later she'll say, "Can I come see you one-on-one? There are things I want to talk about," and we're there. You just learn to wait.

She also described specific ways she networked within the community to help clients based on her understanding of women's practical needs that often require addressing, and which can feel overwhelming to conservative Christian women during the process of healing.

P05: I treat them with respect; I do a lot of affirming. This problem is so much bigger than just, "Get out there and be safe." We have a woman, usually with children, who may not have skills for a job, has never rented an apartment before. The thought of just going to a lawyer to gather information, or going to the courthouse to fill out a restraining order is momentous. I work to keep up with resources. I know a lawyer that's good and will meet with a woman one time just to learn. I have a friend in town that has more of a social worker background, so sometimes I'll refer to her because she keeps up with where to get low-cost housing. I know shelters. I am blessed to have a church that will walk alongside and help a woman find a house.

Participant 06 stressed a conservative Christian woman's need for safety in the healing process and talked about how she provided this in her work with her clients. She demonstrated sensitivity to the spiritual concerns often expressed by conservative Christian women.

P06: The women that come to me already know I'm a Christian, so that automatically creates some safety for them because they want to be able to talk about God's word and domestic violence in marriage. I will look at them and say, "I will never tell you that you need to leave him, or that you need to divorce him. What I will do is help you see what your choices are and continue to hold up safety." I hold up God's word, but I do it asking permission because I know they've been beaten up with God's word. So I look at them and say, "God does hate divorce and he hates violence. You

don't have to decide about your marriage right now. Why don't we talk about your safety?" And *usually*, usually that will calm them down and they just start telling me their story.

She also discussed the importance of access to resources and support in women's healing processes, especially when women have few resources to pay for services. She illustrated the value in networking for the benefit of her clients.

> P06: With their permission, I will ask if I can give them information on safety. I have little safety cards, and I tell them to slip them in their shoes, or I will ask if there is a friend they can keep the information with. I will give them the RAVE website—certain sections to go to—which has been very helpful because there's been no Christian resource for them to go to. I just created my own resource manual. I refer to one government agency that has groups. They offer job support, job resources, and offer counseling. I also refer to another local agency that works with domestic violence, and they work with children and teen dating. These are the two I refer to the most because those are the ones that specialize in domestic violence and they have a sliding scale. They provide wrap-around support for the family. The Christian community and the secular community have not really wanted to work with each other—there's distrust there. I don't care where I send them, they need help. I also know at some point they're not going to be able to afford to continue to see me.

First round interview data revealed the understanding participants had of the needs of conservative Christian women who seek counseling services to heal from the effects of IPV. Participants discussed their experiences and perceptions related to the women's needs and the challenges they face. They also disclosed how they worked to create safety and to support the women through the healing process.

Therapist Self-Awareness

A third category that began to emerge from the data is *therapist self-awareness*, which was defined as the participants' awareness of their own processes when working with conservative Christian women in IPV. The properties related to their own processes

initially seemed to include *personal abuse histories*, *triggers, emotions*, the *impact of the women's stories*, the *impact of systems, spiritual impact*, and *self-care*.

The property of *personal abuse histories* was defined by participants as having experienced intimate partner violence directly from an intimate partner and/or within their family systems. *Triggers* were conceptualized as therapists' perceptions of similarities in experiences that evoked their countertransference, resulting in emotional, physical, or cognitive responses. *Emotions* referred to participants' emotional experiences as they worked with the women. *Impact of the women's stories* referred to how the participants were impacted by their clients' stories of IPV. *Impact of systems* referred to how participants were impacted by the religious and social systems that surrounded their clients and sometimes them. *Spiritual impact* referred to how participants experienced being impacted spiritually when working with conservative Christian women in IPV. *Self-care* referred to how participants cared for their own needs as they worked with conservative Christian women in IPV.

As they discussed their experiences and perceptions in providing therapeutic services to conservative Christian women who experienced IPV, participants disclosed multiple and varied responses. Participant 01 addressed her awareness of her own tendencies to make assumptions related to client disclosures based on her own experiences. Additionally she discussed some of the impact her work with her clients has had on her.

> P01: I have to keep my own stuff in check. Not very often, but once in a
> while someone describes something that I've experienced. I have to really
> watch myself not to make assumptions of the man they're talking about as
> being just like someone I've met and dealt with. I've certainly had

nightmares. It has triggered some of my own stuff, for which I've needed to go and get my own help.

She described how her work with IPV has raised her awareness regarding her own safety. She described experiencing a parallel process with clients, sharing the women's vulnerability as they address issues that occur as part of the dynamics of intimate partner violence.

> P01: There have been men who are very angry their wives are seeing me, which has brought up concern for my safety and for my family. I've noticed phone calls & hang ups—things like that. I've been a little concerned and try not to be the last one out of my building when I'm in the middle of these situations. I've had women in my office when a man calls every ten minutes checking on where they are—monitoring them around the clock. I end up sharing some of that vulnerability with the client of what will happen if he does track down where she is.

This participant also addressed her awareness of how her work in IPV impacts her thoughts and emotions related to her community of faith and how other Christians might perceive her.

> P01: I fight sometimes inside myself—I fear rejection— banishment from my own community of faith if someone knew how strongly I feel and how I do not share their conservative views on the Scriptures around divorce, for instance. I recognize that the stand I make and how I work with clients threatens my sense of belonging in the community of faith I've been part of all my life. I find that I am watchful of what I say outside of my work here with clients. Out and about I won't speak as strongly as I might to my clients about my feelings that God wants them safe and that those scriptures are not intended to keep them in an abusive setting.

Additionally, this participant described being aware of feelings surrounding and resulting from experiences with other clinicians and the legal system:

> P01: There have been times when I have felt betrayal. In one case the psychologist, who had never even met my client and took everything from the abuser, said things in court that he had no justification for. I'm stunned. He's a well-known Christian psychologist. He's been in my

church for years; I've known him for many, many years and it felt like a betrayal to me personally. Not only did he not meet with my client, he drew some conclusions about her that were so unjustified and very damaging to her as a human being and to four young children who are left more vulnerable to a very, very sick man. It's very disturbing. It just shocks me. You hear about that from attorneys, you hear about that from judges. To have a well-known, highly respected psychologist be that judgmental without any facts and the ramifications of what he did—how it influenced the judge and how it left these young children vulnerable to unsupervised visits with this man—it's just sickening.

Participant 03 discussed her awareness of traumatic triggers based on her personal history of living in an abusive marriage:

P03: I personally came out of an abusive marriage in my 20s. One of the things after I got out and was divorced, I was working here at the women's crisis center volunteering—some of their support groups—and within just a few months, maybe a year of doing this volunteer work once a week, I stopped doing it. And the reason was because I needed a lot more healing, and I was getting so triggered by their stories that I started—not quite jokingly—thinking, "Is every man in this city abusing his wife?" It was just so difficult to hear these stories—there hadn't been enough distance yet. So I'm still saying, 25-30 years later *occasionally* I still do get triggered.

She also addressed her awareness of triggers that sometimes occurred when working with couples where IPV is a concern and she experiences a perceived rigidity with men related to theological issues:

P03: If for some reason I'm bumping up against rigidity, especially from the male, I don't feel like I need to bring that down. I just think that partly becomes my own issue then. So I have to be very careful there. Part of it is I also have to be careful that I *can*, if I let myself, get triggered by rigid men—rigid men who are controlling, especially if they have tinges of anger in there, and huge barriers, and gruff appearance, you know. I have to be careful.

Participant 04 also talked about how abuse in her history may have contributed to her work with a variety of abuses.

P04: I think my own personal background has something to do with it. I don't have an abusive marriage, I didn't experience it myself, nor did I watch my parents hurt each other physically. But I did witness a lot of verbal abuse—actually from my mother to my father. And my mother was very abusive to us physically and emotionally. My parents divorced and eventually she lost custody of us because of her abusive behavior.

Participant 06 reflected on her awareness as to how a family member's experience with domestic violence has impacted her attitudes and own work with IPV:

P06: I struggle at times because half the victims I've worked with have resources. And they still don't leave. I know why I struggle with that— because my sister is a victim of domestic violence and that was her situation. She made more money than her husband and she gave him several hundred dollars a month just because he said, "You have to give it to me." So I know my own stuff gets in there with women who have resources.

She also talked about personal awareness of her emotions and her responsibility to clients as she encounters IPV.

P06: I *hate* domestic violence. The biggest challenge I have in a session with a victim is not letting my anger toward the abuser take over the space. I will be working on that the rest of my life. The counseling space is for the client's anger and the client's pain. If I'm going to express it it's going to be for the benefit of the client. I'm *real* in tune with my emotions.

Related to self-awareness when encountering challenging situations with some church leaders, she reported understanding in both emotions and attitudes and the impact these potentially have on raising awareness of IPV.

P06: I had one pastor have a problem with the fact that I was calling the abuser a batterer. You know what I want to say to him? "What if someone had done this to your daughter? Or your wife? Or your sister? What would you call him?" That's what I want to say, but I didn't trust the tone of voice and the attitude in my heart. My anger can get in the way of the message and when I feel like I can be contained and I can do it from a place of education and do it appropriately, then I speak those words to people to educate. But I also know because of my own family system that

stuff gets triggered and I have to really watch the balance in all of that. Sometimes I do real well, and sometimes I don't do as well. I know how I can come across and then the message gets lost. I don't want the message to get lost.

Participant 04 also reported being aware of some uncertainty and anxiety surrounding a particular case of IPV she worked with that caused her to consider the possibility of threat to her professionally:

P04: [The client] was under church discipline and could not take communion. They had Church Court and expelled her from membership. All the women of the church that had been her friends refused to speak to her. I mean it was total shunning, which I have never even experienced within the Church before. Her whole church shunned her. It was a horrible, horrible situation in terms of her social network. It made me feel very angry that the church was reinforcing the abuse of power. It made me feel very sad that this pastor—because he wasn't a bad man—was blind to that. I felt a little anxious that other people in that church might tarnish my reputation as a counselor—a Christian counselor. Most of my referrals are by word of mouth and I'm pretty well known in the community, and I didn't know what impact it might have.

She also spoke to the impact on her related to increased awareness of the need to advocate for social justice, and reflected an understanding of the work she believes she is called to at this time:

P04: It was a wake-up call for me that we have a lot of work to do in terms of not just *therapy* but actively speaking out against wrong. Sometimes I read things and think, "I should be involved in this," or I feel bad that I'm not involved in that. And I think I have a place to be involved and that's big enough for me to do right now—the injustice against women in the churches. I've been speaking about that for some time now.

Participants addressed self-care based on individual self-awareness of needs that arise as a result of working with the issue of IPV. They disclosed a number of ways they have engaged in caring for themselves, including having personal support systems in

place, utilizing supervision, and setting healthy boundaries around their personal and

professional lives:

> P01: I've certainly had nightmares. It has triggered some of my own stuff,
> for which I've had to get my own help. Because I have clients that attend
> my church and my own need for privacy, I am not very involved in the
> church. I've recently decided to step back from teaching adults because
> I've had a couple men just really, really argue with my views. They
> weren't about this kind of thing, but I had the sense that they couldn't
> handle a woman at all and I thought, "You know, I don't need this."

Participant 04 reported setting healthy professional boundaries in order to avoid

dual relationships.

> P04: I won't work with somebody I know, like someone from a small
> group. I'd probably refer them to someone else. I have seen people from
> my church and I have put some pretty good boundaries down in terms of
> dual relationships.
> Participant 05 related supervision and keeping healthy boundaries to her

awareness of her need for self-care.

> P05: I have arranged supervision once a month. I've picked someone
> outside of my agency where I can go outside of my co-workers for support
> and processing, and some oversight. I believe that's part of being a healthy
> counselor, as well as keeping boundaries. I don't answer the phone 24/7.
> I actually don't have my phone ring—that was the best thing I learned
> three years ago. I wait until I want to listen to my message. Finding the
> balance with people—at first when they come in they're traumatized and
> hurting, and it may take a phone call through the week in between sessions
> and yet I can't save them. I can't save them—it's not my job.

Participant 06 cited multiple ways of assuring self-care based on personal

awareness of vulnerabilities and limitations, including supervision, working with a

therapist, and engaging in a professional peer group.

> P06: I see a therapist about every six weeks, and I have peer group once a
> month. My sister was going through domestic violence and I was not
> sleeping at night. I kept thinking I had to go down and rescue the whole
> family. And I thought, "I can't save them. I can send them information. I

can give them guidance, but she's got to be the one to leave. I can report if I think my nieces are not being cared for, but I'm limited here." That's what got me into therapy.

Triangulation

The literature supported first round interview data in every emerging conceptualized category. Numerous publications exist related to conservative or fundamentalist religious systems and the dynamics created when the issue of intimate partner violence is introduced into these patriarchal systems (Alsdurf & Alsdurf, 1989; Dobash & Dobash, 1979; Douki et al., 2003; Foss & Warnke, 2003; Griffin & Maples, 1997; Haj-Yahia, 2000, 2002; Hannon & Howie, 1994; Kaufman, 2003; Knickmeyer et al., 2003; Levitt & Ware, 2006; Nason-Clark, 2001, 2004).

Participants discussed the cultural considerations and challenges conservative Christian women face when experiencing IPV. Literature substantiated the data within the categories of *treating the women* and *therapist understanding* related to conservative Christian culture, women's needs and beliefs, and the challenges the women faced. Patriarchal ideology dominates conservative Christian religious systems, and resulting teachings reinforce the authority and headship of men, and the submission of women (Alsdurf & Alsdurf, 1989; Nason-Clark, 2004; Shaw, 2008). While this is the case in general within the religious system, it is particularly the case within marriage. Conservative Christian systems promote the sanctity of marriage and the family and the prohibition of divorce for any reason other than sexual infidelity (Knickmeyer et al., 2003; Levitt & Ware, 2006; Nason-Clark, 2001). Conservative Christian women find much of their identity in their faith and in the roles of wife and mother. She may believe

she is primarily responsible for the health and wellbeing of her marriage and her family.

When problems surface within the marriage, the woman may face shame and guilt if

circumstances do not improve, blaming herself for the problems (Alsdurf & Alsdurf,

1989; Foss & Warnke, 2000; Knickmeyer et al., 2003; Levitt & Ware, 2006). In addition

to blaming herself, she may face blame from within the religious and social systems with

which she associates, compounding her feelings of shame and failure and resulting in

mixed messages about her relationship with God (Knickmeyer et al., 2003).

Conservative religious systems tend to be rigid and given to black and white

thinking. Conservative Christian communities may promote ideas that seeking

counseling help is sinful and can result in a loss of faith because counseling is based in

psychology. The Bible may be seen as the only source of truth and, therefore, critical to

faith and conduct. Counseling may be seen as a vehicle whereby truth is questioned and

is conceptualized as a threat to faith (Hannon & Howie, 1994).

Participants reported perspectives that conservative Christianity made marriage an

idol, even to the exclusion of caring for the individuals within the marriage. They also

reported their clients' minimization or denial of the abuse they suffered. The literature

supported both of these observations (Fugate et al., 2005; Knickmeyer et al., 2003).

Additionally, participants addressed the phenomenon that a conservative Christian

woman will stay in an abusive relationship for reasons that non-Christian clients will not

and until she determines she simply can no longer endure the abuse. Knickmeyer et al.

(2003) found that some conservative Christian women were told by religious leaders and

friends to stay and pray for the abusing spouse, because God would change him. Fugate

et al. (2005) found that women's determination of the seriousness of the abuse they faced was a factor in their decisions to remain in the abuse. Often what was required for a woman to seek intervention was a threat of harm to her children or if her injuries became serious enough.

The literature also supported data from first round interviews related to initial properties of *respecting* and *supporting* in the category of *treating the women*. *Therapist understanding* was also supported by the data related to the challenges a conservative Christian woman faces when dealing with IPV. A number of studies supported the concept that women who experienced IPV must still be respected and given the freedom to choose how they will deal with their particular situations. In a study that investigated barriers to women seeking help for domestic violence, Fugate et al. (2005) found that women often believed that to seek services would require them to end their relationships with an abusive partner. They also addressed the responsibility that counselors have to honor an abused woman's ways of coping with the abuse and her right to make her own choices.

Griffin and Maples (1997) suggested that if a conservative Christian woman encounters shelter workers or others who communicate frustration with her commitment to remain married, she might interpret that in order to receive services she must divorce. The perception of failure in the mind of a conservative Christian woman if she leaves an abusing spouse must be understood. The authors noted that conservative Christian women need counselors who can understand the challenges they face when considering their values and beliefs.

Kurri and Wahlstrom (2001) reported on the moral dilemmas faced by some counselors in respecting their clients' self-determination and the inexcusability of domestic violence. Participants in the study reported that they struggled with their clients' commitments to remain in abusive relationships but found ways to respect their free agency while educating them about the perceived immorality of woman abuse.

Participants reported their clients came to them, because they were seeking Christian counselors in finding help to deal with the issue of IPV. They illustrated ways they used the Bible in *educating the women* and in *challenging perspectives*. They also indicated ways in which they were sensitive to the women's experiences of being abused with the scriptures and used their understanding to inform how and when they integrated it into treatment. The literature reported that IPV impacts a Christian woman's spirituality and that victims of IPV often need to assess and renegotiate their beliefs as a result (Knickmeyer et al., 2003). Whipple (1987) recommended strategies that incorporated the use of biblical passages to assist conservative Christian women in considering new perspectives when assessing their abusive situations. She contended that such practice honored a conservative Christian woman's beliefs and values, while helping her to consider new or different perspectives about marriage, divorce, and IPV.

The literature supported the emerging category of *therapist self-awareness*. Participants reported myriad feelings as they worked with conservative Christian women in IPV and understood the impact the women's stories had on them. They disclosed experiences of secondary trauma directly related to their work with conservative

Christian women who experienced IPV. They also reported the impact they experienced related to their encounters with the conservative Christian system.

Gubi and Jacobs (2008) conducted a study on the impact spiritual abuse stories have on counselors. Participants in that study reported a parallel process with their clients and recognized feelings of hurt, powerlessness, and helplessness. They reported their outrage and disbelief when clients relayed how Christian teachings had been used to manipulate and to control individuals. They also reported a desire to help clients understand that God had no part in the abuses they suffered. Vicarious or secondary trauma was reported by participants as a result of hearing the stories of their clients. Some participants described adjustments in how they viewed the world.

Stebnicki (2007) described symptoms of empathy fatigue, burnout, and vicarious trauma found in professional counselors. Iliffe and Steed (2000) discussed the impact of trauma stories on helpers as well as the importance of counselors being aware of countertransference and how it informs their work. Their study investigated the experiences of counselors who worked with perpetrators and victims of domestic violence, and they found counselors were strongly impacted by the stories of their clients, often experiencing PTSD-type symptoms and adjustment to their cognitive schemas (Bowlby, 1969). These studies supported the data in *therapist self-awareness* as it related to participants' awareness of their own *triggers*, the *impact of women's stories*, the *impact of systems,* and the *spiritual impact*.

Data from first round interviews indicated ways in which participants managed the impact experienced from working with IPV. Their *self-care* strategies were

supported in the literature. Practices, such as supervision and peer debriefing, monitoring the percentage of IPV clients on a caseload, acknowledging clients' resilience and respecting their choices, maintaining professional boundaries, and seeking God through spiritual practices, were noted in the literature as management methods for counselors who worked with trauma (Iliffe & Steed, 2000; Gubi & Jacobs, 2008).

Discussion

Initial interviews with participants revealed the multifaceted nature of working with conservative Christian women in IPV and provided a tentative structure of themes that described Christian therapists' experiences and perceptions when working with conservative Christian women who experienced intimate partner violence. Responses to interview questions resulted in the emergence of four initial categories, corresponding subcategories, which in turn seemed to be influenced by a number of properties. Categories encapsulated a broad view of participants' perceptions and experiences as they worked with conservative Christian women in IPV, with subcategories providing a more focused view into interrelated elements about participants' broader perspectives and experiences.

Four categories emerged as participants described their unique experiences. The categories were described as *treating the women, interfacing with conservative Christian faith communities*, *therapist self-awareness,* and *therapist understanding.* Further analysis using axial coding procedures yielded properties that provided more detailed description of the categories.

Treating the Women

Participants described *treating the women* as providing clinical counseling services to conservative Christian women experiencing IPV, including providing a safe environment in which women could tell their stories to therapists who understand IPV and the Christian faith, without fear of judgment. Providing clinical counseling services also involved assisting the women in understanding the psychological, emotional, and spiritual impact of intimate partner violence, in order to facilitate healing. They described components to treatment which were conceptualized as initial properties. The properties were *respecting*, *supporting*, *educating the women*, *and challenging perspectives*.

Respecting

Respecting was defined as considering individual client situations, honoring each woman's process and her resulting decisions, without participants imposing their own beliefs on their clients. Participants illustrated how they respected their clients' religious beliefs and how they approached relationships with the women based on professional boundaries of honoring a client's self-determination.

Supporting

Supporting was defined as providing empathic assistance to conservative Christian women in IPV. Participants illustrated ways in which they supported their conservative Christian clients by listening to their stories, providing needed information, and being available as the women moved through the process of healing. The support they offered sometimes involved prayer and encouragement, resource information, or

listening to and validating their experiences. Similarly to *respecting*, sometimes

supporting involved allowing the women to make choices that participants did not always

favor, and to continue to provide empathic support in spite of personal biases.

Educating the Women

   Educating the women involved providing key information to the women related to

intimate partner violence, healthy relationships, Christian theological principles, and

relating spiritual practices to the healing process.

   Participants discussed their perspectives on the importance of education in these

areas, acknowledging that many conservative Christian women have little knowledge of

the dynamics of IPV or tend to minimize the abuse and its impact. *Educating the women*

was described as needing to be done with respect for the individual woman. However,

participants also indicated this component of *treating the women* as central to helping

conservative Christian women make informed choices.

Challenging Perspectives

   Participants reported that part of the work they did with conservative Christian

women who have experienced IPV involved encouraging the women to consider their

beliefs about themselves, about God, about the religious teaching they received, and

about relationships. The property *challenging perspectives* was conceptualized from the

initial interview data. They described varying levels of denial found in the women

regarding the seriousness of IPV and their willingness or ability to name the abuse.

Participants illustrated a number of ways they challenged the women to consider the issue

differently, including the use educational information regarding IPV, the use of the

scriptures to explore biblical teachings related to violence and oppression, and what to facilitate critical thinking about relationship dynamics, especially as they related to marriage.

Emotions

The property *emotions* was identified from initial interview data that described the different emotions the participants experienced working with conservative Christian women in IPV. Participants relayed specific incidences reported to them by clients that resulted in many different emotional responses, all of which seemed to be strong responses whether the emotions were pleasant or unpleasant. *Emotions* described were related to the women's stories, the change process, and the perceived threats to safety experienced by participants.

Interfacing with Conservative Christian Faith Communities

A second category that began to emerge was conceptualized as *interfacing with conservative Christian faith communities*. Initial aspects related to this category were also related to the participants' perspectives regarding the religious systems, the emotions and attitudes they experienced toward such systems, educating within the religious systems, and advocating for conservative Christian women within conservative faith communities.

All participants reported currently being part of conservative Christian faith communities and discussed their experiences, perspectives, and emotions related to their own communities, the communities to which their clients may belong, and Christian religious systems in general.

As participants talked about working with IPV and *treating the women*, they also talked about how working with IPV involved interfacing with conservative Christian faith communities. Properties conceptualized from initial interview data were *advocating for the women*, *educating*, *emotions,* and *respecting the system.* Lines dividing these initial conceptualized properties related to interfacing with Christian faith communities were not clearly defined. It appeared that the advocacy and education in which participants engaged were closely linked, as were the emotions they felt when they encountered Christian religious systems in the process of educating and advocating. *Respecting the system* was reflected in how participants understood the system from an emic, or insider perspective. It also described how they engaged with those within the system as they provided education and advocated for conservative Christian women in IPV.

Participants again reflected on a range of their own emotions and perspectives as they talked about interfacing with conservative Christian faith communities. Emotions described were primarily those of frustration, disbelief, fear, and outrage at a religious system that continued to oppress women and perpetuate the problem of IPV. Some participants reported positive aspects they recognized in some faith communities and expressed gratitude in such cases.

Therapist Understanding

Therapist understanding was defined as the practical and experiential understanding participants have related to the issue of IPV, the dynamics of IPV, the impact of IPV, the conservative Christian women's spiritual concerns and beliefs, the

women's needs in therapy, the women's feelings and perspectives, the challenges conservative Christian women in IPV face, and the ethical concerns which may require attention.

Two subcategories developed within *therapist understanding*, which were *IPV and conservative religious systems* and *healing process. IPV and conservative Christian religious systems* was defined as the therapists' practical and experiential understanding of IPV and conservative Christian religious systems. Such understanding was based on an emic perspective, as participants had been or were currently part of conservative Christian faith communities. *Healing process* was defined as therapists' clinical, practical, and experiential understanding of the factors contributing to the healing process for conservative Christian women in IPV based on their knowledge of the dynamics of IPV and the women's unique needs and beliefs.

Therapist Self-Awareness

A third category that emerged from first round interview data was *therapist self-awareness*. This category was defined as the participants' awareness of their own processes when working with conservative Christian women in IPV. The properties related to their own processes initially seemed to include *personal abuse histories*, *triggers, emotions*, *impact of the women's stories*, *impact of systems, spiritual impact*, and *self-care*.

The property of *personal abuse histories* was defined by participants as having experienced intimate partner violence directly from an intimate partner and/or within their family systems. *Triggers* were conceptualized as therapists' perceptions of

similarities in experiences that evoked their countertransference, resulting in emotional, physical, or cognitive responses. *Emotions* were defined as participants' emotional experiences as they worked with the women. *Impact of the women's stories* referred to how the participants were impacted by their clients' stories of IPV. *Impact of systems* was related to how participants were impacted by the religious and social systems that surrounded their clients and themselves. *Spiritual impact* referred to how participants were impacted spiritually when working with conservative Christian women in IPV. *Self-care* was defined as how participants were aware of their own needs and how they cared for themselves as they worked with conservative Christian women in IPV.

Initial data analysis supported connections between categories *treating the women* and *interfacing with conservative Christian faith communities*. Part of *treating the women* sometimes involved the interaction with faith communities when participants advocated for the women or when they provided education to faith communities regarding IPV to increase understanding and support for their clients. Initial properties identified within the category *treating the women* were closely connected as part of the treatment process in which participants engaged with their clients. A process also emerged as participants described *interfacing with conservative Christian faith communities*, and properties in this category were also closely related.

Developing categories of *therapist understanding* and *therapist self-awareness* were also connected to *treating the women* and *interfacing with conservative Christian faith communities*. All developing categories were interrelated as they were all connected to the work participants did with conservative Christian women in IPV.

Aspects of participants' sense of calling to the work they did with Christian women in IPV began to develop; however, further information was needed to be able to more clearly identify how these aspects fit into the developing structure. Categories and properties continued to be analyzed as second round interviews were conducted. Questions for second round interviews were formulated as a result of data from first round interviews with the intent of further developing and confirming the structure. Questions for the second round interviews were:

1. Describe how you have been impacted by your experiences working with intimate partner violence.

2. Describe how you work with conservative Christian communities to help conservative Christian women who have experienced IPV.

3. What is it like encountering the secular community to help conservative Christian women who have experienced IPV?

4. What motivated you and what continues to motivate you to work with conservative Christian women who have experienced IPV?

Working with IPV

Work found therapist
Feeling "called" by God
Impact on therapist
Ethical considerations

Treating the
Women

Respecting

Supporting

Educating

Challenging Perspectives

Interfacing with
Conservative Christian
Faith Communities

Respecting system

Emotions

Educating

Advocating for Women

Therapist Self-
Awareness

Impact of stories
Personal abuse hx
Spiritual impact
Impact of systems
Emotions
Self-care

Therapist Understanding

IPV &
Conservative
Christian Faith
Communities

Dynamics of IPV
Impact of IPV
Women's beliefs
Challenges for
women

Healing
Process

Women's needs
Women's feelings
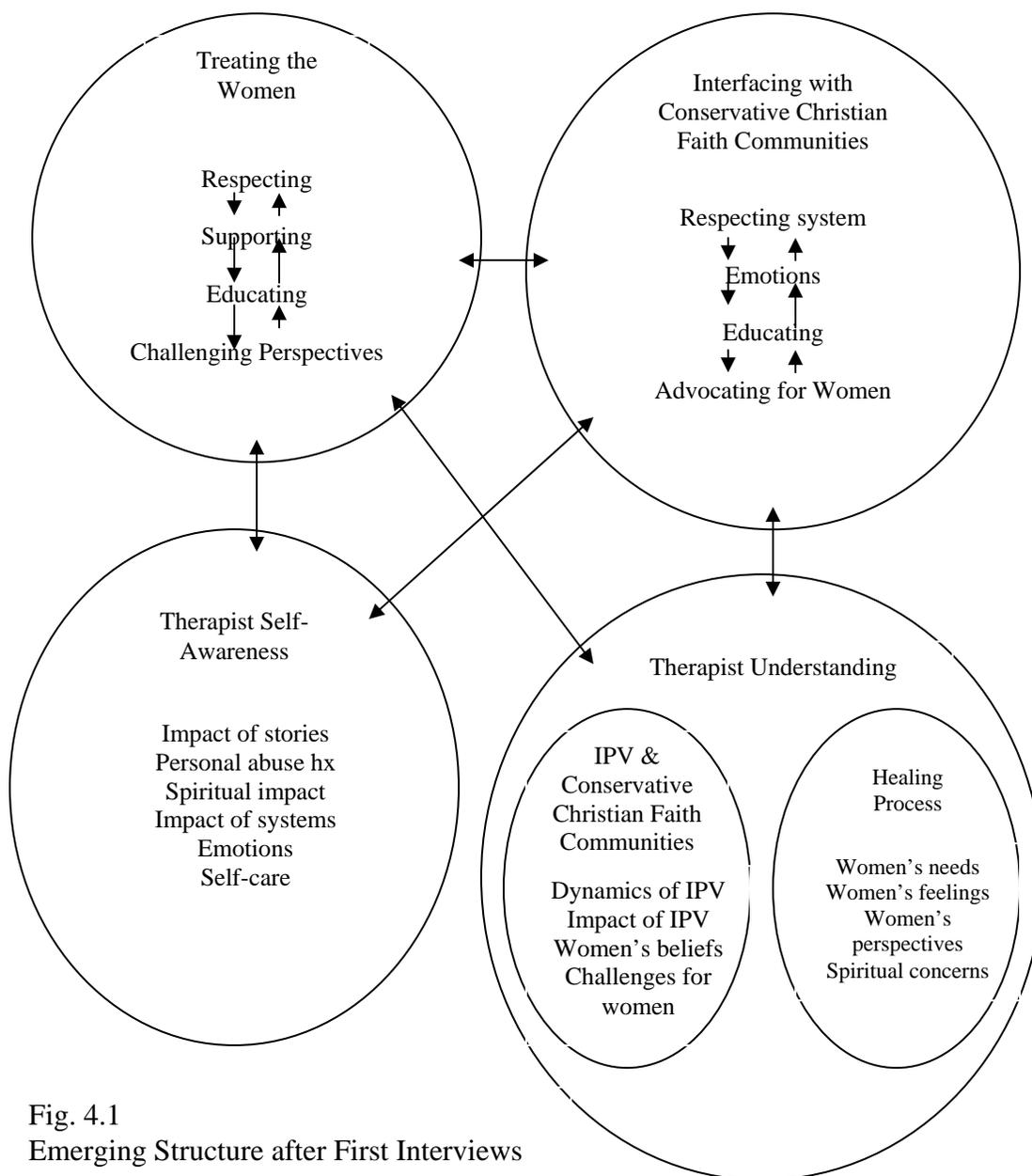Women's
perspectives
Spiritual concerns

Fig. 4.1
Emerging Structure after First Interviews

Chapter V

Second Round Interviews

Introduction

Analysis of first round data developed categories, subcategories, and properties that began to describe the experiences and perceptions of Christian therapists who provide counseling services to conservative Christian women who have experienced intimate partner violence (IPV). Second round interviews utilized questions to confirm the descriptive structure and to further describe categories, subcategories, and properties. Second round interviews were conducted by telephone and focused on the conceptual categories of *treating the women, therapist understanding, and therapist self-awareness*. The second round interview questions were:

1. Describe how you have been impacted by your experiences working with intimate partner violence.

2. Describe how you work with conservative Christian communities to help conservative Christian women who have experienced IPV.

3. What is it like encountering the secular community to help conservative Christian women who have experienced IPV?

4. What motivated you and what continues to motivate you to work with conservative Christian women who have experienced IPV?

The information provided through second round interviews and through negative case analysis of data from first round interviews resulted in re-conceptualization of categories, subcategories, and properties. Lincoln & Guba (1985) assert that negative

case analysis is a primary means for establishing trustworthiness. They define negative

case analysis as ". . . a process of revising hypotheses with hindsight" (p. 309). Negative

case analysis allows data from first round interviews to be used in support of a new

structure accounting for more of the first and second round interview data.

<div align="center">**Re-conceptualizing Data Structure**</div>

Treating the Women

Further analysis following second round interview data resulted in re-

conceptualizing *treating the* women. The property identified as *emotions* following first

round interviews was removed from *treating the women* and grouped into the

subcategory of *therapist self-awareness*. It was re-identified as *experiencing emotions*.

Participants expressed a range of emotions related to every facet of the work they do

concerning the issue of IPV, however *experiencing emotions* seemed to be a property of

therapist self-awareness that is recognized in each area of the work with IPV.

Interfacing with Conservative Christian Faith Communities

Data from first round interviews illustrated ways in which participants engaged

with conservative Christian faith communities around the issue of IPV. Second round

interviews yielded further information related to this subcategory, and added information

regarding participants' involvement within the secular community when helping

conservative Christian women who have experienced IPV. The data revealed the

subcategories of *treating the women* and *interfacing with conservative Christian faith*

communities interacted, but second round interview data and negative case analysis

revealed that *interfacing with conservative Christian faith communities* was too limited in

describing participants' experiences with systems impacting their work with IPV. This restricted a comprehensive understanding of participants' work with conservative Christian women in IPV. Therefore the category *encountering systems* was identified, with the subcategory of *interfacing with conservative Christian faith communities* re-conceptualized as *religious community*, and a second sub-category identified as *secular community* was added to more fully account for participants' experiences in working with systems. Additionally, the property *collaborating* was added to each subcategory to more fully describe participants' engagement within the systems. *Collaborating* was defined as working together to help conservative Christian women experiencing IPV. Properties identified within *religious community* were *respecting, educating, collaborating*, and *advocating*. Properties within *secular community* were *respecting, collaborating,* and *educating*.

Therapist Understanding

Second round interview data and negative case analysis also contributed to the expansion of subcategories from two to three within the category *therapist understanding*. The subcategory previously conceptualized as *IPV and religious system* was divided into two subcategories, *IPV* and *religious system* in order to account more specifically for how the therapist understands each of these as she works with IPV. *Religious system* included a property identified as *challenges for the women*, and *IPV* included properties identified as *dynamics, impact,* and *ethical issues*. The subcategory *healing process* included properties previously identified as *women's needs, spiritual concerns, women's beliefs, women's feelings,* and *women's perspectives*.

Therapist Self-Awareness

Additional data from second round interviews, combined with negative case analysis also contributed to the re-conceptualization of the category *therapist self-awareness*. After further analysis *therapist self-awareness* became *therapist self*, and the property previously conceptualized as *self-care* was re-identified as *understanding needs* as this more accurately identifies the basis from which participants attend to caring for themselves. The property initially conceptualized as *impact of systems* was re-conceptualized and divided into two properties, *impact of religious system*, and *impact of secular system* in order to provide clearer distinction of therapist self-awareness of the impact on her from multiple systems. *Therapist self* refers to the person of the therapist and her self-awareness as she works with conservative Christian women experiencing IPV. This category contained properties descriptive of participants' awareness of themselves as they work with IPV. Properties included in the category of *therapist self* were *spirituality, personal abuse history, impact of women's stories, impact of religious systems, impact of secular system, experiencing emotions, and understanding needs*.

The following discussion of each conceptual category, subcategory, and their properties and dimensions will further define them and begin to show their interconnectedness within the emerging conceptual structure.

Having a Calling

Data from second round interviews added to first round interview data and negative case analysis contributed to the emergence of a new category that was identified as *having a calling*. *Having a calling* was defined as therapists recognizing that the work

they do with conservative Christian women in IPV is vocational as well as professional, stemming from their personal spiritual experiences and beliefs, and originated by God. It provides a basis for additional motivating factors in the work they do. Properties included in *having a calling* were defined as *experiencing God* and *experiencing transformation.*

Having a calling appeared to be foundational in participants' work with conservative Christian women experiencing IPV, and interacted with all other categories that emerged from first round interview data. Participants reported aspects of their personal spirituality and the experiences of who God is and how God is to them in personality and character, and in his interactions with humanity. Such experiences motivate the therapist to encourage exploration and growth in her clients, and to challenge perspectives that keep them in oppressive and abusive relational patterns. *Having a calling* is borne out of what participants described as a personal relationship and experience with God, rather than association with any particular religious system. They referred to the healing impact of their personal spiritual beliefs and experiences related to their own healing processes. Participants' understandings and experiences of God as a God of love, peace, freedom, and justice, informs the calling they describe and provides strong motivation for the work they do as therapists. They perceive intimate partner violence as incongruent with Christian spirituality because it does not accurately reflect the character of God. As a result, participants described ongoing motivation to effect change in how conservative Christian women who experience IPV perceive themselves, God, and how they engage in relationships. *Having a calling* impacts what it means for participants to experience transformation in their clients, because of the

transformation in their own lives as a result of their spiritual journeys and how they view and experience their relationships with God.

Additionally, participants discussed how *having a calling* impacts their motivation to engage with the systems that surround their clients and sometimes them. Personal spiritual experiences and developed perspectives about who God is in character and how God in relationship to human beings, informs the sense of calling participants have to engage religious and secular systems when working with IPV. The expressed desire resulting from such engagement was increasing understanding and to facilitate needed change within the systems for the benefit of conservative Christian women who experience IPV.

Change is seen as needed within the religious system because of the incongruence that is experienced between the attributes of God's character that reflect love, peace, freedom, and justice, and a religious system that is often oppressive to women. First and second round interview data reflected participants' perspectives as to how particular Bible verses have been misinterpreted and used to keep women in abusive relationships for fear of how their relationships with God would be impacted. Participants demonstrated an understanding of the systemic impact of such misinterpretations on the religious systems that surround conservative Christian women, and talked about the commitment to effect change in these systems.

Participants also reflected on experiences of feeling misunderstood within the secular system when working with IPV. Important resources exist within the secular community for their clients, however participants expressed awareness of often being

misunderstood within the secular community because of their spiritual views. Change

that participants saw as being important to their work in IPV included networking with

the secular systems involved with intimate partner violence issues, in order to educate

them as to the needs of conservative Christian women who experience IPV. The desired

outcome expressed was collaboration between religious and secular systems for the

benefit of the women, and for those within the secular community to encounter therapists

who were also Christians who could validate the injustice of IPV based upon a congruent

Christian spirituality.

All participants addressed perceived strengths and weaknesses related to the

secular systems working with IPV. However, when the topic of their callings related to

effecting change within the systems they encounter was addressed, a greater focus

seemed to be on the need for change within the religious system and how their callings

impact their work for systemic change within that system.

Properties related to *having a calling* were *experiencing God,* and *experiencing*

transformation. *Experiencing God* refers to participants' personal spiritual lives

consisting of beliefs about God, experiences related to their spirituality, and their

perceptions regarding religious teachings and practices. *Experiencing transformation*

relates to the change that participants find themselves impacting in the individual lives of

clients and in the systems that surround them, as well as personal change they experience

as they function in the calling they recognize as coming from God.

Experiencing God

Participants disclosed a variety of ways in which their personal spiritual beliefs and experiences with God influenced the work they do in IPV. A common thread running through their descriptions was a relational element—an interpersonal dynamic that occurs between the therapist and her God. Such relationship results in identification with the person and redemptive mission of Jesus Christ in the work of extending healing to and lifting oppression from humanity. Reflection of such relationship is evident in how participants described their experiences with God and their perceived callings. One participant referred to her personal history and her relationship with God as motivating her in her work.

> P02: I am motivated I guess because of my own background—having beliefs that hold us in places we don't need to be. It really hurts my heart when I hear of women who have stayed in their relationships because they think that is where God wants them to be, or because the pastor said they'd be adulteresses if they left. I've been there, and it influenced my asking the Lord, "Where do you want me to work? What do you want me doing with this?"

Another participant identified immersing herself in the mission statement of Jesus Christ, as found in the New Testament.

> P03: As a Christian counselor I continually need to immerse myself in Jesus' mission statement, "The Spirit of the Lord is upon me. . . I have come to free the captives, to heal the brokenhearted, and open the eyes of the blind…" It is such a strong mission statement that he had; I want to stay front and center, clearly focused on how Jesus did it. I love the stories of the bent over woman and of the Samaritan woman at the well—there are so many stories where Jesus cut right down to the core and these women were healed, caught the vision, literally stood up straight, found their voice, and proclaimed the good news. It's just *amazing* the hope and the purpose that Jesus came for. Understanding that has made a big difference for me.

Participants expressed how their personal beliefs and relationships with God

continue to motivate them in the calling to work with IPV.

> P04: I want a life well-lived, and I want what I have done in my life to matter both to me and to the Lord. I try to think of that in terms of how I am spending my resources, whether they are my talents or my time, my energy, or my money. It's a mindfulness to "Lord, teach us to number our days that we might present to you a heart of wisdom."

> P05: I have become aware of what I'll call the weight of sin, and I marvel at how our Lord is able to bear the whole weight. There are times when I just sit and think about all that, and I say, "Lord, it's just everywhere. How do you carry all this?" I want people to know who Jesus truly is. He's not this taskmaster who has a little divorce scorecard—that's not the issue. The issue is one's heart, and the issue is determining if one is loving God, herself, and others by staying in an unhealthy relationship. I want so much for that to be known—who he is.

> P06: I've said to myself, "You know what? You wouldn't be doing this if God wasn't calling you to do this work." I want these women to know the truth of God's love for them. I want to help them see the lies that they've lived under and that they've listened to, and that have been pounded into their souls. I want to hold up God's love and light and truth for them, because I know what a difference it will make in their lives.

Experiencing Transformation

The property conceptualized as *experiencing transformation* relates to

participants' experiences in the change process with conservative Christian women who

experience IPV, and with the systems that surround both clients and therapists. Most

reported recognizing growth in their passion and commitment to fight against the

injustice of IPV in their work with conservative Christian women and in effecting change

within the Christian church. One participant spoke about the weariness in continuing to

encounter this issue among Christian faith communities, and reported feeling burned out.

However, she also reiterated a need for change and speaking out about the issue of IPV

within the Church so that needed change could occur.

P03: I would say currently I am more into a state of what I would call compassion fatigue. I tend to deal just with what comes to me, rather than being proactive and going out to do more in Christian communities. In my own church there are brochures with a notice for a local abuse recovery group, and I think it's great to have it right there and available. I really believe that abuse is still not talked about or identified very well in churches.

First round interview data revealed the importance participants assigned to assisting conservative Christian women in the process of change. The importance placed on facilitating change was based in their own transformation experiences, which included changes in perceptions related to their understandings of and experiences with God, and the beliefs they absorbed within Christian culture. First round interview data contained evidence of participants' experiences in the change process as it related to their own histories of abuse. Changes in perceptions of God and his character directly affected participants' understandings of healthy and unhealthy relationship dynamics. They also described how altered beliefs about religious teachings concerning marriage, divorce, women's submission, and male authority impacted their own thinking and behaviors in relationships. In turn, their personal transformation experiences directly impacted the work they do with conservative Christian women in IPV. Second round interview data further supported the influence of participants' personal transformation experiences on the work they do in IPV, with participants expressing increased commitment to the change process, and convictions that their personal experiences would be used by God for redemptive, transforming purposes in the lives of others.

P02: If I can be there as someone who's walked that abuse path and has come out of it and gained some wisdom, it makes my experience worth it. If I had to go through what I went through for nothing, I just don't think that would work for me; there had to be a purpose for all of it. God says he gives you beauty for ashes, so there has to be something that he could use out of all of that.

P06: I get more and more passionate about doing something about intimate partner violence. I know it will never be eradicated. We just need to keep making dents in it as long as we live because we're never going to eradicate it. If that were possible, I think it would have already been done. But when I hear the stories and I work with enough women who *do* want to get out, who *do* want a life, who *do* begin to understand God's love for them and that God wants them safe, and *then* when some of those women actually go back into their churches; I've got one client right now whose elder board wants her to come and talk about the RAVE website. Oh, yeah! I get pumped just telling you about that!

First round interviews revealed participants' perceived need for change within the Christian church regarding how the Church understands the interface between theological teaching and IPV, and how religious leaders and faith community members respond to conservative Christian women who experience IPV. Second round interview data supported initial interview data, as participants related how *experiencing transformation* reflects part of the calling they experience within their relationships with God, and how it motivates them in the work they do concerning IPV. The described changes they have experienced within Christian religious communities over the years, and some spoke of their ongoing commitment to the oftentimes slow process of change.

P01: There's a wounded world of people as a result of conservative Christianity; sometimes I ask myself, "Why bother?" Within my faith there's something to cherish, and people that I've known for years that I love dearly, and I can't walk away from that right now. My particular place of worship has been growing leaps and bounds in terms of caring about social issues. It's not anywhere near where I'd like it to be, but it's not the same place I was at ten years ago.

Another participant reflected her thoughts about the transformation process in view of her own growth, as well as what she found important in continuing to see transformation within the religious system related to IPV. The data revealed closely interacts *experiencing transformation* with *therapist self* and reiterates the calling that

this participant experienced within her relationship to God, along with an ongoing

realization of congruence within herself as she fights against the injustice of IPV.

> P04: The Church wasn't into social action at all in my generation. So to see young people be much more into social action, I wish I was twenty again. I have done a lot of missions work—there's intimate partner violence everywhere. As I was praying, wishing I was in my twenties, God said, "I have given you something to fight for, and this is it." So it feels very affirming to fight for or speak about the injustice of intimate partner violence; I can do that wherever I am, wherever I travel, and I do. But to be able to do it right at home and say to our churches, "We need to pay attention to this," is important. We can work to prevent IPV from continuing.

Another participant spoke of future hopes she has as she follows the calling she

has experienced to facilitate change reflecting congruence within her spiritual self and

working with IPV. Evident in her disclosure is an interrelatedness between *experiencing*

transformation, *spirituality,* and *experiencing emotions*, which are properties of *therapist*

self.

> P05: I *dream* about things. I think forward with ideas like buying apartment homes for my in-betweeners—the women with children whose ex-husbands have left them with no money coming in so that they can barely make ends meet. I want to provide housing that the women pay for, but for an amount they can afford, and I start getting excited about that.

> P06: "The same stories that are painful for me also motivate me to keep doing what I can in the Body of Christ. I want to link with the community, and I want to know what those resources are, but my energy is saying, "Lord, help me open the doors to the blindness in the Body of Christ with this issue." So I get angry enough to continue, and I get energized enough to continue to hold up the torch."

Participants reflected on their experiences of facilitating and watching the

transformation process in their clients. The passion and excitement they reported related

to other aspects of working with IPV was evident in their reports concerning the

transformation process.

P02: Working with IPV—it's worth it when you get a woman who comes out. It's like the sunshine hits her face and she says, "Oh, there *is* life after this!" It just makes it all worth it.

P03: One motivator in doing this work is simply watching women change. Getting a front row seat to watch what God is doing. Getting to see a realization that it doesn't have to be hopelessness and depression; they don't have to stay stuck. And the ripple effects—watching as they get healed, catch the vision, and catch the ability to use their voices—it's the good news of the Gospel of freedom and wholeness that begins to ripple out to people.

P06: Every now and then I get to see the difference God's love and truth make in their lives. There's nothing like it this side of Heaven, to see a life transformed! And to see a Christian *believer* whose life is transformed! It's one thing to accept Christ and to trust him with salvation; it's a whole other thing to trust him with pain and woundedness. When I can see a victim begin to trust the Lord and his people—those who are safe—to help them get well, the transformation is phenomenal. It's just phenomenal! It's like looking at a different human being. Oh, God—I get chills just saying it!

Having a calling emerged as a category following second round data analysis and negative case analysis. This category reflected therapists' beliefs that the work they do with conservative Christian women in IPV is vocational as well as professional. The calling they experienced was based in their personal spiritual experiences and beliefs, and it originated with God. It provided a basis for additional motivating factors in the work they do. Properties included in *having a calling* were defined as *experiencing God* and *experiencing transformation*.

Therapist Self

First round interview data resulted in the conceptualization of the category *therapist self-awareness*. Second round interview data and negative case analysis contributed to renaming the category to more accurately reflect the whole person of the therapist. *Therapist self* was defined as reflecting the person of the therapist and her self-

awareness as she works with conservative Christian women experiencing IPV. Properties included in this category were *spirituality, personal abuse history, impact of women's stories, impact of religious system, impact of secular system, experiencing emotions,* and *understanding needs*. Properties contained within *therapist self* interacted with all other conceptual categories.

Spirituality

The property *spirituality* was defined as the spiritual beliefs and constructs held by participants, including theological teaching and personal spiritual experiences in relationship with God. This property was strongly related to the category *having a calling*, as it was the participants' spiritual experiences and theological constructs that were foundational in experiencing the calling to work with conservative Christian women in IPV. *Spirituality* also informs how they work with their clients and was closely associated with the category *treating the women*. As participants talked about *having a calling* as it related to their *spirituality*, a dimension emerged that gave depth to the property of *spirituality*. Because of their spiritual experiences with and understandings of a God who hates injustice, intimate partner violence is understood as incongruent with a Christian spirituality. As participants work to promote justice and to facilitate change in both their clients' lives and within the religious systems that impact the women, they experience *congruence* in themselves. *Incongruence* within themselves would be the result of not functioning in the calling they received as a result of *experiencing God*. The diagram below illustrates this dimension of *spirituality*.

> P04: In addition to my clinical work, which is more about the person, I think there is a bigger picture. We develop an expertise on that and we can speak about it. I

have been speaking about it, but even now I feel stronger—I have a stronger voice, I've written a book, I have more authority to say something and more confidence that I will be heard and should be heard. As a younger Christian woman I didn't know how to deal with it, and now I feel more right to say something about the oppression of women in the Church. It feels very affirming to fight against the injustice of intimate partner violence.

P06: What motivates me is that these women would really know the depths of God's love for them. And I have a high need for justice. So part of justice for me is if we're not going to hold the batterer accountable in our culture, maybe the justice needs to look like the victim getting well.

Personal Abuse History

Personal abuse history was defined as participants having experienced intimate partner violence directly from an intimate partner and/or within their family systems. Extant literature suggests that counselors who work in the areas of sexual abuse, domestic violence, and other type of trauma work, may do so because they have survived related trauma and seek to help others in similar situations (Baird & Jenkins, 2003).

First round interview data contained some elements of personal abuse histories disclosed by participants. Second round interview data supported and augmented first round interview data related to participants' abuse histories and how their background informs the work they do in IPV. Participants discussed the direct and indirect impact they experienced as a result of their personal relationship histories and IPV. All but one participant disclosed direct experience with IPV in relationship with an intimate partner, or having been part of a family system where IPV occurred. One participant disclosed her awareness the impact of her husband's exposure to IPV in his childhood home had on his relationship with her.

P06: I grew up in a family where my father was very emotionally abusive, and certainly spiritually neglectful. He would border on physical abuse. I think he physically abused my mom—never in front of me, but he was very covert. There has been a continual family pattern in my family of women choosing abusive men; now it's down to my nieces.

P05: My husband was raised in an abusive home, and I think the older we've gotten the better he and I have been able to process and deal with the fall out of that. It has strengthened my resolve to be involved with IPV because I've lived with damage done.

First and second round interview data revealed participants' personal abuse histories. Participants disclosed how their work with conservative Christian women in IPV may be influenced in part because of their own histories, however none of the participants disclosed specializing in the area of IPV primarily as a result of personal abuse histories.

Impact of Women's Stories

The property identified as *impact of women's stories* was related to the therapist's awareness of how she is impacted by hearing the stories of conservative Christian women in IPV. Participants disclosed experiences of secondary trauma in first round interviews. They further expounded on their experiences in second round interviews as they discussed how listening to the stories of their clients has impacted them.

Secondary trauma is also known as vicarious trauma (VT), McCann & Pearlman (1990), and it has been found to occur for therapists who are repeatedly exposed to the emotionally shocking stories of their clients (Iliffe & Steed, 2000). Participants reflected on a number of ways they were impacted, identifying emotional, psychological, physical, and spiritual responses. Participants reiterated reports from first round interview data related to levels of vicarious or secondary trauma experienced. Reported experiences

reflect the literature related to the impact of exposure to trauma stories on the clinicians

who work with the survivors.

> P01: I have experienced secondary trauma, especially with some of the horrific IPV. I had a woman who was literally tied to a tree and beaten; can't get that one out of my head.
>
> P02: When someone sits down with me who's coming out of it or looking for a way out, it has a tendency to remind me of things I've been through. Although I've done an awful lot of work around that stuff and feel like I've come out of it, sometimes it will impact me.
>
> P04: I just heard someone's story yesterday and had a hard time sleeping last night. You take it in and start having dreams about your clients' stories; the trauma affects you. Even after doing it for twenty-five years, I have a little tougher skin, but I still get touched by stories I can't wash away so easily.
>
> P06: I cannot sit too long and listen to the violence. It's amazing that I'm in this work because my threshold for pain is pretty low. It's not with every victim, but if there is a lot of violence in the stories and if I let that go on, there could be a physical response. For example, violent movies make me nauseous on my stomach—I just don't have the tolerance for it.

The literature (Cunningham, 2003) indicates that for some clinicians who work

with a high percentage of clients who have experienced trauma, alterations in cognitive

schemas (Bowlby, 1969) can occur. These schemas inform the way individuals go about

making sense of events or organizing information in order to function. One participant

described such a phenomenon as one way her clients' stories have impacted her.

> P05: There are times when I'll walk around my neighborhood or sit in church and I'll start wondering about what I see with everyone smiling, everyone will wave, and I know what I'm seeing isn't true anymore; we all look so good, but everything's not good. I think it's like coming out of the surreal and seeing what's real.

Second round interviews augmented first round interview data related the impact

of IPV stories on participants, as further reflected on how their clients' stories of abuse

impacted them. They described experiencing nightmares and troubling thoughts, and

noted changes in how they assessed the world around them. Reports reiterated the level

of awareness participants had related to the impact of their clients' stories.

Impact of Religious System

Second round interview data and negative case analysis resulted in the emergence

of the property identified as *impact of religious system*. It was defined as the effects

participants recognize experiencing as a result of encountering the religious system as

they work with conservative Christian women in IPV. Effects may be related to their

direct encounters with the system or to their clients' experiences of the system as they are

reported to the therapists. First round interview data revealed therapists' awareness of

how their experiences within Christian religious systems personally impacted them;

second round interview data further described participants' self-awareness.

> P01: I think the number one thing that comes up for me, and maybe I just
> seem to get in the line of fire on this, has to do with how we treat women in
> the Church who are in abusive marriages that aren't physically abusive. The
> intolerance of divorce is so sickening to me. I mean, grace is out of the
> question. I get *so* mad about that!

> P05: In my home church I said something recently to our assistant minister
> That it had been a while since we talked about intimate partner violence in
> church. We were just getting happy marriage sermons, and I wondered could I
> speak to the pastors and elders again. That got shut down pretty darned quick.
> It was like they didn't think they needed that and I was told, "Well, the elders
> are men; not sure you'd be able to speak to them." I was mad!

She also indicated that while her patience had increased with the women she

worked with who experienced IPV, her patience with the Church had lessened.

> P05: My frustration fuse is a little shorter. If I hear of a pastor who has told
> a woman to go home and pray, or whatever, I have less patience on that end.

Reflecting on her motivation to work toward prevention of IPV within the Church by speaking out against the oppression of women, one participant disclosed how some behaviors within her church concerned her.

> P04: In my own church women are now allowed to take the offering. I'm not sure they're allowed to in the conservative service, but in the contemporary service they are. This church is my family. I've been there thirty years and I am not going to leave over this issue. They're not oppressive about it, but they're not progressive about it. They're just traditional and haven't really thought about it enough, and that bothers me.

Data from first and second round interviews suggested that participants were highly aware of how they were impacted by the Christian religious systems they and their clients encountered. Data suggested the impact on participant emotions was strong regarding situations and responses they experienced within religious systems.

Impact of Secular System

Impact described by participants related to the secular systems they encounter seemed to be to a lesser degree than the impact experienced as a result of engaging with religious systems. Impact was noticed primarily within the areas of participant perspectives and emotions regarding the secular system and how participants considered the work they do in IPV directly being affected by the secular system.

One participant talked about the frustration she felt when encountering perceived bias on the part of a local women's crisis center as she sought to collaborate on providing services to women.

> P01: The individual was really blunt with me saying that I had no business seeing any of the women they deal with. She expressed some anger that I would even suggest I could see people. She did back down a little bit as I spent more time talking with her and she advised me to come to their training and then she'd consider it. I think there's some reasonableness to

her bias and yet it was really frustrating.

The same participant expressed outrage when describing her experiences helping

a client and encountering the inequities in the secular system related to her victimized

client and her abusing spouse.

> P01: This guy has free housing. He has more food stamps all by himself than his wife and three children get. He doesn't have to pay child support. On and on it goes. Free education—he is a full time college student. She is still trying just to recover, and you wonder if she ever will. It's pretty upsetting.

Another participant expressed minimal encounters with the secular system, and

that she understood the biases that she experienced.

> P04: I've encountered two experiences, one of surprise like, "Wow, didn't know you cared," and the other more of a resistance like, "Oh, you don't know what you're talking about." But it's okay—I think I can understand both places. I just haven't had time or easy opportunity to pursue talking with them, but it's on my mind to do.

Participant 05 expressed positive impact regarding her experiences within the secular

system.

> P05: The secular community has been very helpful with resources; I think they wonder sometimes who I might be, but they are helpful and open.

Another participant expressed how she became frustrated in her encounters with

the secular system around the work of IPV.

> P06: Frankly, the times I have sat in on committee meetings of the secular domestic violence community, I have just gotten really frustrated with the politics; a lot of talk and not a lot of do. At some point I've had to pull out because I have to guard my time.

First and second round data suggested that while participants recognized

deficiencies within the secular system, they experienced less impact to themselves from

the secular system than from the religious system.

Experiencing Emotions

The property identified as *experiencing emotions* was related to the awareness that participants had of the emotions they experience as they work with intimate partner violence. In both first and second round interviews participants expressed the varied emotions they experienced when working with conservative Christian women in IPV, and with the systems that surround them. Data from both first and second round interviews revealed some of the challenges participants encountered when managing their emotions for the sake of a therapeutic or positive outcome. Emotions reported by participants lacked much variance in strength; they ran high whether emotions evoked were pleasant or unpleasant.

Iliffe & Steed (2000) found that clinicians who worked with victims of IPV often experienced a loss of confidence in working with the population. From a clinical standpoint they felt ineffective, inadequate, and powerless. One participant disclosed similar experiences in her practice with conservative Christian women who experience IPV.

> P01: I have felt utterly powerless at times, both feeling inept to help the woman to get safe, and in how the problem just seems to go on and on.

Second round interview data added to first round interview data related to participants emotional experiences as they worked with conservative Christian women in IPV. While the property of *experiencing emotions* best fit within the category of *therapist self* as emotions reside within the person of the therapist, participants reported *experiencing emotions* in every aspect of their work concerning the issue of IPV.

Understanding Needs

The property conceptualized as *understanding needs* addresses the basis from

which participants attend to caring for themselves. Determining how to care for

themselves as they work with intimate partner violence was based on their understanding

of personal responses that informed them of their needs. First and second round

interview data revealed therapists' awareness of individual needs. Such responses were

varied and included consideration of how they were impacted by their clients' stories,

their experiences with Christian faith communities, and the emotions evoked for them in

their work with IPV.

> P01: I think where I am spiritually I find that I can keep from getting too angry
> and negative about the Church in general if I keep it at arms length. I am not
> well-suited at this time for a stronger role, and it's partly because I know I will
> take a lot of flack.

> P02: The impact of the stories will get to me at times, and then I usually go find
> somebody to talk to. If it gets to be too much then I just have to take a break.
> Most of the time I am really good about sharing information with the client and
> asking her what she wants to do with it. Where you can get into trouble is when
> you start taking their problems on, feeling like you can fix them. That's where I
> need to back off and say that isn't my place.

One participant reflected on the likelihood of counselors encountering the issue of

IPV in their practices and the need for self care. Her input was congruent with national

statistics reported by the United States Department of Justice (2005) that suggested one in

four women in the United States would experience IPV at some point in her lifetime.

Participants in another study regarding counselor experiences working with domestic

violence (Iliffe & Steed, 2000) expressed the need to be intentional about self care in

order to continue their work with domestic violence victims. This supported her thoughts

on the need for solid self care.

> P03: I feel compassion fatigue right now. I just think anybody who has a
> practice is going to get a hefty amount of women of all ages who have been
> or who are in abusive situations. It just goes with the territory and you have
> to do healthy self-care. Sometimes I've been better at it than others; I am
> trying to do more self-care, and asking the Lord how to understand a bit more,
> "How do I get recharged and refueled to have the compassion of Christ?" It
> just astounds me when I realize how many stories in the Gospels are Jesus
> dealing with abused women, and if I don't understand how he did it and the
> power he had, it's just going to be me trying to use my own strength and
> energy, and I can't do it. I don't know how secular counselors do this.

Another participant addressed her awareness of the need to care for herself in a

holistic fashion, attending to each part of herself.

> P04: You just have to sit down sometimes to pour out the steam, and also
> make sure you recharge the battery emotionally, spiritually, and physically.

The design of her work environment was important to one participant in assuring

particular needs were met. In this case her need for a sense of safety as she worked with

IPV victims was evident.

> P05: I have an office door that automatically locks, I sit so I face my office
> door, and I know my janitors at my church. I know that's a definite impact;
> there's been a couple times that men have showed up unannounced. So I have
> to take steps to protect that way. There was one particular guy that had called
> & threatened on the phone. It was sort of wake up call that I need to be careful.
> It does not make me paranoid, I mean my number's in the phone book. If
> somebody wanted to find me, they could find me. But I just need to be wise
> with my office where I am.

> P06: I have a good awareness of what I need to do for myself. I can't watch
> violent movies. And I have a therapist I go to, so I make sure I keep doing my
> own work.

Participants demonstrated self awareness in all the properties related to the

category *therapist self*. Their reports of the effects experienced are supported by some

extant literature related to the impact of trauma on clinicians who provide counseling care to survivors.

Treating the Women

Treating the women was defined as providing clinical counseling services to conservative Christian women experiencing IPV. Clinical counseling services included providing a safe environment in which women could tell their stories to therapists who understand IPV and the Christian faith, without fear of judgment. Providing clinical counseling services also involved assisting the women in understanding the psychological, emotional, and spiritual impact of intimate partner violence, in order to facilitate healing. Properties related to this category were *respecting, supporting, educating, challenging perspectives,* and *empowering*.

Respecting

First round interview data revealed participants' perceptions of the need and benefit in building trust with conservative Christian women through extending respect and empathic support to them as they work with the issue of IPV. *Respecting* was defined as considering individual client situations, honoring each woman's process and her resulting decisions, without participants imposing their own beliefs on their clients. A study conducted by Kurri & Wahlstrom (2001) suggested the moral dilemma that therapists sometimes face in respecting abused women's choices to remain in their intimate relationships, while informing them of the inappropriateness and injustice of IPV. Data from first and second round interviews supported a similar perspective, with participants indicating their high regard for their clients and the necessity of extending

respect to them in their individual situations, even when it means honoring a woman's decision to remain in an abusive relationship.

One participant described the balance she has to maintain in her approach with her clients while respecting them in their individual circumstances, and how her approach with conservative Christian women in IPV has evolved.

> P03: [Now] I tend to be a little more directive, more blunt. At the same time I have a lot of respect for them [the women] because they endure—they survive. And I never want to lose that respect.

Another participant illustrated her respect for individual women's choices to remain victims of IPV without enabling them to remain victims.

> P06: When I am around some who have been victimized—domestic violence advocates—I can't be around them very long because a lot of them are still victims. A lot of them are still in a victim mentality and think we ought to drop everything every time to help a victim. I don't think so. At some point we have got to let that victim choose to be a victim instead of enabling them to be a victim.

Supporting

Another property that was further substantiated concerning *treating the women* was *supporting*. *Supporting* was defined as providing empathic assistance to conservative Christian women in IPV. First round interview data revealed a variety of ways in which participants supported their clients as they sought help for dealing with intimate partner violence. Second round interview data supported and expanded illustrations as to how participants support conservative Christian women experiencing IPV.

One participant talked about how her relationship with her clients resulted in providing support even when the women make choices in abusive relationships that she

would disagree with and advise against. The properties *respecting* and *supporting* are

evident in her description.

> P01: I have a woman who has a couple of calls into me right now; she was brutally abused as a child and then abused in marriage. She considers me her lifeline—the only person in the world that cares. But does she take my advice? No. I could just *scream* sometimes because she's homeless, she's in poverty. She's in her 50s, having gone through hell, swearing she'll never do that again and she keeps doing it. Most recently she went to Montana though I said it wasn't a good idea because it was with abusive family. Once there she was calling in crisis; I helped get her to a shelter.

Participants also identified providing support in *treating the women* through being

available to talk with the women's pastors if needed.

> P02: I always make sure that if they [the women] need any kind of support with their pastor that I'm there; the pastor can call me and talk to me. Or I give them written information that they can take back to their pastor or whoever they're concerned about.

> P04: If her pastor has been resistant to the kind of support and help that she needs, I will be available to talk about that with him, and why and how we can work together as a church to help her. They may say to me, "I've gone to my pastor already and he's not supportive," and I can say to them, "Do you think it would be helpful if I talk with him?" I will also be supportive if I know her pastor and I know that she could get more support, I'll just initiate and say, "I think it'd be helpful if I could talk with your pastor. Would that be all right with you?"

For one participant, one way of *supporting* was using her countertransference to

validate her clients' experiences.

> P06: I end up using my discomfort—and I check it; I don't always check it accurately, but I end up having to interrupt and stop her, and just check in to see where she's at. And based on her response, I use some of my own emotion to validate what she's experiencing, because it's usually very similar.

Participants in a study conducted by Iliffe & Steed (2000) reported that in

addition to therapy they found themselves providing domestic violence victims wit

referral information for community resources. Participants in this study also discussed

ways they supported the women in treatment, providing resource information for

additional support outside of the therapeutic relationship. Resources were identified

within Christian and non-Christian communities.

> P02: If there are doctors they need to go to, or different programs, I try to find the ones within the Church. But a lot of times, at least here, I find less resistance going to the secular world from the conservative Christians than I do from the Charismatic Christians. Most of the conservative people don't have a problem going to a doctor who isn't a Christian or some kind of program for anger management, or something like that.

> P03: I continually refer my clients to recovery groups offered at local churches in my community.

First round interview data revealed ways in which participants educated

conservative Christian women in the areas of IPV, theological doctrine, and boundary

setting in establishing relationships. Second round interview data further supported the

property *educating*, with participants discussing *educating* as it connected with other

categories and properties. Discussion regarding connectedness of categories and

properties follows at the end of the discussion of individual categories, properties, and

dimensions. One participant, however, reiterated how she educates clients regarding

intimate partner violence and spiritual issues.

> P02: She's got a lot of questions about the whole authority issue and submission, and all of that. So there's an educational process I have to go through with all the women.

Challenging Perspectives

The property identified as *challenging perspectives* was defined as encouraging

the women to examine, question, and to think critically regarding their beliefs about

themselves, God, religious teaching, and relationships. First round interview data

revealed how participants challenge the perspectives of their clients in the course of

providing counseling. Second round interview data expounded upon ways in which

participants challenged their clients to consider the perspectives and beliefs they have

held which have impacted their decisions to stay in abusive relationships.

> P03: I love to get down into their deeper root stuff to get their focus off the situation or person that either has in the past or currently abused them, and into looking at both their own sin and their own woundedness. Because I watch things change—I see results.

> P06: Pretty much what starts after we initially work on safety is a process of looking in the mirror. I hold up the truth, 'You didn't cause his violence. You don't cause his behavior; you're not responsible for it. But at some point you saw it and chose to ignore it, and that's what we need to look at, along with what keeps you in it.' And so I go there once we have established what I think is a pretty good relationship.

Empowering

First round interview data revealed ways in which participants assisted their

clients in the process of healing from their experiences with IPV. *Empowering* was

defined as assisting clients in developing self-awareness and self-efficacy through

exploration of their beliefs about themselves, God, IPV, and healthy and unhealthy

relationships, and taking responsibility for their individual healing journeys. Participants

empowered their clients through validating their experiences, helping them to examine

their beliefs, and assisting them in learning to assert themselves and to set healthy

boundaries in relationships. Second round interview data further supported the property

of *empowering*.

> P03: One of the biggest things I see result from challenging them to look at

their own woundedness is that they stop being in a victim place. They take ownership for what they need to work on in terms of the effects of what the abuse has done.

Another participant discussed her concern that the work of empowerment involves helping women to confront their own deep issues of woundedness in addition to providing them with information.

> P05: I want the group process to be healing—to address issues like what being treated abusively has done to them, how they think of themselves, what they were so desperate for that they would tolerate that kind of treatment. Information on power and control can help a woman determine what is going on, but it doesn't help her understand how she got there, how the abuse changed her, and what she needs to do now.

Participants discussed their commitment to *empowering* their clients as part of treatment. All participants expressed *empowering* as a critical element in building a woman's sense of self-efficacy, and in reducing the likelihood of perpetuating patterns of abuse.

Encountering Systems

Data from second round interviews supported first round interview data related to participants' experiences, perceptions, and emotions when encountering religious communities and some secular systems when working with conservative Christian women in IPV. The category *encountering systems* related to participants' experiences and perceptions when they engage with the religious and secular systems that surround their clients and themselves. Two subcategories were contained within *encountering systems* that were identified as *religious community* and *secular community.* Properties identified within *religious community* were *respecting, collaborating, educating,* and *advocating.* Properties identified within *secular community* included *respecting,*

collaborating, and *educating*. *Respecting* referred to how participants regarded both religious and secular systems based on personal knowledge and understanding of each system. *Collaborating* was defined as working together to help conservative Christian women experiencing IPV. *Educating* referred to the informing and teaching participants did within each system to increase awareness and understanding regarding the needs of conservative Christian women who experience IPV. *Advocating* was defined as speaking up for the needs of conservative Christian women who experience IPV.

Participants reported mixed experiences when encountering both religious and secular communities. Individual responses related to each system are discussed below.

Religious Community

The subcategory *religious community* was conceptualized as conservative Christian faith communities and the individual people who make up their memberships. Participants described varied experiences encountering conservative Christian faith communities as they worked to provide help to conservative Christian women experiencing IPV.

Respecting

Participants illustrated how they respected religious communities and the people within them. *Respecting* referred to how participants regarded the *religious community* based on their personal knowledge and understanding of the system. Such understanding and knowledge came from an emic, or inside perspective, given that participants had either been or were, at the time of this study, involved in a conservative Christian faith community.

One participant discussed her experience of being interviewed by a local pastor who was seeking to build a referral base for his congregation. Her description of the encounter illustrates how both the system and a leader within it were regarded with respect.

> P03: My associate and I met one of the local pastors who is from a very conservative end, and he came and interviewed us to see if we pass muster theologically, because he really is looking for good referral sources. We just really applauded him for doing his homework. I said, "You *need* to interview us." We apparently passed muster; we haven't gotten any referrals but he had somebody in mind to refer.

Another participant demonstrated *respecting* as she described encountering clergy regarding the subject of IPV and whether or not separation and/or divorce were justified in cases of abuse.

> P02: A lot of times when talking to a pastor that doesn't believe outside of adultery there are grounds for getting out of the marriage, you can't just stand there and say, "You don't send them back into a physically abusive situation." They just don't get that, or they're conflicted about it themselves. They don't want to err; they don't want to cross Scripture, and so they don't err on that side. Most of the pastors say they will never counsel anybody to get divorced.

Similar attitudes were reported in a study conducted regarding clergy responses to IPV (Levitt & Ware, 2006).

Educating

Second round interview data supported first round interview data related to participants' attitudes about and roles in *educating* the *religious community*. Participants further described their perceptions about education regarding the issue of IPV. They also provided more illustrations as to how they educated the *religious community*.

One participant discussed what she found to be the most common topics she addressed when encountering the *religious community* concerning IPV. Her disclosure reiterated her descriptions in first round interview data.

> P02: It's mostly education; you just have to really educate the conservative religious community. It usually revolves around the whole idea of whether a woman has to stay or if she can go, what constitutes grounds for divorce, what is abuse, what are the scriptural dynamics of abuse, and what God says about all of that.

Another participant described a situation in which the property *educating* was evident when encountering the *religious community* on behalf of conservative Christian women experiencing intimate partner violence. While she spoke primarily of how she found herself *educating* the local Christian community, elements of collaboration were evident in her description.

> P04: We're starting a home for abused women in our area. One of the churches has taken it under their wing to do, so we did the training with the church last weekend about what is domestic violence, what is the Church's response, how can we look at this biblically, how can we understand the sin of injustice, and how Jesus calls us to speak out against it. I feel like it's not just about the one-on-one counseling—it's about how are we going to make a *difference* in future people—hopefully the Church will be able to minister to them because it's not just the counseling.

Participants recognized that while education regarding IPV within the Christian community is critical to assist conservative Christian women, it is not always perceived as important or necessary by those within the *religious community*. One participant shared an incident that reflected this understanding.

> P06: I was working with a parishioner from a local church. I asked for a meeting with a couple of people on the pastoral counseling staff and asked for a community agency person to go with me so we could let them know about available resources because it's a very big church and they were going to have

more cases. They did not automatically believe the victim. There was still the mindset, "What did she do to set him off?" We also offered training to them and anyone having contact with parishioners—small group leaders, elders, that kind of thing. They weren't interested.

Collaborating

Second round interview data revealed further ways in which participants supported and engaged in efforts to collaborate with the *religious system* on behalf of conservative Christian women.

Knowing and referring to local available resources within the Christian community was noted as one way of *collaborating* with the *religious system*.

> P02: I am somebody who receives clients from local churches, but I am also continually referring my clients to recovery groups sponsored by local churches and ministries.

One participant reiterated the frustration she reported in first round interviews concerning her encounters with the *religious community* when attempting to provide education order to help conservative Christian women experiencing IPV. However, she discussed the changes she had seen within one faith community since the first interview, and her appreciation of the progress.

> P06: A year and a half ago I was working with a church that had a parishioner who was a victim of IPV, and they knew enough to know they couldn't help her. They referred her to me. Fast forward to three weeks ago; I got a call from the same church. They have a parishioner being victimized and the pastor talked with her and said, "I need you to come & see me tomorrow so I can get you the help you need." So he worked her in—I was *so* touched. Then he told his assistant to call me to see if I could see her that evening. I saw her that evening. So what I *love* about the contrast is apparently a year and a half ago, even though they didn't want the training, they learned enough to know they were not capable of doing the counseling. And to me that's strength; I was very, very pleased.

Participants talked about being receptive to opportunities to collaborate with religious communities to educate them and to advocate for conservative Christian women experiencing IPV. They also indicated that while they make themselves available, most have not had positive responses when they have initiated this type of relationship with religious communities, although their responses indicated the respect that they extend within the culture.

Advocating

Data from second round interviews and negative case analysis further supported the property *advocating* within the subcategory of *religious system*. Participants reiterated their commitment to speaking up for conservative Christian women who experience IPV, and gave specific examples as to how they advocated for the women. They also described the strong thoughts and emotions that accompanied this aspect of *encountering systems*.

One participant reported being appalled in some of her encounters with the religious community when trying to help conservative Christian women experiencing IPV. The strong emotion she expressed was related to encountering another mental health professional within the *religious community* who did not share her perspective of IPV. She illustrated how she advocated for the IPV victim.

> P01: There was a woman in my church who was abused and there had been a separation. There was work on getting them back together; they were seeing a psychologist who also attends my church. I have known him and his wife for years. The couple was somewhat reconciled and then one day the husband got angry and raised his hand in a gesture as if coming her way. She was terrified and wanted a divorce. The thing that appalled me is that it's enough when a wheat farmer doesn't get it; when a psychologist doesn't get it, you just want to scream! She'd given the psychologist permission to call and talk to me and he

said, "He hasn't hit her in five years! When is she going to get over it?"' I was so shocked! I tried to explain to him about the triggers and the threat. Then I said to him, "The Church is the only place in our culture we allow and even push for an abuser to stay 24/7 with a victim. *That's* what doesn't make sense to me. It makes *perfect* sense to me that she wants out of the marriage"

The same participant went on to further describe how she advocated for women. She clarified that she advocated when the opportunity was presented, but she did not maintain a high profile within the *religious system*.

P01: I keep kind of a back row seat for the most part, and so I'm not doing anything on a formal basis, but I try to be educational. Frankly, it's giving a voice for the women being wounded, however I can do that. And *so* common, I mean, we all hear, "I just don't get why she doesn't leave him." "Well, to me you have just handed me a ticket to talk now about that-- now you're going to hear!" So, I'm not trying to do anything else.

Another participant talked about how her commitment to education and advocacy within Christianity resulted in a number of ways she engaged with the *religious community*. Responses to her attempts were mixed.

P04: If I have opportunity to do education and training, I will. So then I get email from people individually and I will support them and give them resources if they need them. I have personally advocated for a client with her pastor to try to educate him one-on-one. I do what I can to do that; I've had some really good responses and some really bad responses to that.

Participant 02 described how she advocated with pastors who may be conflicted about the issue of IPV and whether or not an abused woman has biblical justification to leave a marriage. She provided written resource information she found helpful and that contributed to her own understanding of the issue of separation and divorce in the case of IPV. She expressed her perceptions that rigid dogma has created challenges for the religious system concerning Christian women who experience IPV.

P02: For them [pastors] the only thing I can do is give them the information

I found that changed my mind and set me free to be able to say to women, 'You don't have to stay in this kind of situation.' It's like the Church has made marriage an idol and so you run into that stronghold. Every other sin is forgivable but the sin of divorce.

The hidden nature of IPV within the Church was addressed by one participant. She expressed her view regarding the need for exposure of abuse within the *religious community*, and a desire that every faith community would be open to exposing intimate partner violence and providing education regarding the issue.

P03: I really, really believe that abuse is still not talked about and identified very well in churches. I tend to just deal more with what comes to me, rather than being proactive to go out. One of the local churches put on a workshop on intimate partner violence for the women in the church. My client disclosed this was a helpful seminar. I wish *every* church would provide this kind of educational seminar on IPV so that it is more understood and out of the closet.

Another participant acknowledged that while encountering the *religious community* does not happen often, she does look for opportunities to respectfully educate, advocate, and collaborate with these systems. She also expressed the ambivalence she felt encountering her own religious community when attempting to help conservative Christian women experiencing IPV.

P05: Whenever I get an opportunity I will go speak for a church or for Stephen Ministries, or for elders or pastors. That does not happen very often, and it's usually a very uncomfortable experience. There aren't many avenues for it, but I *look* for them. With my own church, there's support there and yet there's not. We give money & we do some things, which is wonderful. On the other hand we don't really, really want to deal with it all.

All of the participants reported commitment to raising awareness of IPV within Christian faith communities. Their respect for the religious system was noted from an emic perspective, not necessarily from a place of agreement with how the system functioned. Participants reported they were willing to educate and collaborate with the

religious community for the benefit of their clients, and to address the injustice of IPV and its incongruence with Christian spirituality. They also described how they advocated for their clients, adding to first round interview data. Specific determinants regarding their decisions to engage with the religious system were not disclosed, and required further exploration.

Secular Community

Analysis of first round interview data revealed a lack of information related to participants' engagement with the secular system as they worked with conservative Christian women in IPV. Therefore, second round interviews contained a question related to participants' encounters with the secular system in their work with conservative Christian women and IPV. Re-conceptualization of the data structure resulted in the category *encountering systems*, out of which the subcategory *secular community* emerged.

Secular community was conceptualized as the non-religious or non-faith based systems that address the issue of intimate partner violence. As in the subcategory *religious community*, properties identified within this subcategory were *respecting, collaborating, educating,* and *advocating*. Definitions of these properties remained the same.

Participants described mixed experiences and perspectives when encountering the *secular community* when helping conservative Christian women experiencing intimate partner violence.

One participant expressed her ambivalence regarding the secular system and gave

examples of experiences that formed her perceptions.

> P01: Encountering the secular community seems like it's a mixed bag. I think there are some people that are pretty sharp and get it really well. However, I find the community atrociously inept, overall.

She described some of the anger she felt with a secular system that made it

difficult for women with children when they sought shelter for themselves and their

families.

> P01: Women experiencing IPV might get into shelter, but if they have a twelve year old boy who's been sexually abused, probably not. Or the woman will but the boy will have to be somewhere else because he might be an offender. Once boys reach a certain age they don't want them with women and children. I think about a couple of boys who were in this dilemma, and I sure didn't want them down at the Gospel Mission being with the drunks. What are you going to do? These are scared little boys and that is appalling to me.

The same participant illustrated further inadequacies of the system, and the

irritation she experienced with some practices of the *secular community* regarding

transitional, safe shelter for the women.

> P01: There are some shelters where if there is any chance that somebody may come hunting a woman and he is a violent person, she can't be there. I wonder why we have shelters, then. In terms of the community addressing—seriously addressing this stuff, it's not happening.

While this participant described her experiences within the *secular community* as

no more favorable than those within the *religious community*, she found people within the

secular community to be more compassionate that those within the religious system.

> P01: I'm more apt to find people with a heart in the secular world, with less judgment around intimate partner violence. The worst place to try to get sympathy in my point of view is the evangelical, fundamentalist churches within our culture.

Participant 06 described her irritation with the political structure that seemed to govern the *secular community*, and which hindered her ability to easily refer clients for help. She expressed how it had impacted her decision to be involved in the *secular community* regarding IPV.

> P06: Frankly, the times I've sat in on committee meetings of the secular domestic violence community, I have just gotten really frustrated with the politics—a lot of talk, not a lot of action, and at some point I have to pull out because I have to guard my time. I don't really care how they set it up organizationally; I just want something set up and to know how it's done for easy referral for my clients. Right now it's not easy to do.

Other participants described *respecting* and *collaborating* in how they considered encountering the *secular community* in helping conservative Christian women experiencing IPV. They recognized positive aspects to accessing available resources within the *secular community*. They expressed understanding that the *secular community* and faith did not need to be seen at odds with one another when dealing with IPV, and indicated some determinants they consider when choosing to engage the secular system.

Respecting

Participants disclosed ways in which they respected the *secular community* and those who work within this community to provide services to victims of IPV. While their experiences were mixed when encountering the *secular community*, most participants indicated *respecting* the system even when they struggled with challenges faced by their clients and other victims of IPV when attempting to access resources.

> P03: One thing I've really appreciated is we have something called a Crime Victims Program. I've worked with a client over the past six months who was raped and we went through the Crime Victims Program. She had PTSD but her story wasn't clear enough so they turned her down in terms of being able to help. It was very, very frustrating because I totally believe her story.

On the other hand, I am very, very happy that agency exists.

Another participant spoke in terms of encountering the *secular community* as a weak area in her work with conservative Christian women experiencing IPV. She also described *respecting* as it related to understanding the mixed experiences she had.

> P04: That's probably been my weakest area, coordinating with the secular community. I've encountered two experiences: one is surprise that a conservative Christian is involved at all, because usually their experience is that conservative Christians somehow think marriage is a sacred cow and you don't interfere in that at all, for any reason. So, it can be a pleasant surprise, and so that's good. The other experience is maybe more of a resistance due to what its viewed as a lack of credibility. It's like, "You don't know what you're talking about." I think I can understand both places.

A similar experience was reported by Participant 05 when she described uncertainty regarding how the *secular community* might experience her as a Christian woman working with victims of IPV. However, she expressed her respect for those with whom she worked within the *secular community*.

> P05: Encountering the secular community regarding the issue of intimate partner violence has been very helpful—lots of resources. I think they wonder at times who I might be; I'm not sure what category they've got me in. But they're helpful and open.

An appreciation for the work people in the *secular community* do to help IPV victims was expressed by one participant. She recognized the effort made, often with a lack of resources.

> P06: They are overworked, and they do not have enough resources to meet the demand. There is not enough help so the women are put on a wait list. Well, a victim of IPV on a wait list?! I understand they don't have any other options either due to a lack of resources for victims. And I know they get frustrated and it's hard for them because they are very caring individuals in two government agencies. I refer to both of them.

Collaborating

Participants identified ways in which they collaborated with the secular system, either directly or by referring clients to the *secular community* in order to receive support related to IPV. They also discussed what they observed regarding the potential for increased collaboration and the benefit to victims of IPV.

> P02: I look for people who operate on principles that are true. Principles that are true don't have to be acknowledged as Christian. I work with a supervisor who is not a Christian. I really don't have a lot of problems working with secular folks; there is a lot of scriptural truth in the theories that we all learned as counselors, so there isn't really that much difference between what we're talking about. As Christians we just have a different language. Everyone's in the place of wanting to help people.

Another participant reported her perspective related to encountering the secular system in a preventative, educational way and the need for collaboration for the purpose of abuse prevention and facilitating healthy realtionships.

> P03: Going into high schools and teaching healthy relationships is very exciting to me, because we just need to have everything about what healthy relationships look like, versus codependency and abuse. All of that needs to be taught at the high school level, and definitely at the college level. Should or could counselors like me be encouraged to come in and speak or teach? Absolutely. Should we be putting together a curriculum on trauma and abuse to teach them that? Absolutely. Not just in a counseling or psychology major—no.

Participant 04 addressed how she would like to build a collaborative relationship in her community with the local women's shelter. Constraints on her time prevented the pursuit of such a relationship.

> P04: I've long had the desire, although not the time or the opportunity, to go and talk with the local secular women's shelter in our community. I support them financially, so to go and say, "This is what the Bible says about intimate partner violence…," so that they can see that God has a lot to say about it. So when they're working with Christian women they don't have to seem like they're contradicting someone's faith, which it often feels like.

Another participant reported positive experiences when encountering the *secular community* in obtaining help for conservative Christian women in IPV. She described collaborative and respectful relationships within her community that also reflected providing education and advocacy for women. She discussed one way her community worked to raise awareness of IPV, and her perceptions of it.

> P05: In my area we have an annual resource fair where all the local non-profits come, set up their booths, and learn about other non-profits. The police are usually there, and there are classes offered. Last time they had one taught by a male officer on the topic of intimate partner violence. His willingness to stand up and talk about it—what he faces on his job related to it—it was just very open and they're dealing with it.

Participant 06 disclosed that some of what she could speak about encountering the *secular community* was based on hearsay, rather than upon her personal experiences, but that she could speak to some observations she had made related to the *secular community* and its treatment of IPV.

> P06: I have been told that the secular community believes the Church is part of the problem because they tell the woman to stay in the marriage, no matter what. The Church *does* do that. So, the secular community has not had a lot of respect for the faith community related to IPV, because they don't tend to believe the woman and they tend to blame her. And in fact, that's the truth. I am finding, at least in my county, there is more and more of a bridge being built between the faith community and the secular community in dealing with the issue of IPV. It's happening more in the African-American church.

She went on to describe how she saw change happening within her local *secular community* in terms of increased services to victims of IPV, and how the religious and secular communities were increasing collaboration.

P06: We certainly don't have enough beds for victims, but in my county this is changing. The county did a study on current resources for women who are victims of IPV, and found we are poorly under serving this population. Apparently there have been enough government officials who said we need to do something about it, so there is property that's been purchased and a shelter that is going to be built that will have 112 beds instead of just 39. They also want to do transitional services, and the faith community will be part of that, so I definitely see more collaboration.

Participants discussed ways in which they collaborated with the secular system regarding IPV. They also reported how they saw faith and secular communities broadening their collaborative efforts to benefit victims of IPV. Included in their disclosures were views of how stereotypes of Christianity and Christians on the part of the secular system impacted their experiences with the *secular community*.

Educating

Participants spoke about providing education to *the secular community* in attempts to counter stereotypes held about Christians by the *secular community*, as well as addressing IPV on a more holistic level. They also expressed perceived advantages for conservative Christian women if the *secular community* better understood Christian culture and could conceive that Christian spirituality did not support violence against women.

Participant 04 described how she perceived *educating* the *secular community* could benefit both the secular system and the conservative Christian women who might seek out resources within the *secular community*. She touched on the importance of cultural sensitivity and the advantage of understanding the language of the Christian culture within the secular system.

P04: What if they have a pastor's wife who comes to them thinking she has to go home because she's supposed to submit? For me to be able to say to them, 'You know, I think that you could find that what God says about IPV and what you're saying about it is the same thing. Even if you don't believe in God, there are people who come to you who do. If you know what God says about it, you can help them because you can support what you say by using a different language.' I hope they'd be open to that.

While participant 05 expressed overall positive experiences with the existing support structure in the *secular community*, she also expressed concern related to the treatment and education of abused women in the *secular community*. She saw the need for a more holistic approach in the treatment of IPV.

P05: I know I worry; I have this perception that sometimes in secular education the focus is all about the man and his part of the cycle. There is obvious good teaching about how to get out of that, but I am not sure and don't have enough experience to know if they work with the woman to address why she has danced with this man. I wonder sometimes when I have a woman come to group after she's been in a secular group and she'll say, "Well, all we did was talk about the man's part." This is good information and it can help a woman identify the abuse, but it doesn't help her understand how she got there or what she needs to do to get to the root so that the pattern isn't repeated.

She also discussed how she directed her clients in accessing and using resources from the *secular community*. She echoed the sentiments of another participant that faith does not necessitate isolation from secular resources.

P06: I tell my Christian clients, "These are government agencies that do not have the freedom to talk about Christ. But they know intimate partner violence and right now that is a priority for you. You already know Jesus." I am a real proponent of getting them the help, even though it may not be Christ-based.

Participants described mixed experiences when encountering the secular system in their work with IPV. While frustration with the system was expressed by several participants, all of them described respect for those within the *secular community* who worked for the benefit of the victims of IPV, and acknowledged the difficulty faced

trying to provide help to women with inadequate resources. They recognized compassion and caring within the secular system.

Additionally, participants reported sometimes feeling misunderstood or negatively stereotyped because of their Christian faith when encountering the secular system regarding IPV. They also understood how certain stereotypes were established and reported how they educated individuals in the secular system to broaden their perspectives regarding Christians and IPV.

Most participants recognized a need for secular community agencies that provide various services to victims of IPV, as such services are lacking within the *religious community*. They supported collaboration between secular and religious systems. Participants saw no conflict in conservative Christian women engaging with the *secular community* for the purposes of receiving the help they needed, and in fact encouraged their clients to avail themselves of the resources within the *secular community*. They supported *educating* the *secular community* regarding Christian culture in order to build cultural sensitivity and to increase the likelihood that conservative Christian women would experience more safety in seeking out services within the secular system.

Therapist Understanding

Following first round interviews the category *therapist understanding* emerged from the data. *Therapist understanding* was defined as the practical and experiential understandings participants have related to the issue of IPV, the dynamics of IPV, the impact of IPV, religious systems, conservative Christian women's concerns and beliefs, the women's needs in therapy, the women's feelings and perspectives, the challenges

conservative Christian women in IPV face, and the ethical concerns which may require

attention. Second round interviews and negative case analysis resulted in the re-

conceptualization of subcategories from two to three within *therapist understanding*.

These were *religious systems, IPV*, and *healing process*.

A thorough discussion of this category, along with supporting data, was provided

in Chapter IV. Evidence of how participants understand is integrated throughout the

data, and second round interview data that further supported *therapist understanding* was

also supportive of other categories and properties. It was not clear that any new data

from second round interviews was exclusively related to *therapist understanding*

however analysis of data from first and second round interviews substantiated interaction

between categories. Such interaction is discussed in a subsequent section of Chapter V.

Relationships Among Categories and Properties

Following second round interviews and the process of axial coding, relationships

within the data began to emerge. Relationships within the data provided an additional

layer of depth and a more complete understanding of Christian therapists experiences and

perspectives as they worked with conservative Christian women experiencing IPV.

Supporting data provided by participants was quoted earlier in separate discussions of

categories, subcategories, properties, and dimensions.

Having a Calling

The category *having a calling* was central to the work that participants do with

conservative Christian women who experience IPV. Because of the centrality of this

category, it interacted with all other conceptual categories, which were *treating the*

women, therapist self, therapist understanding, and *encountering systems*. While it was difficult to separate the influence of *having a calling* from any other conceptualized category, the strongest interactions between categories and properties were found between *having a calling* and *treating the women*, *therapist* self, and *encountering systems*. Related to *treating the women, having a calling* interacted most specifically with the properties *educating, challenging perspectives,* and *empowering*. *Having a calling* interacted with *therapist self* and all of the properties within this category, reflecting the awareness participants have of themselves and the impact of the work they do with conservative Christian women in IPV. *Having a calling* and *encountering systems* most strongly interacted related to the subcategory *religious community*, as it is this community that participants desire to impact in their work with IPV. However, interaction with the subcategory *secular community* did occur as it related to *treating the women*.

Having a Calling – Therapist Self

The category *having a calling* was conceptualized following first and second interview data analysis. It referred to therapists recognizing that the work they do with conservative Christian women in IPV is vocational as well as professional, and that it was directly correlated to their personal spiritual experiences and beliefs, and originated by God. Participants experienced *having a calling* resulting out of their personal spiritual journeys, therefore being part of the *therapist self*. Participants disclosed in first round interviews that they had not sought out specialization in the area of intimate partner violence, but that the work had found them. Data revealed participants' views that their

work with conservative Christian women who experienced IPV was a calling from God. Such calling came out of personal spirituality in which they experienced God. Second round interview data further supported the connection of the work participants do in IPV and their spiritual selves. Therefore, *having a calling* was directly connected with category *therapist self*, and specifically with the property *spirituality*.

Experiencing God – Spirituality

The dimensions of *congruence* and *incongruence* were added to the property of *spirituality* as it related to *having a calling* and that category's property *experiencing God*. As discussed earlier and as shown in Fig. 5.1, participants reported experiencing congruence in themselves as they followed their callings to promote justice and to facilitate change in their clients' lives and within the religious systems that impact them. Christian spirituality is opposed to injustice and oppression and is therefore incongruent with participants' experiences of God and incongruent with who they are in themselves.

Having a Calling – Treating the Women

Having a calling was directly related to the category *treating the women*, as providing therapeutic counseling services to conservative Christian women who experience IPV is what participants expressed being called by God to do. The properties *experiencing God* and *experiencing transformation* were related to each property in the category *treating the women*. Participants' disclosures of their experiences of God and the motivation they experienced to facilitate and encourage the women's healing and spiritual growth were evidence of connection specifically to the properties *educating,*

challenging perspectives, and *empowering*. Data supporting the interconnectedness of these properties was discussed earlier in the chapter.

Therapist Self

The category *therapist self* interacted with every other conceptualized category, as it is directly related to the person of the therapist. The property *experiencing emotions* most strongly connected to the categories *having a calling*, *treating the women,* and *encountering systems*.

Therapist Self – Treating the Women

Connections between *therapist self* and *treating the women* were most strongly observed between the properties of *personal abuse histories, impact of women's stories, impact of religious system, experiencing emotions, understanding needs,* and *educating, challenging perspectives,* and *empowering*. Connection with *spirituality* occurred as a result of the interrelated category *having a calling*, as what participants do in the work of IPV is consistent with spiritual purpose and calling, which cannot be separated from the person of the therapist.

Participants expressed awareness of how their personal abuse histories and their healing experiences through their relationships with God inform their work with their clients. They spoke specifically to how they educated the women about IPV, challenged their perspectives related to dogmatic theological teaching, and how these processes combined with some practical interventions in order to empower the women in the process of healing. They discussed their varied emotional responses as they worked with their clients, particularly as these related to the women's stories and how they and their

clients may have experienced the religious system. They also reported how they cared for their own needs while *treating the women*.

Treating the Women

Second round interview data and negative case analysis revealed interactions between *treating the women* and all other conceptualized categories. Interaction with *therapist understanding* and *therapist self* was evident in how participants reflected understanding of IPV, specifically the *dynamics*, *impact*, and *ethical issues* connected with IPV, as well as understanding of religious systems and the *challenges for women* within such systems. Additionally, participants revealed self-awareness related to all of the properties contained in *therapist self* as they discussed the impact of multifaceted dynamics associated with working with IPV.

Interaction occurred with *therapist understanding*, within all three subcategories of *religious system, IPV,* and *healing process*. Additionally, interaction with *encountering systems* was directly seen within the subcategory of *religious community*. As previously discussed, interaction also occurred with *therapist self* and *having a calling*, as the support provided to clients by participants was closely associated with *spirituality* and *experiencing transformation*.

Interactions across categories, subcategories, and properties illustrated a conceptual understanding of how participants provided clinical services to conservative Christian women experiencing IPV based upon an understanding of themselves, a calling they recognized as originating with God, and as a result of understanding the dynamics of

IPV, the perspectives, experiences, and needs of their clients, and the cultural aspects of the religious systems in which their clients function.

Encountering Systems

Encountering systems interacted with all other conceptual categories. The strongest connections were between the subcategory *religious community* and the categories *having a calling*, *therapist self,* and *treating the women*. Interaction between *encountering systems* and *therapist self* related to participants' self-awareness of how they were impacted by religious and secular systems as they worked with IPV and their emotional experiences as they encountered these systems. *Encountering systems* also interacted with *therapist understanding*, as participants discussed how they engaged with systems based on what they understood about *IPV,* the *religious system,* and the *healing process* for their clients.

Therapist Understanding

The category *therapist understanding* was most strongly connected with the categories *therapist self, treating the women*, and *encountering systems*. The connection to these categories was primarily related to how participants' understandings of the issue of IPV, the Christian religious system, and the healing process directly correlated with how they provided clinical treatment to conservative Christian women who experienced IPV. Once again, the association with *therapist self* was necessary due to that category's direct relation to the person of the therapist.

Therapist understanding was less strongly related to *having a calling*. Relationship between the categories was due primarily to the relationship between *therapist understanding* and the other three conceptual categories.

Triangulation

A literature review was used as the triangulation method to increase the trustworthiness of analysis findings. The literature review was intended to provide support for the second round data analysis and to increase theoretical sensitivity for subsequent interviews. The review included literature regarding IPV, conservative or fundamentalist religious culture, the therapeutic alliance, and the impact of trauma work on clinicians.

While changes occurred in the conceptual structure of categories, subcategories, and properties, the literature continued to support aspects of most. A search of the literature did not reveal studies to support clinicians feeling called by God to work with conservative Christian women who experienced IPV. Therefore, no specific literature supported the category *having a calling* as it related to this study.

The literature supports data revealed in first and second round interviews as they related to the category *therapist self*. Related to the property *spirituality*, the spiritual experiences of participants were supported by previous writings that described conservative Christian beliefs and the roots out of which such beliefs are borne. Miller (2003) suggested that to neglect the spiritual component of an individual's identity is to neglect treating the whole person, as spirituality may be a large part of one's identity. Young, Wiggins-Frame, and Cashwell (2007) referred to reports of counselors'

disclosures that religious and spiritual practices and beliefs are important to them.

Participants discussed their spirituality as a core from which they operated and from

which they are unable to separate the rest of themselves. The literature supports this

concept, addressing spirituality or religion as part of cultural development, and in

recognizing that to omit this element of culture is to omit part of an individual's identity

(Pate & Bondi, 1992). Participants confirmed their spirituality as a core aspect of

themselves, and the key place from which they do their work with conservative Christian

women who experienced IPV.

Participants' descriptions of their experiences and perceptions of God aligned

with ideologies about the Christian God, which are rooted in Judaism, and which assume

God to be personal and desirous of personal relationship with humanity (Maas, 1909;

Shedd, 1888, in Gomes, 2003). Such descriptions included God as loving and good,

hating violence and injustice, and desiring freedom, healing, and wholeness for

conservative Christian women who have experienced IPV.

These perceptions stand in stark opposition to a religious belief system that has

often perpetuated patriarchal attitudes toward women through teachings of male authority

and headship, and female submission (Alsdurf & Alsdurf, 1989; Dobash & Dobash,

1979; Levitt & Ware, 2006). Personal experiences and relationship with God directly

impacted participants' interpretations of Bible passages that are often used to oppress

women. In turn, broadened perspectives and understandings into the perceived nature

and characteristics of God informed how participants operated in relationship with God.

Freeman and Hayes (2002) referred to the congruence that therapists often experience when particular interventions employed in therapy based on preferred theoretical orientations have positive outcomes. Similarly, participants expressed congruence within themselves when they experienced the transformation process in their clients as a result of their work with them.

The literature suggests that therapists who work with abuse survivors often have personal histories of abuse (Baird & Jenkins, 2003). Five out of the six participants in this study referred to personal abuse histories and how these impacted their work with IPV. Abuse histories involved intimate partners or abuse within families of origin, and participants disclosed how the impact of their histories of abuse motivated them to effect change in the lives of their clients and as they could within the religious system.

First and second round data analysis revealed how participants were impacted by the stories of IPV disclosed by their conservative Christian clients. They described vicarious trauma, compassion fatigue, imagery that was hard to dismiss, nightmares, myriad emotions from sadness to outrage, altered worldviews, and reinforced reminders of gender inequality and injustice in the Church. Iliffe and Steed (2000) discussed similar responses from participants in their study on counselor experiences in working with domestic violence. A study conducted on the effects of spiritual abuse stories on counselors (Gubi & Jacobs, 2008) also revealed similar kinds of emotional responses and impact on clinicians.

Participants disclosed in both first and second round interviews the impact they experienced from the religious system as well as from the secular system. They

described experiences that evidenced a parallel process of similar feelings and experiences of their clients, including fear of being ostracized by their faith communities, concerns for their professional reputations if they opposed the Church, being stereotyped, and feeling isolated. Feelings of betrayal were also reported. The concept of parallel process for therapists working with abuse victims was supported by the literature (Gubi & Jacobs, 2008; Iliffe & Steed, 2000). In both of the cited studies participants reported feelings of powerlessness and fear. In a study that investigated coping strategies of Christian battered women, Knickmeyer et al. (2003) found that participants reported feelings of alienation and betrayal by their local faith communities, and some ended up leaving as a result of the shunning. Also reported was that the denial and maintained hiddenness of woman abuse within the faith communities fostered an atmosphere of tolerance of IPV. That study also supported the data from first and second round interviews as participants expressed the experiences of betrayal and fears of alienation by faith communities due to the work they did with conservative Christian women experiencing IPV.

Data from first and second round interviews was replete with emotions participants experienced in their work with conservative Christian women in IPV, and specifically as it related to the properties discussed in the category *therapist self*. The literature already cited supports such emotional experiences as part of the work clinicians do with a variety of abuse victims.

In addressing the property of *understanding needs*, the data revealed participant awareness of personal needs in the course of working with IPV. Participants touched on

various ways they found important to assure self-care, including supervision and peer consultation, limiting the amount of violence they listened to and/or watched, and seeing their own therapists. They also recognized a need care for the spiritual parts of themselves. Reports of participants related to *understanding needs* were supported in the literature as related to self-care strategies. Stebnicki (2007) discussed the impact of empathy fatigue and other trauma responses brought on by ongoing exposure to clients' traumatic material. Such exposure can result in counselor impairment and chronic stress-related symptoms when therapists are unaware of the impact, and when care of the self on multiple levels is ignored. The impact on the bio-psycho-social-spiritual levels is costly to therapists, and therefore self-care strategies should be aligned to mind, body, and spirit. Data revealed participants' awareness of needs for self-care on multiple levels.

The data that supported conceptualized categories of *treating the women*, *encountering systems,* and *therapist understanding*, and their respective subcategories and properties, were also supported in extant literature. Studies show that due to the cultural norms existent in conservative Christian cultures, conservative Christian women experiencing IPV will most likely seek out counselors with like religious beliefs (Nason-Clark, 2004). Because of their unique understanding of conservative Christian culture (Nwachuku & Ivey, 1991; Phiri-Alleman & Alleman, 2008), participants demonstrated knowledge of conservative Christian women's needs as they sought healing. First and second round interview data also suggested an understanding on the part of participants regarding the impact of conservative religious systems and patriarchal ideology on Christian women, including the unique challenges they faced within their faith

communities. Foss & Warnke (2003) explained that conservative Christian women begin the counseling process with a lower degree of trust for fear of having her faith eroded or challenged. Participants disclosed ways in which they experienced their clients' resistance to naming IPV or acknowledging the abuse they suffered. Evident in their reports was an understanding of the dynamics of IPV and its effects on their clients, and the components necessary in clinical treatment. They reported *respecting* the women and *supporting* them, even when they seemed unable to leave an abusive partner. The importance of this approach on the part of participants, despite the internal moral dilemmas they faced, was supported in the literature (Kurri & Wahlstrom, 2001).

Participants encountered conservative Christian women who experienced having specific Bible verses used to influence their staying in relationships with abusive partners. Because of the fundamental belief that the Bible is the inerrant word of God, conservative Christian women struggled with the messages received and the abuse they endured. Knickmeyer et al (2003) found Christian women's exposure to religious teachings from the Bible that dealt with women's submission, the sanctity of marriage, and forgiveness, provided mixed messages to women, disempowered them, and increased the risk for abuse. Some participants in this study reported using Scripture in *treating the women*, only with permission due to how they had been spiritually abused with passages from the Bible. They described the Christian religious system as idolizing marriage, giving conservative Christian women little way out of IPV without facing the shame of divorce and the risk of being shunned by her religious and social system. This was also supported in the literature (Knickmeyer et al, 2003; Nason-Clark, 1996). In *educating*,

challenging perspectives, and *empowering*, participants reflected sensitivity and commitment to encouraging clients to explore and think for themselves, rather than to superimpose their own beliefs, perpetuating the cycle of control in the lives of their clients. They reported security in their personal spirituality which allowed them to trust God with their clients. Pate & Bondi (1992) iterated that, "Counselors must be comfortable with their own spirituality before they can allow clients' religion to have a place in the counseling process" (p. 113).

Participants' insider perspectives also informed them when they chose to encounter religious and secular systems for the benefit of their clients. They understood the conservative Christian religious system and the patriarchal ideologies that inform its doctrines related to marriage, separation, and divorce. While such doctrines were not congruent with their beliefs as they related to IPV, they recognized the ambivalence of some pastors regarding religious teachings and their perceived conflict with woman abuse (Levitt & Ware, 2006).

Participants' experiences within the religious and secular systems were mixed. They reported ambivalence regarding both, and acknowledged the benefit that would come for conservative Christian women if the systems could suspend mutual judgments and collaborate to address the issue of IPV. Participants negotiated both sacred and secular, without viewing them as necessarily opposed to one another; however they encountered questions to their credibility in doing so. Nason-Clark (2004) addressed this phenomenon as it occurred for Christian victims of IPV, drawing attention to suspicions

on the part of religious and secular communities that ultimately prevented the victim from receiving needed services.

Discussion

Second round interviews and negative case analysis suggested a re-conceptualization of initial categories and properties of *treating the women, interfacing with conservative Christian faith communities,* and *therapist self-awareness*. Additionally, within the category *therapist understanding*, the subcategory *IPV and conservative religious system* was re-conceptualized. A new category emerged that was conceptualized as *having a calling*. According to Lincoln and Guba (1985), negative case analysis was a primary way to establish trustworthiness. They defined negative case analysis as ". . . a process of revising hypotheses with hindsight" (p. 309). Negative case analysis allowed data from first round interviews to be used to support a new data structure that accounted for more of first and second round interview data.

The initial category *treating the women*, was defined as providing clinical counseling services to conservative Christian women experiencing IPV, including providing a safe environment in which women could tell their stories to therapists who understood IPV and the Christian faith, without fear of judgment. Additionally, clinical counseling services also involved helping the women understand the psychological, emotional, and spiritual impact of IPV in order to facilitate healing. First round properties identified were *respecting, supporting, educating, and challenging perspectives*. Following second round interviews and negative case analysis, the property *empowering* was added to further describe participants' work with their clients.

The category initially conceptualized as *interfacing with conservative Christian faith communities* was re-conceptualized as *encountering systems*. Second round interview data and negative case analysis provided evidence as to how participants encountered both sacred and secular communities, and re-conceptualization allowed for a more comprehensive understanding of their experiences and perceptions. Within *encountering systems,* the subcategories *religious community* and *secular community* were added to more fully account for participants' experiences in working with systems. Additionally, the property *collaborating* was added to each subcategory to more fully describe participants' engagement within the systems. *Collaborating* was defined as working together to help conservative Christian women experiencing IPV. Properties identified within *religious community* were *respecting, collaborating, educating,* and *advocating*. The properties within *secular community* were *respecting, collaborating,* and *educating*.

Second round interview data and negative case analysis resulted in the re-conceptualization of the category *therapist self-awareness* to that of *therapist self*. *Therapist self* referred to the person of the therapist and her self-awareness as she worked with conservative Christian women experiencing IPV. Properties conceptualized within *therapist self* were *spirituality, personal abuse history, impact of women's stories, impact of religious system, impact of secular system, experiencing emotions,* and *understanding needs.* Dimensions began to emerge related to *spirituality, impact of women's stories,* and *impact of religious system*. Participants talked about being affirmed in their spirituality as they worked against the injustice of IPV, which resulted in the

identification of the dimension of *congruence-incongruence*. As participants talked

about the impact they experienced from hearing the stories of conservative Christian

women who experienced IPV, they identified a range of impact that was identified as a

dimension of *low-high*. The impact seemed determined by the degree of violence

disclosed. A dimension of *low-high* was also associated with *impact of religious system*

as participants described how they were impacted based on the religious system's

responses to the issue of IPV within the Church.

The property *experiencing emotions* described participant awareness of emotions

experienced as they worked with conservative Christian women in IPV. In both first and

second round interviews participants expressed the varied emotions they experienced

when working with conservative Christian women in IPV, and with the systems that

surround them. Data suggested participants felt strong emotions with every aspect of

working with IPV. Little variance was evident regardless of pleasant or unpleasant

emotions.

Understanding needs was a property previously conceptualized as *self-care*.

Following second round interviews and negative case analysis, re-conceptualizing this

property allowed for a more comprehensive way to describe participant awareness of

their needs and how they attended to them.

The category *therapist understanding* was re-conceptualized to better account for

participants' understanding of the issue of IPV, the conservative Christian religious

system, and the considerations of conservative Christian women in the process of healing

from the effects of IPV. Second round interview data and negative case analysis

contributed to the expansion of subcategories from two to three within the category *therapist understanding*. The subcategory previously conceptualized as *IPV and religious system* was divided into two subcategories, *IPV* and *religious system* to address more specifically how the therapist understands each of these as she works with IPV. *Religious system* included a property identified as *challenges for the women*, and *IPV* included properties identified as *dynamics, impact,* and *ethical issues*. The subcategory *healing process* included properties previously identified as *women's needs, spiritual concerns, women's beliefs, women's feelings,* and *women's perspectives*.

Data from first round interviews indicated that participants did not seek to work clinically with conservative Christian women who experienced IPV, but that the work seemed to find them. Data also showed that participants experienced the work with IPV as a calling. Following second round interviews and negative case analysis, the category *having a calling* was conceptualized, along with the identified properties of *experiencing God* and *experiencing* transformation. Data supported the centrality of this category to the work participants did with IPV.

Having a calling was identified as the recognition of participants that the work they did with conservative Christian women in IPV was vocational as well as professional. It stemmed from their personal spiritual experiences and beliefs, and was originated by God. Properties related to *having a calling* were *experiencing God,* and *experiencing transformation*. *Experiencing God* referred to participants' personal spiritual lives and consisted of beliefs about God, experiences related to their spirituality, and their perceptions regarding religious teachings and practices. *Experiencing*

transformation referred to the change process they impacted in the individual lives of clients and in the systems that surrounded them. It also referred to personal change they experienced as they functioned in their calling from God.

Having a calling interacted with all other conceptualized categories. Participants described elements of their personal spirituality and their experiences of who God is and how God is to them in personality and character. Their understandings of God based on these experiences also informed their beliefs as to God's interactions with humanity. Such experiences motivated participants to encourage exploration and growth in their clients, and to challenge perspectives that held them in oppressive and abusive relational patterns.

Having a calling resulted from personal relationships and experiences with God, rather than from identification or experiences with a particular religious system. Participants reported their personal experiences with God in their own healing informed how and the reasons for the work they did in IPV. They perceived intimate partner violence as incongruent with Christian spirituality because it does not accurately reflect the character of God, who is loving and who hates violence and injustice. As a result, participants described being motivated to facilitate change in how conservative Christian women who experience IPV perceived themselves, God, and how they engaged in relationships.

Data also supported how *having a calling* impacted ways participants experienced transformation in their clients. Personal transformation as a result of their spiritual journeys and how they perceived and experienced their relationships with God informed

how they worked with conservative Christian women and how the women's

transformation processes impacted participants.

Additionally, participants discussed how *having a calling* affected motivation to

engage with the systems that surrounded their clients and themselves. Personal spiritual

experiences and developed perspectives about God's character and functioning in

relationship to human beings, informed the calling participants experienced to engage

religious and secular systems regarding the issue of IPV. The hope and intent was to

increase understanding and to effect change that would benefit conservative Christian

women as they sought help to deal with IPV.

Participants discussed the incongruence they perceived between the attributes of

God's character that reflect love, peace, freedom, and justice, and a religious system that

is often oppressive to women. First and second round interview data reflected

participants' perspectives as to how particular Bible verses were misinterpreted and used

to keep women in abusive relationships. A primary concern for a conservative Christian

woman is her relationship with God. Fear of how her relationship could be impacted

based on such usage of Scripture often keeps her from the support needed to address IPV

(Foss & Warnke, 2003; Knickmeyer et al 2003; Kroeger & Nason-Clark, 2001).

Participants understood the systemic impact of such misinterpretations on conservative

religious systems and were committed to effecting change within the system for the

benefit of Christian women.

Data supported participants experiences of feeling misunderstood both secular

and religious systems when working with IPV. They expressed periodic fears of being

ostracized within the Christian community for supporting justice for women. They also experienced feeling misunderstood within the secular community due to their spiritual convictions and assumptions that they supported doctrinal teachings that kept women in abusive relationships. Participants described perceived needed change related to both religious and secular systems. They also expressed ambivalence regarding both systems despite their commitment to work for change. Participants indicated feeling called to a greater focus on change within the religious system.

Second round interviews provided insight into the re-conceptualization of categories and properties. Five main categories emerged with properties that further described the categories. Round three interviews will continue to confirm the categories and properties that have been established, as well as to examine areas needing further explanation. Further questions surfaced as a result of second round interviews. Questions were designed to gather more information about connections between categories and properties that began to emerge with previous interviews. Round three questions were:

1. As you work with conservative Christian women experiencing IPV, how do you stay healthy?

2. What determines your decision to engage with the religious community regarding intimate partner violence?

3. As you work with conservative Christian women experiencing IPV, how does the process of change you experience affect you spiritually?

Experiencing God
Spirituality

Recognizing injustice of IPV
Congruence

Promoting justice
Incongruence

Figure 5.1
Experiencing God - Spirituality

Therapist Self

Spirituality
Congruence ⟷ Incongruence

Personal Abuse History
Impact of women's stories
Low ⟷ High
Impact of religious system
Low ⟷ High
Impact of secular system
Experiencing emotions
Understanding needs

Having a Calling

Experiencing God

Experiencing Transformation

SM ⟷ LG

Treating the Women

Respecting
Supporting
Educating
Challenging perspectives
Empowering

Therapist Understanding

Religious System

Challenges for the women

IPV

Dynamics
Impact
Ethical issues

Healing Process

Women's needs, spiritual concerns, beliefs, feelings, perspectives

Encountering Systems

Religious Community

Respecting
Collaborating
Educating
Advocating

Secular Community

Respecting
Collaborating
Educating

Fig. 5.2
Emerging Structure after Second Interviews

Chapter VI

Third Round Interviews

Introduction

A tentative structure for categories and properties that described the experiences and perspectives of Christian therapists who worked with conservative Christian women experiencing intimate partner violence emerged after analysis of first round interview data. Second round interview questions and negative case analysis provided further information and suggested a re-conceptualization of the original structure was necessary. As a result of re-conceptualization a new category and new properties emerged, providing a new structure that better described Christian therapists' experiences and perceptions as they worked with conservative Christian women in IPV.

The re-conceptualization led to third round interviews that were conducted by telephone. Third round interviews confirmed the categories and properties that emerged following second round interviews. Questions used for the third round interviews were formulated as a result of analysis of first and second round interviews and negative case conceptualization in order to understand more of the connections between categories and properties. The questions for round three interviews were: 1. As you work with conservative Christian women experiencing IPV, how do you stay healthy? 2. What determines your decision to engage with the religious community regarding intimate partner violence? 3. As you work with conservative Christian women experiencing IPV, how does the process of change you experience affect you spiritually?
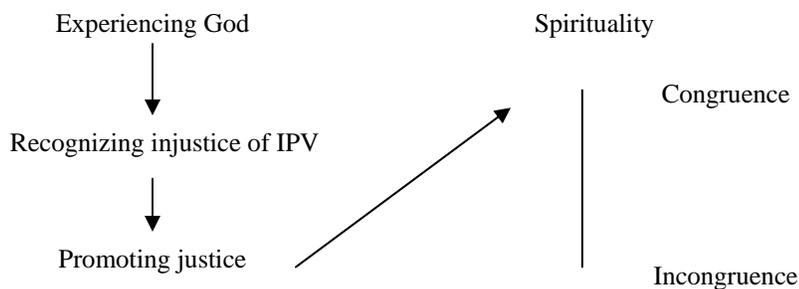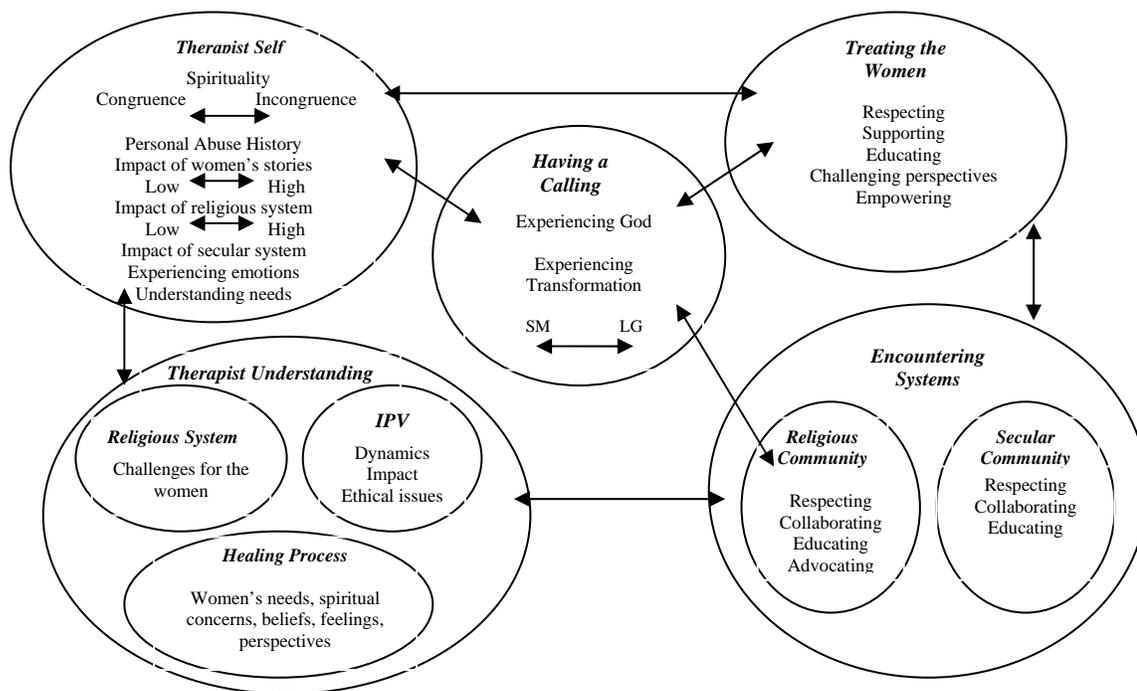
During third round interviews participants provided further information regarding their work with conservative Christian women in IPV that enriched previous data. Third round data, along with negative case analysis was used to confirm the structure that was developed following first and second round interviews. Additional coding methods, selective and process coding were utilized with third round interviews. Process coding identified the interactions and actions that can alter the other conditions of the participants' experiences (Strauss & Corbin, 1998).

The original structure following initial interviews had four categories, *treating the women*, *interfacing with conservative Christian faith communities, therapist self-awareness,* and *therapist understanding*. *Treating the women* had four properties, *respecting, supporting, educating the women,* and *challenging perspectives*. *Interfacing with conservative Christian faith communities* had four properties, *respecting the system, educating, advocating for women,* and *emotions*. *Therapist self-awareness* contained seven properties, *personal abuse history, triggers, impact of stories, impact of systems, emotions, spiritual impact,* and *self-care*. *Therapist understanding* had two subcategories, *IPV and conservative Christian religious system,* and *healing process*. *IPV and conservative Christian religious system* had four properties, *dynamics of IPV, impact of IPV, women's beliefs,* and *challenges for women*. *Healing process* had four properties, *women's needs, women's feelings, women's perspectives*, and *spiritual concerns*.

Information gained from second round interviews and negative case analysis led to a re-conceptualization of categories and properties. The structure that emerged

included five categories, *having a calling, therapist self, treating the women, encountering systems,* and *therapist understanding*.

Following first round interviews four categories emerged. Participants disclosed aspects of their work in IPV that suggested a vocational motivation for the work they did with conservative Christian women who experienced IPV. Second round interviews and negative case analysis further supported their sense of vocation and it became evident that the aspects they described should be a category. As a result, the category *having a calling* was conceptualized, with properties of *experiencing God* and *experiencing transformation*.

Other changes were made to categories, subcategories, and properties as a result of second interview data and negative case analysis. The category *therapist self-awareness* became *therapist self*. Properties formerly contained within *therapist self-awareness* were re-conceptualized to better describe *therapist self*. Properties included in *therapist self* were *spirituality, personal abuse history, impact of women's stories, impact of religious system, impact of secular system, experiencing emotions,* and *understanding needs*.

The category *interfacing with conservative Christian faith communities* was re-conceptualized as *encountering systems*. Two subcategories emerged that were *religious community* and *secular community*. Properties within *religious community* were *respecting, collaborating, educating,* and *advocating*. Properties within *secular community* were *respecting, collaborating,* and *educating*.

Subcategories within the category *therapist understanding* were re-conceptualized as *religious system, IPV,* and *healing process*. *Religious system* contained the property *challenges for the women*. *IPV* contained the properties *dynamics, impact*, and *ethical issues*. Properties in the subcategory *healing process* were *women's needs, spiritual concerns, beliefs, feelings,* and *perspectives*.

One new property emerged in the category *treating the women*. The property *empowering* was added to the properties *respecting, supporting, educating,* and *challenging perspectives*.

Following third round interviews and data analysis the five categories were supported as key to the work participants do in IPV with conservative Christian women. The categories are closely interrelated. Major connections will be reviewed in this chapter.

Having a Calling

The category *having a calling* continued to be supported as a central category in the work the participants did with conservative Christian women in IPV. *Having a calling* continued to be defined as participants recognizing that the work they did with conservative Christian women in IPV was vocational as well as professional. It was based in their personal spiritual experiences and beliefs, and originated with God. The properties of *having a calling* were *experiencing God* and *experiencing transformation*. *Experiencing God* continued to be foundational in the participants' personal lives and in the work they did with their clients. *Experiencing transformation* included the dimension *small-large*, and reflected the change participants experienced in their clients, in religious

and secular systems, and in themselves as they worked with conservative Christian women.

Each of these properties played an integral role in participants' sense of vocation as they worked with conservative Christian women who experienced IPV. Their personal experiences of who God is and how God is to them in personality and character, and in his interactions with humanity, informed their work with their clients. Additionally, their experiences of being transformed and seeing transformation in their clients and sometimes in systems, impacted their personal experiences with and perceptions of God.

First and second round interview data and analysis suggested *experiencing God* was not a one-time event for participants but that their experiences were ongoing, based in perceptions of personal and active relationship with God. Data also suggested that *experiencing transformation* was not a linear process for participants, their clients, or the systems that surrounded them. Transformation often began with small changes that sometimes resulted in large or holistic change. Data suggested the properties were closely related; they also connected with properties in the other four categories of *therapist self, treating the women, encountering systems,* and *therapist understanding*.

Experiencing Transformation

Third interview data continued to support the property *experiencing transformation* as participants further described how they experienced the process of change within their clients. Second round interview data and negative case analysis resulted in the conceptualization of the dimension *small-large*. Third round interview data continued to support the dimension.

P01: I know what happens to me emotionally; I am thrilled.

P03: I guess I have to have the bigger, deeper vision to understand why I am bothering to get involved. Having the belief in a sovereign God and that what we're doing is included in kingdom building work. Then to actually watch women change—and sometimes they go really slow, and sometimes they take a big leap—it's very fulfilling. It's very exciting.

P05: When they experience God as alive, it's exciting. I'm smiling. It's what brings joy and gives some of the strength to get up the next day and to keep you in the battle.

One participant described how she was impacted as a result of the ripple effect of one client's transformation process. The situation she disclosed involved the client's thirteen year old daughter, who used her voice to assert herself with her father who was verbally abusive.

P06: I worked with a woman who had two daughters who have been verbally abused by their father. And they have seen their mama model using her voice as she became committed to their safety, leaving the house and taking the girls when he started his verbal abuse. When her father barked at her to pass the potatoes, the girl responded that she would not allow her father to speak to her that way and that she would be happy to pass him the potatoes if he asked nicely. If that only happens to one client and her daughter, it's worth all of it. It won't just impact them; it'll impact the children they have.

Third round interviews deepened understanding of *experiencing transformation* as participants disclosed the struggle they experienced when transformation process seemed to be slow or non-existent.

P02: I don't know if it affects me spiritually, it probably does, but when I step back and look at the big picture and I see an ever-increasing population unable to make a decision, or without a moral compass, I think, 'Lord, we're losing the battle, here.' How can any of us in the healing arts—therapists, doctors—how can we have any impact on this one at a time? So that's the discouraging part for me. I don't think it's with my clients as much, but it's just the overall picture. I see that we're losing ground on a daily basis.

P04: It depends which end of the transformation process I'm seeing. Sometimes it's very discouraging and I say to God, 'Sometimes I feel like I am shoveling out an ocean with a teaspoon and it's not going to make a bit of difference. I wonder if they are ever going to get the courage to say, 'No,' or stand up for themselves in even small ways. You get the good and the not so good and I think the bottom line is you're affected in both ways.

Therapist Self

The category *therapist self* continued to be defined as reflecting the person of the therapist and her self-awareness as she worked with conservative Christian women experiencing IPV. *Therapist self* had seven properties that were *spirituality, personal abuse history, impact of women's stories, impact of religious system, impact of secular system, experiencing emotions*, and *understanding needs*.

Spirituality

The property *spirituality* was defined as the spiritual beliefs and constructs held by participants, including theological teaching and personal spiritual experiences in relationship with God. In first and second round interviews participants disclosed their spiritual beliefs and how some of their perceptions of God and theological teachings differed from many conservative Christian communities. Third round interviews supported data from first and second interviews and new information deepened understanding into how the property was connected to other categories and properties.

Personal Abuse History

Personal abuse history continued to refer to the experiences participants had with IPV, either personally or within their families of origin. During first and second round interviews participants disclosed how their own personal experiences with IPV informed the work they did with their conservative Christian clients. Third round interviews

deepened understanding of the connections of this property with other categories and properties in the structure.

Impact of Women's Stories

Impact of women's stories continued to reflect participants' descriptions of how their clients' stories impacted them. During first and second round interviews participants described their experiences of vicarious traumatization and the symptoms often connected with VT. They described emotional, psychological, and some physical responses. Their descriptions were substantiated in the trauma literature (Iliffe & Steed, 2000; McCann & Pearlman, 1990; Stebnicki, 2007). Third round interviews did not result in new information but data continued to support connections between categories and properties.

Impact of Religious System

Impact of religious system was defined as participants' awareness of the impact the Christian religious system had on them as they worked with conservative Christian women experiencing IPV. First and second round interview data suggested emotional impact and that participants understood how they needed to manage their engagement with the religious system based on self-awareness. A dimension of *low-high* reflected the strength of impact participants experienced. Third round interviews continued to deepen and support the connectivity between this property and other categories and properties.

Impact of Secular System

Impact of secular system was the property that referred to participants' awareness

of how the secular system impacted them as they worked in IPV. Data resulting from

first and second interviews revealed impact as primarily connected with perceptions and

emotions. Third interviews resulted in no new data related to *impact of secular system.*

Experiencing Emotions

Experiencing emotions was a property of *therapist self* and was related to the

awareness participants had of the emotions they experienced as they worked with IPV.

In first and second interviews participants disclosed the many emotions they experienced

when working with conservative Christian women who experienced IPV, and when they

encountered the religious and secular communities regarding this issue. Emotions were

expressed during third round interviews as they related to the particular aspects of the

work to which participants referred. No new data was presented related to *experiencing*

emotions; however the connections between *experiencing emotions* and the other

conceptualized categories and properties were evident. Because emotions are a core part

of the therapist, *experiencing emotions* is best understood in light of such connections and

will be discussed related to those connections.

Understanding Needs

The property *understanding needs* continued to be defined as the basis from

which participants attended to caring for themselves. First and second round interview

data suggested awareness on the part of participants as to their self-care needs. Third

round interviews further supported data from the other interviews, and added depth as

participants talked about specific ways they cared for themselves. Self-care strategies

were based on awareness of spiritual, physical, emotional, and psychological needs.

When asked to describe how they stayed healthy in the midst of their work in IPV, participants reiterated some examples previously mentioned, such as the use of supervision and peer consultation. However, since initial interviews some participants encountered serious medical issues and addressed how they found they are currently caring for themselves in light of these.

One participant acknowledged how the work she has done in trauma over the years had taken a toll on her. She described how she has become more intentional regarding physical health.

> P01: I haven't been doing enough to stay healthy physically. I am deeply researching adrenal fatigue. That's what I'm doing not to *stay* healthy, but to get health back. I'm trying to really figure out what's stressing my body and what will specifically help. Supplements, vitamin D, fish oils, and I'm trying to get more proactive about what to do to better protect my body from stresses.

Another participant addressed how she became aware of a lack of balance in her life as a result of a recent serious health scare.

> P05: Well it's kind of weird now because my recent health crisis has shown me I was probably a little bit out of balance with time. And so I am readjusting some of that. I realized time was out of balance because I care; I want to fight against this (IPV) and locally it's my specialty for eight years now. I don't want to say I think I had a savior complex because I know I didn't. But it's the reality that I can only do so much, and I can't do so much, and there it is. There are only so many good hours in a day so I am learning how to prioritize in a new way.

Participants illustrated specific ways in which they worked to ensure health for themselves. Most described a holistic approach to self-care, as they recognized the needs they had were multi-faceted.

> P01: I have met with a supervisor for years, and this year I've been part of a group of six therapists. We bring cases and usually three present cases and we'll do a role play where the supervisor is the therapist and we'll be the clients. It really

helps to get into the mind of the client and I usually figure things out I just wouldn't otherwise. No one else is coming from a Christian perspective so they are not bound by the tradition and they question things. So that's nice. All of it is therapeutic and it makes me feel better to get my bearings and get centered again because I am out of the conservative Christian traditional patriarchal world. This is an ongoing monthly connect and if I need more time with my supervisor I call and schedule.

She also talked about ways she cared for herself physically, spiritually, and

emotionally.

P01: I haven't been able to do tai chi for a few months because of my health, but tai chi has been wonderful for me. It's calming and balancing, inner balance and outer balance, and the mastery of it is to stay in balance. My faith is certainly helpful at times, having to hold onto the faith that God is present and wants good and safety. It's not all on my shoulders to help the women. Calling on God to ultimately protect and bring healing; that is certainly helpful. My therapist, who is also an artist, said to me that the person who is an artist will always have some depression if they aren't engaged in art on a consistent basis. You just have to; it's the way you're made. I know that some evenings when I come home from work that is what I need to do. I'll paint something, or play with beds, or just anything that taps into creativity and the restoring effect it can have.

P02: I partake in things I enjoy. I am a musician so recently I started playing in one of the community orchestras. It helps a lot to have something that is positive and fun to do. I bought a Wii and do a fitness video. I have always left my work at work; I don't bring it home with me. Those are things I consciously do. And I pray a lot. As far as for my clients I find it's imperative to do as far as God entrusting you with these clients. You just have to go to him daily and realize that he's the one healing them, and not take that on.

Participant 02 further reported her need to draw healthy boundaries related to her

personal life as well as to the professional boundaries she established.

P02: For me personally, I just have a lot going on. I have elderly parents and they live with me, and I have a disabled husband. There's a lot on my plate as far as mental stress and I just have to learn how to put it down and not have it going through my head all the time.

Participant 03 described self-care strategies she used, and made it clear that how she cared for herself was no different with IPV clients than with any of her other clients.

P03: I don't necessarily section out in my mind the IPV clients; it's no different than how I try to stay healthy with any of my clients. I keep working on my own stuff. I can occasionally get trapped into realizing I'm getting triggered by something or I'm not too clear about my boundaries. I do some work with a therapist myself sometimes. Number one, I just keep working on my own stuff and I keep growing. Also, I do hot baths, journaling, reading, spending time with friends, volunteer work, I take breaks. I go hiking, I work out, I enjoy music and I spend regular time with God. One thing I think I am particularly quite good at it compartmentalizing. Ninety-nine percent of the time I just leave work and don't even think about it, including my IPV clients. Because I don't have a husband or kids, my friendship circle is very important to me. Self-care. I teach it, I preach it, and how do I know when I'm not doing well? I'm starting to worry, I get too anxious about a client. If I'm starting to think of them too much I have to ask myself why I am reacting.

P04: I try to sleep. I try to walk and exercise. I'm trying to plan more fun in my life; I'm not a very fun person, I'm a worker. So I tend to overwork. I'm trying to expand how I care for myself—get a massage, go out with friends. I have a spiritual advisor, so that helps. Having time with God in the morning and a time of being in his presence reminding myself of what is true. Sometimes you get into situations where that gets real muddled about who is in control and who is powerful, and who is not. And who is going to win and all of that. So I take that time to make sure I am grounded and centered myself.

P05: Having good colleagues who understand. Deliberate time when the phone is off and the computer is shut with no interruptions allowed. Finding my own way to bring beauty and creativity; I am a quilter so it's been very important to make time for that. Having time where cultivating beauty is the focus because so much of what I sit with is not beautiful. Supervision is always good. Reading, staying current on IPV, too, because it can be reassuring. This is hard work, change is slow and doesn't come at times. It's reassuring to know you're not alone in it, that these are hard people and hard cases. And being in a relationship with Christ, knowing that at some level he has enabled me to do this work.

P06: I have my own therapist that I see every four to six weeks. I have a peer support group I meet with monthly, and I am married to an incredibly loving non-abusive man. I intentionally include that because it reminds me of what women can have if they are willing to do the work and if they are willing not to settle. I journal, I cry, I get angry. I let myself feel all the things I need to feel in working with victims because they are not an easy population to work with.

Client 06 indicated that maintaining healthy professional boundaries was also a way to stay healthy emotionally and psychologically. She talked about asserting herself with a client regarding missed appointments and missed payments, contacting the client to explain that a call from the client and payment would be required to continue counseling. She was also willing to make a referral if the client no longer wished to continue counseling with her. She maintained that payment for missed sessions would still be required of the client.

> P06: I haven't heard from her and I haven't received payment. I need both of those things to happen, but I also knew in order to take care of myself I needed to assert myself with her appropriately, and let her know that even if she is a victim of IPV, she is still responsible for doing the right thing by me.

Third round interviews and negative case analysis of data from the first two supported the category *therapist self* and the properties included in the category. Data added depth to the property *understanding needs* and further supported connections with other conceptualized categories and their respective properties.

Treating the Women

Following third round interviews the category *treating the women* continued to be defined as providing clinical counseling services to conservative Christian women experiencing IPV. These services included providing a safe environment in which women could tell their stories to therapists who understand IPV and the Christian faith, without fear of judgment. The five properties of *treating the women* continued to be supported and were *respecting, supporting, educating, challenging perspectives,* and *empowering*. First and second interviews identified specific ways in which participants

worked with their clients within all five properties. Third interviews yielded data that

further supported connections between categories and properties.

Encountering Systems

The category *encountering systems* related to participants' experiences and

perceptions when they engaged with the religious and secular systems that surrounded

their clients and themselves. Two subcategories were conceptualized that were *religious*

community and *secular community*. First and second round interviews yielded data as to

how participants encountered each of these communities when they worked in IPV.

These data resulted in the conceptualization of properties within each subcategory.

Religious community had four properties that were *respecting, collaborating, educating,*

and *advocating*. *Secular community* had three properties that were *respecting,*

collaborating, and *educating*. Interview data suggested some of the ways in which

participants encountered religious and secular systems, and their perceptions and

experiences of the encounters. Third round interviews suggested factors that determined

when participants would engage with the *religious community*. This provided a

dimension to the property *educating* that was *invited-uninvited*. In addition, data further

supported connections between *encountering systems* and other categories and properties.

Religious Community

The third interviews yielded data that further described when participants

determined to engage with the *religious community* regarding IPV. Dimensions emerged

related to the properties *educating* and *collaborating*. Participants reported they were

willing to educate the *religious community* regarding IPV but that it was most often

determined by initiation of an invitation on the part of the *religious community*. The dimension of *educating* was conceptualized as *invited-not invited* . Participants also indicated willingness and desire to collaborate with the *religious community* in working with IPV. The primary factor that determined *collaborating* was openness on the part of the *religious community*. The dimension of *collaborating* was *open-resistant* to describe the community's attitude related to collaboration with participants.

> P01: In general, either I have been approached or I have said something informally and the response has been positive like, 'Would you come and meet with us and talk to the board about that.' If anyone were to invite me by phone or conversation, or meeting, I would probably do it. For me, I have wanted to be asked first. So if I sense at least some degree of interest in understanding, that helps determine. If there seems to be any agenda around defending an abuser, I don't want to have any part of it.

> P02: If they ask for training, I'll absolutely come. I don't pursue it with them but I have sent out flyers and do promotional things to let them know I have this available if they'd like me to speak to their group. So far that has not worked real well because if they don't know you they won't call. I will usually respond to an invitation but unless they invite you they don't really listen to you.

> P03: I'm betting a whole lot of pastors know very little about this issue. So I'm back to, should I as a therapist be calling pastors, building some kind of little consortium, some kind of morning workshop? We, the Christian counseling community, are we networking enough with pastors and around certain topics? Probably not. Is there motivation to do that? That's probably where I come closest to it; I love networking with pastors who refer to me. I ask them if we can make sure we're working as a team. From the get-go I want to instill the concept of a team rather than assume the pastor is just trying to pawn off a hard one on me. If the pastor is wanting to learn, and they're open, and there's a back and forth, I love that.

> P04: There are probably two determinants as to whether and how I will engage the Christian community. On my intake form I always ask a person whether I can contact their pastor. If they say yes it doesn't mean I'm going to, but if they say no I want to know why they don't want me to. In an IPV situation I am interested in their church's response, whether they are getting a lot of support or a lot of grief about separating. Or if they're getting the silent treatment or told they're doing something wrong, so we will talk about that.

> It gives me openings as I look at their church family, if they have a church family, and how the church family is handling the whole thing; are they supportive to both partners or just one? If they allow me to contact their pastor I'll do so to reinforce or support I'd give them more tools or another way of looking at things. If they're not supportive I'll try to go in as an advocate. I'm willing to go in either way and I have.

Secular Community

The subcategory *secular community* was conceptualized as the non-religious or non-faith based systems that address the issue of intimate partner violence. First and second round interview data described how participants experienced encountering this system when they worked with IPV. Third interview data further described participant involvement in the *secular community* and supported connections between properties in this subcategory and other categories and properties.

Therapist Understanding

The category *therapist understanding* was defined as the practical and experiential understandings participants have related to the issue of IPV, the dynamics of IPV, the impact of IPV, religious systems, conservative Christian women's concerns and beliefs, the women's needs in therapy, the women's feelings and perspectives, the challenges conservative Christian women in IPV face, and the ethical concerns which may require attention. *Therapist understanding* had three subcategories that were *religious system, IPV,* and *healing process*. *Religious system* had the property *challenges for the women*. *IPV* had three properties that were *dynamics, impact,* and *ethical issues*. The properties included in *healing process* were *women's needs, spiritual concerns, beliefs, feelings,* and *perspectives*.

Data in first and second round interviews suggested that participants understood the unique considerations involved in working with conservative Christian women who experienced IPV. Third round interview data further supported this category, its subcategories and respective properties, and continued to suggest connections between *therapist understanding* and the other conceptualized categories.

Religious System

Participants provided further evidence of their understanding of the conservative Christian *religious system* and perspectives related to the challenges presented in working with IPV within the system.

> P02: Churches are scared of anything they don't know and they don't understand. So, I learn EMDR, a standard trauma therapy—nothing but natural, and the thing I get most from Christians is a question, 'Is this hypnosis?' If it's hypnosis they don't want anything to do with it. And I can understand that. Anything they don't know they fear.

> P06: Churches don't want to deal with IPV. They don't want to talk about it. It really is the big fat elephant in the middle of the living room. The only difference is they don't even see there's a big fat elephant in the middle of the living room. So how do you approach an institution that doesn't even see what they need to see? I can't make them see.

IPV

Third round interviews resulted in further data that supported participant understanding of *IPV* and the *dynamics* and *impact*. Participant 04 disclosed a complex situation that described both properties in this subcategory.

> P04: I have an immigration issue with a woman who married a G.I. in Germany. She's German, very educated, very articulate. She came to this country, got married, had a child, and her husband has some issues. He went to Iraq and came back with more issues. She said he is very controlling, taking care of her immigration papers, and he threw them all away, including her passport. And now she's threatened to be deported and she has a child. The

child will not be deported, but she's going to be deported. I thought of this analogy; you can kill a frog by stabbing him and it's cruel. Or you can kill a frog by boiling it in water over time and it's still cruel. This woman was being boiled in water over time, and she didn't realize she was being boiled. But she was being boiled.

Third round interview data continued to support connections between *therapist understanding* and other categories, subcategories, and properties.

Relationships Among Categories and Properties

Following first and second round interviews relationships between categories and properties began to emerge. According to Corbin and Strauss (1998) process coding examines any actions or interactions that can be traced back to structural conditions. The category *having a calling* was central to the work participants did in IPV. Because of the centrality of this category, it interacted with every other category, with data suggesting the strongest relationships between the categories *having a calling*, *therapist self*, and *encountering systems*. Interaction of *having a calling* and *treating the women* most specifically occurred with the properties *educating, challenging perspectives,* and *empowering*. Interaction of *having a calling* and *therapist self* occurred with every property of *therapist self*, reflecting the awareness participants had of themselves and the impact of the work they did with conservative Christian women in IPV. *Having a calling* and *encountering systems* most strongly interacted related to the subcategory *religious community*, as it was this community that participants desired to impact in their work with IPV. However, interaction with the subcategory *secular community* did occur as it related to *treating the women*. Third round interviews continued to support the interactions between these categories and properties.

Having a Calling-Therapist Self

Having a calling was a category that emerged from interview data where participants described the work they did with conservative Christian women in IPV as a calling from God. *Having a calling* had two properties, *experiencing God* and *experiencing transformation*. The calling they described was rooted in a personal spirituality which included experience with God. Based on the data, *having a calling* was directly related to *therapist self*, and specifically to the property *spirituality*.

Third round interviews continued to support the connection between the two categories and properties, and the dimension of *spirituality* that was identified as *congruence-incongruence*. Participant 01 suggested that *experiencing transformation* was related to the dimension *congruence-incongruence* as she described a recent encounter with a formerly-abused Christian woman and how it impacted her spiritually.

> P01: I saw this woman and she is doing really well. It confirms to me I'm right where I'm at spiritually, and that the Church has missed the boat by letting men have such power. They're wrong. They're just flat out wrong. I guess the other piece that is often astonishing to me is the level of faith in the women. And you know once in a while its distorted a bit because they're being too submissive, but overall the level of faith really takes me aback. The trust they have and their faith—the depth of that. And watching the way they're trusting for their survival, and it's pretty powerful. So that has certainly helped me grow, to be in the presence of people like that.

Another participant addressed the impact she experienced spiritually when she saw the transformation process in a client's life and the ripple effect in the lives of the client's children.

> P06: It makes my heart sing! It just makes my heart sing and it reminds me of why God wants me to keep working with this population. It's affirming in those times God reminds me, "You're doing what I called you to do." When I

keep thinking the practice is going to have to close, he sends me a couple of new clients.

Participant 05 disclosed the struggle she experienced in times when it seemed injustice was overwhelming justice, and her responses to God. Her disclosure further supported the dimension of *congruence-incongruence*. It also suggests *experiencing God*.

> P05: Certainly there are times when I fall, and wonder, "Where are you Lord? There is violence and you do not see, and how can you be so patient?" So it also to me brings about a time of wrestling with God. I don't get it always. I don't get why, how can God stand so far off, even as I know he isn't far off. I guess what I'm saying its not all just, "Oh God you're great," and I know He's alive and its all wonderful. It's also the times of, "I know you're here but where are you here?" wrestling. And its hard sometimes. It's Psalming, is what I would say. "Where are you, why are the bad guys winning? I remember the time when you rescued us out of here, but I don't get it. But help me trust you Lord." That's a Psalm. So that's what it is, really.

Participant 04 described a feeling of *congruence* with her spirituality with clients' change processes, and also talked about the impact of her investment. She described other properties of *experiencing emotions* and *impact of women's stories*, properties of *therapist self*.

> P04: As I say yes to some of these people it costs me. It costs me nightmares, it costs me anxiety, it costs me extra work sometimes, advocating with their pastors that I don't get paid for. For all those kinds of things it costs me. When I see there's been healing and there's been growth and restoration in relationship, I don't think about the cost. Just like a parent wouldn't think about the cost of parenting when their kids are graduating from college and they're doing well. They just think, "Yay!"

Encountering Systems-Therapist Self-Having a Calling-Therapist Understanding

First and second round interview data established connectivity between the categories *encountering systems* and *therapist self*, and *having a* calling. Third interviews

yielded data that further supported their interrelatedness and deepened connections.

Participants described connections between the subcategories *religious community* and

secular community and the properties of *therapist self* that were *impact of religious*

system, *experiencing emotions,* and *understanding needs*.

One participant reiterated perspectives from previous interviews as to the value

she placed on support groups in the healing process for clients. Her descriptions show

the relationship between *experiencing emotions* and the properties *educating* and

collaborating in the subcategory *religious community*. Her perspective of *religious*

community included ministries not necessarily connected with a single community of

faith.

> P03: I am absolutely thrilled with what I understand ARMS is doing. I've not
> ever gone to one of their groups, but I believe them when they say that they
> are, sadly, one of the few faith-based groups in the country doing this. We
> desperately need more. I'm a big fan of any of these kinds of groups that are
> done well and work well, and I guess that's what kind of struck me about
> ARMS. These people have really narrowed in on this topic and not tried to be
> so general, and they really try to be quite good at what they do. The number
> one thing we know about support groups is education and getting through the
> denial. In other words, the 'I'm not the only one out there getting abused,'
> effect when they begin to connect with other people with similar stories. I'm
> just excited that clients can get a leg up much faster in their one on one group
> therapy with me by having this other avenue. I see it as a team in other words;
> I can't possibly give them all they need.

Another participant talked about the parameters she put around encountering the

religious community. Her description reflects connections between the properties *impact*

of religious system, *educating*, and *advocating*.

> P02: The first year that I did this as far as setting up my practice, I sent out letters
> and I did introduction letters, but in some ways I knew that wasn't going to work.
> I tried it again the next year, and there was just no response. That just kind of
> confirmed what I already knew. Now I just tell my clients if they want me

to meet with their pastors they can arrange a meeting I'd be more than willing to do that. I leave that open if it happens it does, if it doesn't that's fine. I can imagine myself if it was ever an extreme case where the woman was just so torn between what the pastor was saying and what her convictions are, I might give the pastor a call. I have this absolutely fabulous article about divorce and I have sent that to one of my clients to give to her pastor, and I'll do things like that unless they actually want me to go.

She also described work that she had begun to do within the *secular community*

and suggested connections between *therapist self*, *educating,* and *collaborating*.

P02: I've started actually working through the community, through the women's centers. There's a network here that is through the county that a lot of this information goes through and someone puts it out through email and so it gets to some of the Christian organizations. I did a presentation in March, and I'm doing another one here next week on the effects of domestic violence on children. That's being very well received here in the community. I'm sure that there are probably some ripples that get into the Christian community because I can't imagine that everybody that comes would not be a Christian. I've found it's more acceptable in the secular world than it is in the Christian world.

Participant 04 further described the ways in which she encountered the *religious*

community. Data further supported the interrelatedness of *encountering systems,*

therapist self, and *having a calling*. The properties specifically addressed in her

disclosure were *educating, collaborating, advocating,* and *experiencing God*. The

category *therapist understanding* was also supported in relation to the other categories

and properties as the participant demonstrated her understanding of IPV dynamics,

impact, and ethical concerns related to her work with IPV. One scenario the participant

talked about had to do with a woman who was threatened with deportation because her

husband through away her passport and immigration papers. The participant disclosed

how she collaborated with the legal system to advocate with the national government so

that the woman could stay in the United States.

P04: There's an immigration lawyer involved and we're trying to make a case for abuse and cruelty that will let her stay in the country. So I'm trying to advocate with the government too; I think it's important if you can to do it. What the husband did was taking someone's right to choose away from them. So I try to advocate when I can.

She described other ways in which she found to expand opportunities for

collaborating and *educating*.

P04: Oftentimes people will contact me on my website after reading my books, want to start a relationship, and they'll say, "We're starting a ministry Celebrating Recovery," or whatever ministry, "can you come and do a seminar?" Usually I try to make it a bigger seminar then they want, so what I'll try to advocate for is doing a seminar for ministry staff so they know what to do and then doing a seminar for the general population so they understand what your staff is supposed to be doing and understand some of the dynamics. I try to be comprehensive, though sometimes they don't want to do that, staff doesn't want to be involved, they don't want to take the time, or pay the extra money or whatever it is that they don't want to do. I've done that in Kansas City, I've done that in Houston, and I've done that here. I can't remember the most recent; not terribly frequent, it's not a topic that churches are banging down the door to talk about it.

The same participant further described creative ways she attempted to speak

against abuse, and also the impact the work has had on her. Data further supported the

connectivity between categories and properties already mentioned and the properties

experiencing emotions.

P04: You know I find ways I can sneak it in. Sometimes you're in your own community or your own church you don't get invited to speak that much about anything. But I recently did a speaking engagement in my own church because I was doing some videotaping so I asked them if could speak. I wasn't speaking on abuse I was doing other kinds of stuff, so we did it and we had a lot of people there. It went really well. So we have an organization in our community called Truth for Women, and what they're trying to do is a ministry for women coming out of prison, educating them, you know, writing, support, mentoring. But of course you're going to hit a lot of women who have been abused coming out of prison. So they were talking to me about doing some sort to luncheon with them, and I suggested we do a whole morning seminar free.

I'd do it for free, on emotionally destructive relationships. We're going to invite every church so they can understand their ministry. So now they're doing all the promoting and its going to be for their ministry, a fundraiser, and then I'll do the luncheon where people pay to go to that. But at least now we're getting something more in our community with church wide leadership, because Truth for Women is an established organization, they are interested in supporting them, they are interested in helping these women in prison, but now we're going to focus on abuse. I'm always looking for opportunities. Sometimes I get tired, and I think, "Lord, raise up someone else." There are others who are doing a good job as well, and I feel sad that I don't have more opportunities. Like I said I speak a lot, but I don't speak a lot on this. You know I respect that they're not going to do a whole women's retreat on this. This is not a topic they want to talk about.

Another participant talked more about *encountering systems*. The data further

supported the interrelatedness of this category with *therapist self*, specifically with

properties *experiencing emotions, impact of religious system,* and *spirituality*. She

reiterated ambivalence that echoed second round interview data.

P05: When I hear women in my group talking about the pastor just told her to pray, or even my church, that advertises a class on their stupid billboard with the words "every marriage can be saved," the women and I just cringe. Those are specific examples of what I would feel anger about. Anger at ignorance or being part of the same system. I guess it's from seeing and experiencing through the women and what I see or run into with pastors that at times makes me what to engage and other times makes me want to say "screw this." Personally, in my family we've continued to get increasingly frustrated with the church as an institution. Yes, I think seeing and hearing and knowing what I know creates ambivalence, sometimes it fuels the passion to engage and sometimes I am so done.

She disclosed some of the determinants she considers when deciding to engage

with the *religious community* when working with conservative Christian women in IPV.

Evident in her disclosure is also a connection to the property *understanding needs*.

P05: Sometimes a woman will ask, 'Will you talk to Pastor?' And so we talk about it, and boundaries, and whose responsibility is whose. But I will for my girls call an elder or pastor and introduce myself and say, "So and so asked me to call, and I'm just wanting to help support you," or "Is there a way I can hear what you're seeing…"You know, I try and not go with the attitude of "Would

you shut up!" but really trying to listen. Because there have been a few times when a pastor or elder or person of authority was glad I called and needed help, and that's an open door. And there are times where it becomes quite clear when it's a closed door. I'll walk through the open door, but I believe I'm at the point where if I sense that closed door I don't keep trying knocking at it anymore. I'm not going to go pounding, that's not a good use of my energy. I don't think that's my job before Christ.

She also disclosed times when *advocating* within the *religious community* resulted

in asserting her qualifications as a specialist in IPV. The data supported the connection

of the property *advocating* with *experiencing emotions* and also began to connect with

the category *therapist understanding*. The subcategories *religious system*, and *IPV* were

most evident.

> P05: There have been one or two times I've been talking to a pastor or leader and they start the whole, "I've been a pastor for a million years," and you know, there are times where I'll kind of like a smart ass, "Oh I don't know if you know my qualifications, but I've served on a governor's board in this area…" and I'll pull that out. "This isn't just some chick calling!" I'll do that where I'll invoke our governor's name. It's me asking them to please listen.

Another participant further reported experiences encountering the Christian

religious community. Data further supported the frustration she expressed in other

interviews and further demonstrated the connections between *religious community*,

impact of religious system, and *experiencing emotions*.

> P06: One church doesn't even know how many victims of their church I worked with already, because they didn't' know they were victims. But if they know they're victims and I've already told them I specialize in this and they know they're not equipped to help, then I get the referral. But they're not interested in prevention. I frankly haven't figured out how to reach them. I haven't figured it out, I haven't figured out how to reach out to the churches, I haven't figured out how to communicate with them, how to even have them return phone calls. I have been amazed at their lack of professionalism. And I know that my experience is not unique, not just in domestic violence. Unless your name is already known… or its not even if you know somebody that

knows somebody… cause you know what I've gone that route too and they're still not calling me back and they're still not responding to what I've sent.

She offered further data that showed connection with *educating* and *collaborating*, and with *impact of religious system,* and *experiencing* emotions. The category *therapist understanding* was also related .

> P06: I know I don't have all the answers, but I also know I can offer a whole lot to a church where pastors are typically overworked and certainly under trained in the issues that come before them when it comes to personal crises in their parishioners' lives. You'd think they would open up their arms. Now the other thing is if they already have their cliques formed, and already have one referral source they've used for ten years. It doesn't dawn on them that they may need to expand their referral sources in case that one doesn't fit. So it's really narrowness and blindness and you just got my opinion. And I've struggled with this for a long, long time.

Additionally, this participant disclosed ways in which she moved from attempts to engage clergy and leaders in the *religious community* in her work with IPV, and how she strategized to effect change in the *religious community* by encountering the *secular community* in *collaborating* for the purpose of *educating* Christian counselors on the issue of IPV. Data supported relationships with *impact of religious system, experiencing emotions,* and *having a calling*.

> P06: I have a desire and passion to train Christian counselors on domestic violence. There really is not training out there for them where they can earn CEUs. Christian counselors are in private practice and if they don't work they don't get paid, so if they're going to leave their practice to get CEUs it needs to be worth their leaving their practice and not getting paid. So I'm in the midst of just kind of stirring around a whole bunch of stuff, but one is developing a training program that's approved by NBCC for licensed professional counselors on domestic violence in the church. I'm getting to the point now where I'm not even going to pastors. I know the traditional way of calling or sending something in the mail and following up with a phone call doesn't work. When they say, "Give me your website address I'll look at it and if I have any questions I'll let you know," that's a way of saying goodbye.

She also suggested a connection with the property *understanding needs* as she related her exhaustion from attempts to engage the *religious community*.

> P06: Sometimes I just have to stop and say this is why I'm so tired, because I keep going to where the love isn't, I keep going to where the love might be, and I've found out that it isn't. Then I think it needs to be, I need to make them see. So my codependency crap starts to kick in, and then I say, "You know, go where the love is. Stop going there."

First and second interview data began to reveal connections between categories and properties. Third round interview data further supported the interrelatedness of these and provided a thick description of Christian therapists' experiences as they worked with conservative Christian women in IPV.

Context

Process coding was used during third round interviews as a way to add depth to the findings. Process coding examines actions and interactions that can be traced back to structural conditions (Strauss & Corbin, 1998). The action of a process can be carried out with little thought but cannot be separated from the other actions of the individual. Context provides a foundation that holds the structure together. Strauss and Corbin (1998) described this structure as creating the context for the rest of the action. The context that emerged as the foundation of this study related to the experiences of Christian therapists who work with conservative Christian women in IPV.

Triangulation

Triangulation for the final round of interview data was accomplished through a review of supporting literature and a member check. A member check is the process of reviewing the results of the study with participants. Participants were sent a diagram of

the findings (see Fig. 6.2), along with a narrative summary, and they were given time to provide feedback regarding the findings.

Review of the Literature

The review of the literature for the first two rounds of interviews supported the initial conceptualized structure. The literature substantiated data in every emerging category. Participants addressed the dynamics of IPV and the cultural considerations within conservative Christian faith systems (Alsdurf & Alsdurf, 1989; Dobash & Dobash, 1979; Douki et al, 2003; Foss & Warnke, 2003; Nason-Clark, 2004). They also addressed ethical considerations given to their therapeutic work with conservative Christian women (Kurri & Wahlstrom, 2001) and the impact of the work on themselves (Iliffe & Steed, 2000; Gubi & Jacobs, 2008).

The third round of interviews focused on the relationships between categories and properties, and the context of working with conservative Christian women who experienced intimate partner violence. These interviews provided more depth into experiences of working with IPV within a conservative Christian culture. The literature continued to support four of the five categories, *therapist self, treating the women, encountering systems,* and *therapist understanding*. Literature specifically related to Christian therapists experiencing a calling to work with conservative Christian women in IPV was not found.

Third round interview data suggested that categories and properties were strongly interrelated and that working with conservative Christian women in IPV was a complex and multi-faceted process. The process became apparent as participants disclosed

information regarding a category or property and integrated information from another

category or property. Participants might talk about an aspect of *treating the women* and

would also include information about their emotional experiences or how the women's

stories impacted them. Such overlap is part of the context of Christian therapists'

experiences working with conservative Christian women in IPV. It indicates that

working with conservative Christian women in IPV is a complex process and is not easily

explained. Many factors must be taken into consideration related to religious beliefs and

cultural expectations, the dynamics of IPV, and how the overlay of conservative Christian

culture further complicates the issue (Foss & Warnke, 2003; Nason-Clark, 1996).

Participants reiterated findings in the literature as they discussed the

complications found in balancing spiritual considerations of their clients with practical

teachings about IPV, and the challenges they often encountered when dealing with the

conservative Christian religious system regarding the issue of IPV (Knickmeyer et al,

2003). They also integrated how the work in IPV has impacted them given the cultural

factors that supported, even tacitly, the abuse of women (Gubi & Jacobs, 2008).

Member Check

Member check is utilized in a grounded theory design to assist in establishing

trustworthiness. A member check consists of providing a summary of research findings

to the participants so that they can provide feedback about the data. A member check is

used by the researcher to solicit feedback from participants in order to verify or to correct

information (Lincoln & Guba, 1985). Member checks for this study were done by a final

phone interview. Participants were emailed a summary of the findings for this study,

along with a diagram showing categories and properties that emerged during data analysis (see Fig. 6.1).

All six participants provided feedback confirming agreement with the summary and with the diagram. Four of the six participants were available for member checks by phone; two provided feedback via email given their lack of availability by phone. Opportunity was extended participants to provide feedback about any of the categories and properties they desired to comment on specifically.

Participant 01 discussed her responses to the summary and seeing the categories and properties in visual form. She also addressed some of the unique concerns related to working with this population from a cultural standpoint, and suggested a lack of understanding within the secular community about these concerns.

P01: I was kind of overwhelmed by the scope of the whole thing.

Leanne: How so?

P01: It's so complex. So many things influence so many other things. You have this problem, but then you have another problem, and another problem. . .

Leanne: Was it helpful to have the diagram?

P01: Yes, and it also showed me just how complicated it is! Whoa! The many dynamics involved, and you have to include that because if you make it simple it's not accurate.

Leanne: There's all of the complexity that goes with IPV, and then you overlay the church culture and you have a whole different situation.

P01: Yeah, I think that's just so important. There's a lot that goes on that becomes spiritual abuse then as well. And I don't know that the secular community has really appreciated the dynamics of this. I think it's been sort of an attitude that it's stupid the churches do that—they just shouldn't do that. The women should figure out that that's stupid. And it's so embedded within the culture of the Church that it's insidious and hard to pinpoint at times. It's

not like it's just blatant. This isn't just like a cult that beats or treats women like animals or something. This is so much more complex and we're born into it.

She went on to suggest that the issue of IPV within the Church has remained

hidden, further confirming interview data, and suggesting the complexity of the

conservative Christian religious culture.

P01: If the priests in the Catholic Church had been molesting little girls instead of little boys, the Catholic church would not be in as much trouble. How appalling it is to imagine that this has happened to boys! That's the censure of this; of course it happens to girls. For every little boy who was molested in the Church, how many little girls do you think there were? The country's full of women who were molested by church leaders. And you don't hear the outcry; you don't see the court cases. When we don't even really get how bad *that* is, then to understand abuse to adult women is even less likely. I think the secular community looks at the religious community and at the women who are victims with an attitude of "This is disgusting and ridiculous." There's no tolerating or comprehending how it is embedded in the beliefs. And you can't just tell a person what they believe is stupid, or their church is stupid.

Participant 02 confirmed her agreement with the summary and diagram.

P02: I think you did a really good job condensing it all. You've covered everything pretty well and captured everything that needed to be there.

She also suggested the complexity of the issue of IPV and the addition of the

unique cultural considerations.

Leanne: I think I said in the summary that this is a complex issue to deal with, given the dynamics of IPV and the culture of conservative Christianity.

P02: Yeah, it is. Absolutely.

Another participant affirmed her agreement with the findings overall. She also

specifically confirmed the importance of self-care for therapists.

Leanne: So, supervision is just critical. Along with outside social relationships and learning how to release the client stuff and go home without it.

P03: Yes, exactly. Absolutely.

She also reiterated her belief in God being a just God, and the purpose of the work

with IPV from a spiritual standpoint. She confirmed the interconnectedness between

categories and properties, specifically between *therapist self* and *having a calling*.

> P03: God is a God of justice. Maybe there are other issues to consider—maybe
> I am burned out, or maybe this wasn't the right client for me to be working with.
> But in terms of God's desire and hope, and "will" for the individual, or the
> couple, or the family, it is to be freed up and to have the violence stopped and
> to have them understand clearly a whole new paradigm. In other words, it's a
> theological issue. I *loved* the diagram—it's so awesome.

Participant 06 confirmed her agreement with the summary and the diagram. She

also suggested the complexity of working with IPV within the conservative Christian

culture, and a parallel process that occurred for participants and their clients. Her

feedback suggested the interconnectedness between categories and properties,

particularly between *therapist self*, *treating the women*, and *encountering systems*.

> P06: Your summary captures what we discussed—you did hear me accurately. I
> would not change anything, or add anything. I liked your diagram. You know
> what hit me as I looked at your diagram? It sounded like we all shared the same
> story; just like the victims.
>
> Leanne: A real parallel process.
>
> P06: Yeah. That's what hit me. I went, "Wow. . ."
>
> Leanne: What brought that to mind for you as you looked at it?
>
> P06: Well, so many layers, some of which you and I have already talked
> about. The denial of the religious community and the denial in the secular
> community. In some aspects they are still clueless, certainly about the
> religious community. They have their own biases there; both of them do.
> So then you think about the victim—the Christian victim—she's going to
> have a bias against therapy because the therapist will say, "Leave your
> husband," even though a good therapist won't. Then the therapist is
> working with the client and the therapist can also be in denial about the

impact the abuse is having on her vicariously.

Leanne: It's deeply personal work.

P06: Yes, it is.

Leanne: You can't separate the therapist from the work, so it does have a tremendous impact.

P06: That's right. I mean, Heaven help me if I hear a story like I've been hearing and don't sob over it. Now I may not sob openly in the session, but I sobbed this week over the story of one of my clients. This man she married is beyond horrible and he never physically hit her. That's the piece people don't really get.

Participant 06 gave more feedback related to the secular system. She reiterated her frustration with how IPV is approached by the secular and faith communities, and further suggested the secular community's lack of cultural understanding related to the Christian community. She suggested the interconnectedness between categories *therapist self* and *encountering systems*.

P06: They don't even know how to define themselves. I have sat on committee after committee. They don't even know what to call it—intimate partner violence, intimate partner abuse, domestic violence, family violence. They have an identity crisis. If they can't even name what it is they do and work with, how do they expect people to respect them? They also get incredibly territorial, I think to a fault, and I'd have tomatoes and probably other things thrown at me if I was in a room of DV advocates, but I think they enable the victim to remain a victim. It pisses me off!

Leanne: There's been such a heavy weight on not blaming a victim that in turn we don't help the victim to see her issues that got her into that unhealthy relationship in the first place.

P06: That's right. It's like we tip-toe around the victim like the victim tip-toes around the abuser. They don't understand the conservative Christian community; they don't want to understand, I don't think, because they think we are the problem. And you know, to a degree the religious community has taken scripture and battered women with it, and made them second class citizens.

Participant 06 also suggested the need for training and experience in working with conservative Christian women in IPV, due to the complex nature of the work.

> P06: It is a complex process. To me it's like, if you don't know how to do marriage counseling, don't do marriage counseling.

> Leanne: You better be referring to somebody who's got a level of expertise in it.

> P06: That's exactly right.

Two participants were unavailable for member checks by phone. They submitted feedback regarding the summarized study results and corresponding diagram via email. Participant 04 reported, "[The summary] sounded good to me." Participant 05 stated, "It all looks great. This is so cool!"

The member check provided an opportunity for participants to examine a summary of the study's findings. The summary included a written narrative of the results and a diagram of the categories, properties, and dimensions, and the connections between them. Participants confirmed the findings of the study that working with conservative Christian women who experienced IPV was a fluid, complex, and multifaceted process, centered in a sense of calling. The process of working with this population was fluid rather than linear, and participants suggested moving back and forth between the sense of calling they experienced and the other categories identified in working with conservative Christian women in IPV.

Participants suggested that due to the multifaceted and complex nature of the work with this population, therapists need education specifically related to IPV as well as an understanding of the cultural dynamics involved in working with conservative

Christian women. They suggested the importance of clinical supervision and using self-care strategies to minimize the impact of working with this type of trauma.

Discussion

Following three rounds of interviews, categories, properties, dimensions, and relationships were identified. During the third round of interviews and analysis, and through a member check these categories, properties, dimensions, and relationships took on a level of richness and depth that merged into a grounded theory of the experiences of Christian therapists who work with conservative Christian women in IPV. Each participant was interviewed for the last time during the third round of interviews, and six members participated in the member check. The categories of *having a calling, therapist self, treating the women, encountering systems,* and *therapist understanding* were supported without change. The context of Christian therapists' experiences of working with conservative Christian women in IPV was supported without change.

Having a calling was defined as therapists recognizing that the work they do with conservative Christian women in IPV is vocational as well as professional, stemming from their personal spiritual experiences and beliefs, and originated by God. First round interview data suggested aspects related to a calling, however it was after second round interviews and negative case analysis that *having a calling* emerged as a category.

Participants described *having a calling* as being central to the work they did with IPV. The calling they described resulted from their personal spiritual experiences with God and the transformation processes they experienced. Their personal experiences and spiritual convictions informed how they worked with the issue of IPV, and specifically

with conservative Christian women who experienced IPV. Their sense of calling was central to their work and it provided a foundation for addressing multi-faceted needs and complexities involved in working with this population. *Having a calling* is not always easy to describe or to understand as it is deeply personal based on participants' spirituality and religious beliefs. It is rooted in relationship between participants and God, and is simultaneously stable and fluid. In other words, the calling they sense is something specific they have responded to but it is based in ongoing, fluid relationship with God so that they may be *experiencing God* as they are *experiencing transformation*, especially as it relates to the process of working with their clients. In turn, it affirms participants' sense of calling.

The category *having a calling* had two properties, *experiencing God* and *experiencing transformation.* These properties were separate yet interrelated to each other and to the other categories and properties. *Experiencing God* was related to participants' personal spiritual lives that consisted of beliefs about God, experiences related to their spirituality, and their perceptions regarding religious teachings and practices. Participants suggested their experiences with God informed them that he was a God of love, peace, freedom, and justice, and that the injustice and cruelty of IPV had no place in a Christian spirituality. *Experiencing transformation* was related to participants' experiences in the change process with conservative Christian women who experienced IPV, and with the systems—religious and secular—that surrounded the clients and the therapists. Participants described how they had experienced the change process personally and how it informed their work. They also addressed experiences they had

with the transformation processes of their clients and the changes, or lack thereof, they experienced in the systems that surrounded their clients and them. Participants were affirmed in their spirituality and sense of calling when they experienced growth and change in their clients. A dimension of transformation emerged that was *small-large*. Participants also suggested their personal spirituality was central to their work and that they did not believe they could do what it required of them without their spiritual moorings.

Therapist self was a category that referred to the person of the therapist. Following first round interviews the conceptualized category of *therapist self-awareness* was identified. Second round interview data and negative case analysis contributed to renaming the category to more accurately reflect the whole person of the therapist. *Therapist self* had seven properties, *spirituality, personal abuse history, impact of women's stories, impact of religious system, impact of secular system, experiencing emotions,* and *understanding needs*. The property *spirituality* was most closely connected to *having a calling*, as it provided the foundation from which the calling emerged. All of the properties of *therapist self* reflected the person of the therapist and her awareness of herself as she worked with conservative Christian women who experienced IPV. As with *having a calling*, *therapist self* interacted with every other category, with the strongest connections between *therapist self, treating the women,* and *encountering systems*.

Treating the women was a category that was defined as providing clinical counseling services to conservative Christian women experiencing IPV, which included

providing a safe environment in which women could tell their stories to therapists who understand IPV and the Christian faith, without fear of judgment. It also involved assisting the women in understanding the psychological, emotional, and spiritual impact of intimate partner violence, in order to facilitate healing.

Treating the women had five properties, *respecting, supporting, educating, challenging perspectives*, and *empowering*. Participants discussed how they worked with conservative Christian women in the healing process of treatment by providing empathic help, by providing practical education regarding IPV and its impact, and by challenging their perspectives regarding abuse, religious teaching, and healthy relationships. They also described honoring their clients' self-determination for their individual circumstances. Participants suggested strong connections between *treating the women* and *therapist self*, especially with the properties *spirituality, personal abuse history, impact of women's stories, experiencing emotions,* and *understanding needs*. As previously discussed, *treating the women* was strongly connected to the category *having a calling*, as it was out of the calling experienced by participants that *treating the women* occurred. Participants also suggested strong interrelatedness between the properties *experiencing transformation* and *spirituality* due to feeling affirmed in their spirituality as they experience client and/or system changes

Following first round interviews a tentative category of *interfacing with conservative Christian faith communities* emerged. Second round interviews and negative case analysis resulted in a name change to *encountering systems* to more thoroughly describe participants' experiences with both sacred and secular communities.

Two subcategories emerged that were *religious community* and *secular community*. Properties of *religious community* were *respecting, collaborating, educating,* and *advocating*. Properties of *secular community* were *respecting, collaborating,* and *educating*. Participants described ambivalent feelings about both religious and secular systems as they worked with IPV. They suggested that their encounters with both communities were more often frustrating than encouraging, although they acknowledged the particular challenges each community faced when dealing with IPV. Participants also suggested they felt stereotyped and misunderstood by both religious and secular systems.

During the third round of interviews participants described dimensions to the categories *educating* and *collaborating*. They suggested their willingness to educate the *religious community* regarding IPV was most often dependent upon the initiation of an invitation from the community. The dimension that emerged was *invited-uninvited*. They identified a dimension to *collaborating* that was *open-resistant* as they expressed willingness to explore collaboration when the *religious community* was open to such partnership. They expressed the need for support from both religious and secular communities when working with IPV, and suggested that more collaboration between the systems would be helpful for the women they served.

The strongest connections between categories and properties were between *encountering systems*, *therapist self,* and *treating the women*, with properties of *spirituality, impact of religious system, experiencing emotions, understanding needs, educating, collaborating,* and *advocating*. The property *experiencing transformation* was

also related as participants also experienced *having a calling* as it related to effecting change in the Christian religious system.

The category *therapist understanding* originally emerged after first round interviews with two subcategories, *IPV and conservative religious system*, and *healing process*. After second round interviews and negative case analysis, the subcategory previously conceptualized as *IPV and religious system* was divided into two subcategories, *IPV* and *religious system* in order to account more specifically for how the therapist understands each of these as she works with IPV. This category reflected the therapists' understandings related to the issue of IPV, its dynamics, impact, and the ethical issues associated with it when working with their clients. It also reflected their understandings of the conservative Christian religious system and the challenges Christian women face when they seek help for IPV, and it accounted for the understanding participants had regarding the needs of women in the healing process.

Participants suggested connections with all other categories, especially as their understanding gave them a level of expertise when working with the complexities involved with the issue of IPV and the cultural considerations necessary with this population. No changes occurred to this category with third round interviews.

Three rounds of interviews and negative case analysis produced a structure of categories and properties that described the experiences of Christian therapists who worked with conservative Christian women in IPV. The interviews provided data that were saturated and has led to the development of a grounded theory.
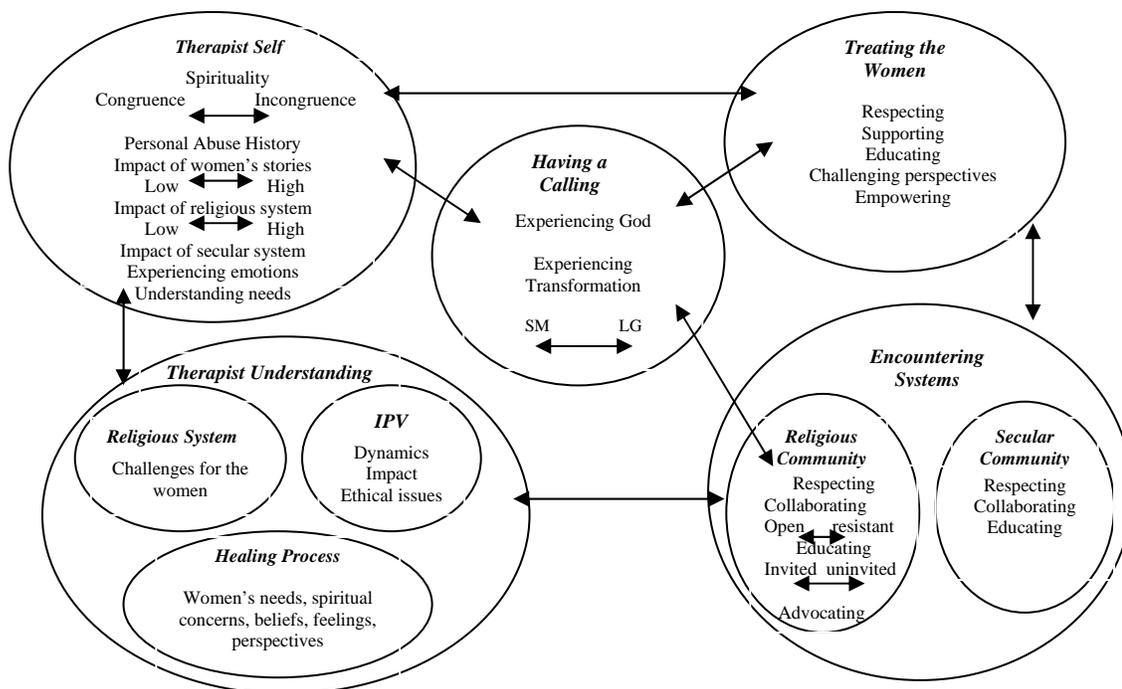
Therapist Self

Spirituality

Congruence ⟷ Incongruence

Personal Abuse History
Impact of women's stories
Low ⟷ High
Impact of religious system
Low ⟷ High
Impact of secular system
Experiencing emotions
Understanding needs

Having a Calling

Experiencing God

Experiencing Transformation

SM ⟷ LG

Treating the Women

Respecting
Supporting
Educating
Challenging perspectives
Empowering

Therapist Understanding

Religious System

Challenges for the women

IPV

Dynamics
Impact
Ethical issues

Healing Process

Women's needs, spiritual concerns, beliefs, feelings, perspectives

Encountering Systems

Religious Community

Respecting
Collaborating
Open ⟷ resistant
Educating
Invited ⟷ uninvited

Advocating

Secular Community

Respecting
Collaborating
Educating

Fig. 6.1
Relationship Among Categories

Chapter VII

Discussion

The focus of this research project was to explore the experiences of Christian therapists who worked with conservative Christian women in intimate partner violence. Six participants responded to inquiries sent out by the researcher to numerous professional mental health organizations, university faculty, and experts in the area of intimate partner and domestic violence. Individuals contacted were provided with information about the study, a Participant Information Form, and an Informed Consent document and were asked to forward these on to therapists they knew who met the criteria for this study. An invitation was also extended to these initial contacts to participate if they met the participant criteria for the study. Criteria for the study included licensed or nationally certified female therapists who identified as Christians, who had been or currently were active in conservative Christian faith communities, and who worked with conservative Christian women who experienced intimate partner violence,

Six therapists who met the study criteria participated in three 30-60 minute telephone interviews and one member check over a nine month period of time. Two participants were from the Pacific Northwest, one was from the Rocky Mountain region, one was from the Midwest, one was from the East, and one was from the Southeast. The following is the culmination of their ideas into a grounded theory of the experiences of Christian therapists who work with conservative Christian women who experienced IPV.

A Grounded Theory of the Experiences of Christian Therapists who Work with

Conservative Christian Women Experiencing Intimate Partner Violence

The experience of working with conservative Christian women in IPV for these participants was a multi-faceted process that involved dealing with the complexities inherent in the issue of intimate partner violence and the cultural norms and ideologies of a conservative and often rigid religious system. Participants described their experiences in terms of the internal and external processes that occurred for them as they worked with IPV, individually with their clients as well as in relation to the social systems that surrounded them. Their work in IPV affected them in a comprehensive fashion, impacting them spiritually, emotionally, psychologically, and physically.

Five themes, or categories, emerged from this process. The primary theme was related to participants' experiences of feeling called by God to work in IPV, and particularly with conservative Christian women. This theme was labeled having a calling and it was perceived as being vocational as much as professional and coming directly from their personal faith convictions and deeply personal experiences with God.

Participants suggested they perceived and experienced God in personality and character as loving and just. Their experiences and understandings motivated them to encourage exploration and growth in their clients, and to challenge perspectives that kept them in oppressive and abusive relational patterns. The calling to work in IPV was described as coming from a personal relationship and experience with God, rather than association with any particular religious system. They referred to the healing impact of their personal spiritual beliefs and experiences related to their own healing processes.

They perceived intimate partner violence as incongruent with Christian spirituality. As a result, participants described ongoing motivation to effect change in how conservative Christian women who experienced IPV perceived themselves, God, and how they engaged in relationships. The calling participants described also impacted what it meant for them to experience transformation in their clients, because of the transformation in their own lives. When change occurred, whether it was small or large, participants felt a sense of being affirmed in the work that they did and the belief that it was a calling from God. When change did not occur, participants sometimes wondered about the work and if they were doing what God wanted them to do. They expressed feeling discouraged sometimes and full of questions as to why the injustice was allowed to continue since it was contrary to their understanding of God's character and will. However, all participants suggested that while they questioned, they did not lose faith and that the experiences led them into a deeper spiritual experience with God. Such a process contributed to further growth for them and a renewed sense of calling.

Participants described the direct work they did with conservative Christian women as multi-faceted and complex. They had to give consideration to understanding the dynamics and impact of intimate partner violence, as well as how the overlay of the conservative Christian culture impacted their clients and the work. Their understanding of the needs of their clients in therapy and the conservative religious culture in which the clients were involved came from an insider perspective. All of the participants had been involved in or were currently involved in a conservative Christian faith community, and understood the particular challenges that abused Christian women faced when seeking

help. As a result of their understanding they were able to clinically treat their clients by providing a safe space for the women to share their stories. While this is something they would do as trained therapists, the sense of calling they experienced from a spiritual standpoint enabled them to provide care from a level of expertise in both IPV and Christian culture. This provided a greater sense of safety to their Christian clients as they built a therapeutic alliance. One of the concerns that conservative Christian women often have in seeking professional counseling services is finding a therapist with similar religious beliefs. Often there is a fear that going to a professional for help will result in being told she has to leave her abusing spouse. Participants described how they worked with their clients to build trust so that they could better assist in the women's healing processes.

Participants suggested that much of the work they did with conservative Christian women involved educating them regarding IPV and how their abuse experiences were not in line with Christian spirituality. They found themselves challenging their clients' perspectives regarding their understandings of marriage, divorce, and healthy relationships, and educating them in these areas while respecting their clients' need to make their own decisions for their lives. They suggested this was a fluid process, moving back and forth between the sense of calling they had to do the work, honoring their clients' in their individual circumstances, and managing their emotions and personal biases.

In addition to the fluid process of clinical treatment in relationship with the women, participants suggested that their work impacted them in specific ways. They

experienced impact from hearing their clients' stories of abuse. This had low to high

impact on them, depending on the severity of the abuse they heard. Some participants

reported secondary trauma responses that resulted in nightmares, fatigue, changes in their

perceptions of the world and the levels of safety in it, and raised their sensitivity to abuse.

They suggested some experiences of a parallel process with their clients, where they

sometimes felt isolated and fearful of being betrayed or shunned within their own

communities of faith. Sometimes they feared for their own safety and found ways to

manage their work environments in order to increase a sense of safety.

Participants experienced various emotions as they worked in IPV. The emotions

crossed over into every area of their work, whether it was with their individual clients or

whether it was when they encountered the religious and secular communities. They

suggested the emotions regarding this issue were not on a scale but primarily ran high

whether they were pleasant or unpleasant emotions. Their experiences in both religious

and secular communities created ambivalence due to perceived shortcomings on the part

of both systems to meet the needs of abused Christian women. They also suggested that

they often felt misunderstood or stereotyped by both religious and secular communities.

In the conservative Christian community they might be seen as mixing psychology with

faith, something that is unacceptable in rigid conservative faith communities. In the

secular community it might be assumed that participants were committed to saving even

an abusive relationship at all cost, thereby creating a suspicion toward the therapist on the

part of those in the secular world. Participants suggested that engaging with the secular

community concerning the issue of IPV was not contrary to faith and that the secular

community had many resources available to abused women that benefited their clients. They supported increased collaboration between sacred and secular communities in order to better serve conservative Christian women who experienced IPV.

Two participants suggested that they were always seeking opportunity to impact the religious community regarding the issue of IPV. They sought opportunities to educate the community about the dynamics and impact of IPV, and to advocate for the Christian women who experienced IPV. They considered the culture when doing so, intentionally adjusting their language to avoid using secular terminology that they suggested would hinder the community from hearing. Remaining participants were receptive to educating the Christian religious community however they based such activity on invitation from the faith community. Unpleasant experiences they encountered with the religious community contributed to the change process for them related to education, however it did not alter the sense of calling to effect change within the system. They suggested that without such invitation the message they brought regarding IPV was not heard within the Christian community, particularly within leadership such as clergy, elders, and others. Their frustrations with this kind of response motivated them to find other avenues for educating the Christian community.

Participants suggested they were willing to engage with and collaborate with the secular community regarding conservative Christian women who experienced IPV, specifically to educate the secular community regarding the religious culture and the unique needs of the women. They also suggested the secular community often had

valuable resources helpful to their clients; they supported and encouraged utilizing such resources in the healing process.

Participants suggested self awareness related to their responses and needs as they worked with conservative Christian women in IPV. They were aware of the impact their work in IPV had on them and suggested a number of ways they cared for themselves to counter the effects of the trauma work. Some of the strategies were related to setting professional boundaries so that their personal lives were not enmeshed with their professional lives. They suggested that their work with IPV had multi-level impact on them, including spiritually, emotionally, psychologically, and physically. They also suggested it was important for them to care for each of these areas of themselves in order to counter the negative impact. They suggested exercise, meditation practices, prayer, spending time with God, art and music, cultivating beauty around them, and nurturing relationships with family and friends were important to their health. Additionally, they suggested a need to limit the number of clients they worked with who experienced IPV. They participated in supervision and peer consultation, remained current in the literature regarding IPV, and suggested that maintaining connections with other professionals was critical to a healthy balance and a sense of connectivity in an otherwise isolating area of work. Two participants were faced with health issues over the course of the study, and they suggested their work with abused women contributed to their health issues. Despite the multi-level impact on participants, they suggested a continued commitment to the work of effecting change related to IPV within the Christian community.

The model of working with conservative Christian women who experienced IPV that emerged from this study suggests that the processes Christian therapists experienced were complex and multi-faceted. The unique aspects of working both with IPV and with conservative Christian women required special consideration. Participants suggested that each of the five categories and their properties were important and interrelated in the work they did. The process took place in the context of the work they did with IPV. The process was fluid as participants experienced moving between the sense of calling they experienced in relationship with God, their work with conservative Christian women who experienced IPV, the systems that surrounded their clients and themselves, and the personal impact experienced as a result of the work.

Limitations

The grounded theory of Christian therapists' experiences as they worked with conservative Christian women who experienced intimate partner violence provided details of the process of working with IPV that emerged based on data collected through the interview process. The details included having a calling, therapist self, treating the women, encountering systems, and therapist understanding. This study utilized a grounded theory methodology to create, validate, and understand the experience from the participants' perspectives. The methodology included procedures to increase the trustworthiness of the findings. The procedures addressed credibility, transferability, dependability, and confirmability. Limitations to the findings were also considered.

Several procedures were utilized to increase the possibility that credible findings and observations would be produced. The first was prolonged engagement. Prolonged

engagement helps to build trust, helps the researcher to learn the participant's culture, and helps to prevent any misinformation from being generated (Lincoln & Guba, 1985). My data collection took place over a nine-month period of time. I conducted three phone interviews over that period of time, in addition to a member check at the end of the data collection process. Given my training and skills as a therapist I am confident that this amount of time was enough to build good rapport with the participants.

Another procedure used to enhance credibility was triangulation of the data with a literature review. Primary findings from each round of interviews were compared to current literature. While there is a substantial body of literature related to IPV, less is available related to IPV and conservative Christian women. No literature was found that was related to the experiences of Christian therapists who worked with conservative Christian women who experienced IPV. No literature was found related to Christian therapists' sense of spiritual calling when working with conservative Christian women who experienced IPV. The lack of data could be considered a limitation of the study. The lack of data may be due to the history of separating religious and spiritual matters from the counseling process. Research has suggested a need for change in this area (Pate & Bondi, 1992; Young et al, 2007). Perhaps the separation of spiritual issues from counseling has also resulted in the absence of a perceived need to understand the experience of Christian therapists as they work with conservative Christian women concerning IPV. It may also be that the lack of literature regarding this issue is due to a lack of exposure of the issue of IPV, and more specifically the issue of IPV within religious communities, within counselor training programs. The participants in this study

disclosed that they had received no formal training in their graduate programs. The training on IPV that they received was through self study and seminar settings following their graduate studies, in addition to what they learned in their clinical practices working with IPV. Their experiences in conservative Christian faith systems informed the cultural understandings they had.

Peer debriefing was utilized to ensure that researcher bias was not influencing the findings. My peer asked me questions about the findings that required me to look at and consider the data from a different perspective, thereby keeping my bias in check. Ongoing examination of my biases was another method of ensuring credibility. I considered my own biases and made them known at the outset of this research. My biases were that I am a therapist who identifies as Christian. I have worked for more than a decade with conservative Christian women who experienced IPV, and I have experienced conservative faith communities, including how they respond to IPV. By being clear about my biases and working with a peer, I was able to limit the impact of my biases upon data analysis and theory. I drew my questions for interviews from the data that emerged rather than from information I already knew. Despite the care given to suspending my own biases, my personal experiences could have been a factor in my data analysis.

Negative case analysis was also used in this study to confirm the results of the data. Negative case analysis is the "process of revising hypotheses with insight" (Lincoln & Guba, 1985, p. 309). I continually checked the data and the emerging hypotheses with

each round of interviews. This strategy provided opportunity to continually revise and refine the hypotheses until the final hypotheses emerged.

Finally, a member check was utilized to increase credibility of the study. Member checking is presenting the findings of the data to the participants for their confirming or corrective feedback. The member check also allowed participants to share their experiences of participating in the study. Participants disclosed findings were accurate related to their experiences of working with conservative Christian women in IPV. A limitation to the research may be that not all participants gave feedback via phone contact; two were unavailable for member checks by phone and gave feedback via email.

Procedures were also in place to address transferability. Transferability is the extent to which findings can be transferred to other settings. From this research several factors are to be considered related to transferability. There were six participants who were in five different geographical regions in the United States. There were two participants from the Northwest, one from the Rocky Mountain region, one from the Midwest, one from the East, and one from the Southeast. All participants were licensed mental health practitioners, female, and identified as Christian. All participants were currently part or had been part of, a conservative Christian religious system. All participants had expertise in working with IPV and with conservative Christian women in IPV. Participants responded to emails that were sent to professional mental health organizations, universities, and counseling agencies or practices with specialization in treating IPV. These participants may or may not represent typical Christian therapists

who work with conservative Christian women in IPV, and this should be taken into consideration when evaluating transferability.

There are detailed descriptions of the content of the study, along with the study procedures included. Others can review the research data and make decisions based on their population, regarding the extent to which the findings will be applicable to their settings. This research cannot be transferred to all Christian therapists, which is a limitation of the study.

Dependability and confirmability are interrelated and address the extent to which the research is reproducible and how it best fits participants' views. Member checking provided the best way to assure the research was confirmable. An audit trail was kept and can be made available for others to replicate the study, and addresses both confirmability and dependability. The audit trail for this research includes the raw data derived from audio taped interviews. Audiotapes were destroyed to protect participant confidentiality. There was also analyzed data, process notes, and research development notes. This information is available if needed and assisted in the trustworthiness of the findings.

This study met the criteria of trustworthy research. Through the utilization of techniques that promote credibility, transferability, confirmability, and dependability, the grounded theory not only represented the experiences of the participants, it also provided information that could be useful to other settings and studies. The major limitations of the study were the use of interviews, the limited literature related to the phenomenon, and a limited sample group.

Implications

This qualitative research study has developed a grounded theory of the experiences of Christian therapists who work with conservative Christian women experiencing intimate partner violence. The theory focuses on the multi-faceted and complex process of Christian therapists working with conservative Christian women in IPV, which includes the therapists having a calling. The calling comes from a personal transforming experience and relationship with God and is central to the work they do with their clients. The sense of calling they experience also informs how they engage with religious and secular systems when working with IPV. The process is fluid as participants experience moving between the sense of calling they experience in relationship with God, their work with conservative Christian women who experience IPV, the systems that surrounded their clients and themselves, and the personal impact the therapists experience as a result of the work. Given the uniqueness and complexities of the findings of this research, there are implications for counselor educators, for counselors in training, and for further research.

Counselor Educators

The research over the past two decades has brought attention to the need for counselor education and competency related to the integration of spirituality and religion into the counseling process (Kelly, 1994; Pate & Bondi, 1992; Young et al, 2007). Pate and Bondi (1992) suggested that for counselors to ignore the religious beliefs of clients was to neglect both cultural and value diversity. In a profession that places a high value

on multiculturalism, the apparent lack of attention given to training counselors regarding the integration of religion and spirituality into the counseling process seems incongruent. According to Pederson (1997) and Logo (2006), human beings are born into a context of existing culture, which is the framework in which they learn and display behaviors. Such culture affects the way human beings encounter the world and relate to other people. Religious beliefs are often part of a client's cultural history (Kelly, 1994) and may be an integral part of the client's identity (Young et al, 2007).

Pate and Bondi (1992) cited the necessity to respect the unique spiritual and religious beliefs of clients based on ethical considerations. They suggested that the issue for counselor educators was not whether religion and spirituality should be taught, but how they should be integrated into counselor education curriculum. More recent literature suggests that while counselors indicate there may be a need to consider clients' spiritual and religious values in the counseling process, many still do not feel competent to do so (Young et al, 2007).

A study of the impact on counselors working with sexual violence clients suggested the critical nature of good supervision for counselors who worked with trauma clients (Sommer & Cox, 2005). All but one participant in that study had received no formal as to how to work with victims of sexual violence while in their counselor education programs. They also indicated they received no training regarding vicarious trauma or how to deal with the impact of it with self-care strategies. Some found that once they had jobs in the field, clinical supervisors were not equipped or were insensitive to their needs for support as they worked with sexual violence survivors. Some

suggested their treatment in supervision was shaming as supervisors minimized or dismissed the supervisees concerns and needs for support. The study suggested the importance of introducing the topics of trauma counseling and vicarious trauma in practicum and internship courses so that future counselors and supervisors would be sensitized to the complexities of trauma work and the need to manage secondary trauma, as well as to assist them in understanding the critical role supervision plays in the support of counselors who work with difficult populations.

The literature supports the integration of spiritual and religious considerations into the counseling process. It also supports including spiritual and religious content into counselor education programs as part of multicultural counseling training and developing counselor competency in these areas. The literature also supports the training of counseling students regarding trauma work and the vicarious traumitization that can happen to therapists as a result of working with victims of assault. The participants in this study suggested the importance of supervision and self-care for therapists who work with trauma. The data also suggested the complexities of working with conservative Christians. The implication for counselor educators is that specific training is needed for counselors to work with complex client issues such as IPV, as well as with the unique needs of clients who have spiritual concerns. The attention given to developing these competencies in counseling students would result in more thorough and relevant training, and in supervisors being better equipped to help counselors with the unique and complex issues involved in counseling conservative Christian women who experience IPV.

Counselor Trainees

The current research could provide counseling students with important information related to conservative Christian culture and the experience of working with conservative Christian women who experience IPV. The participants in this study provided a rich description of their experiences and processes in working with conservative Christian women who experienced IPV. Their understanding of the conservative Christian culture, of IPV, and of the unique and complex dynamics involved in working with both may be informative to counselor education students as they develop understanding and skills in working with a variety of client populations.

Future Research

This study was an exploratory study on the experiences of Christian therapists as they worked with conservative Christian women experiencing intimate partner violence. This study suggested that the therapists experienced having a calling to do the work they did, and the calling originated out of their personal spiritual beliefs and experiences with God. The process of working with conservative Christian women in IPV was a complex and multifaceted and fluid process as participants experienced moving between the sense of calling they experienced in relationship with God, their work with conservative Christian women who experienced IPV, the systems that surrounded their clients and themselves, and the personal impact experienced as a result of the work.   This qualitative study provided a rich description of the participants' experiences and could add to the body of literature that is available regarding working with IPV and working within a conservative Christian culture.

Future research could include a study exploring the counseling experiences of conservative Christian women who experienced IPV and who worked with Christian therapists. The participants in this study suggested specific interventions they used in treating their clients. A study investigating what was helpful to abused Christian women in their healing processes could expand understanding into their unique needs.

Participants suggested feeling stereotyped within the secular system when they worked with IPV. A future study investigating the attitudes and beliefs of those in the secular system who work with IPV victims toward Christian therapists who work with IPV could be informative related to increasing understanding and encouraging collaboration. Participants suggested that increased collaboration could benefit the women with whom they worked.

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