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Domestic Violence Survivors Experience of Psycho-Educational Career Group: A Qualitative Study

Desiree A. Jagow-France

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DOMESTIC VIOLENCE SURVIVORS EXPERIENCE OF A PSYCHOEDUCATIONAL CAREER GROUP: A QUALITATIVE STUDY

by

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Bachelor of Arts, University of North Dakota, 2001

A Dissertation
submitted to the Graduate Faculty
of the
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in partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

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December
2009
This dissertation, submitted by Desiree A. Jagow-France in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

This dissertation meets the standards for appearance, conforms to the style and format requirements of the Graduate School of the University of North Dakota, and is hereby approved.

Joseph D. Berard
Dean of the Graduate School

December 10, 2009
Date
Domestic Violence Survivors Experience of a Psycho-Educational Career Group: A Qualitative Study

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I dedicate this dissertation first to my daughter who has been my inspiration to start this journey. Secondly, I dedicate this dissertation to my father who gave me the strength and courage to continue down this path. And lastly, I dedicate this dissertation to my sister and mother who without their love and support I could not have finished this journey. No words of thanks can adequately express the depth of my appreciation and love.

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To All Survivors of Intimate Partner Violence
ABSTRACT

Domestic violence is a prevalent occurring phenomenon not only within the United States but in other countries as well. Research has just begun to explore the impact domestic violence has on the career paths of survivors and has made limited exploration of the impact domestic violence, in general, has on ethnic minorities. The purpose of this study was to explore and grow our understanding of the impact of a career counseling group on the vocational goals and opportunities of survivors of domestic violence through qualitative analysis. Ground Theory was chosen for the qualitative analysis specific because it provides for the real and detailed lived experiences of women survivor’s of domestic violence in a career intervention group.

The study resulted in the development of a theoretical model. The model was conceptualized with human agency as the core and seven empowering constructs that flow in and out of and interact with the core construct. The seven empowering constructs included connectedness; domestic violence awareness; culture; external resources; internal barriers; external barriers; and identifying goals. As the seven empowering constructs interact with the core construct, self-efficacy, the most influential component of human agency, appears to have increased. Self-efficacy in this model was related to career self-efficacy due to the focus of the group was on employment, vocational interests, skills, and goals. At the beginning of the research study all six participants were unemployed and had hopes of gaining employment. At the termination of the study, four
out the six participants were satisfactorily employed, one participant was enrolled as a student at the local university, and one participant’s employment was unknown due to attrition of that participant.

At termination of this study the group participants were motivated and each made progress towards their vocational goals. They also all noted they gained valuable friendships as a result of the group process. The results of this study indicate supportive, educational, and empowering interventions may lead to survivor’s pursuit of vocational goals.
CHAPTER I

INTRODUCTION

The purpose of this study was to qualitatively explore experiences of six survivors of domestic violence enrolled in Temporary Assistance for Needy Families (TANF) who took part in a career oriented psycho-educational group. Domestic violence has always been part of our society, and until recently, it has been a taboo subject of discussion and research (Gordon, 2002). The research reveals survivors of domestic violence suffer from physical, psychological, financial distress and even death in some instances (Stop Violence Against Women, 2009). Studies revolving around domestic violence have examined survivors' emotional and physical needs but have done little in regards to exploring the long-term vocational and financial needs of survivors or the impact of the interventions used to assist them with these concerns. The intent of this study was to gain a deeper understanding of the impact of one such intervention by analyzing (via grounded theory) the interviews of six women prior to, during, and after the experience of vocationally oriented group intervention focused on the needs of survivors of domestic violence.

In order to provide a more thorough background regarding these goals, this chapter reviews the literature on the definition of domestic violence, the tactics of power and control used in domestic violence, effects, the prevalence rates of domestic violence,
and the etiology of domestic violence. Secondly, TANF and its interaction with domestic violence are explored. Thirdly, the research on domestic violence and work is examined. Fourth, Native American Career Concerns are reviewed; fifth the literature on career related interventions and treatment of domestic violence survivors is described and lastly literature review on Grounded Theory is discussed.

Literature Review

*Domestic Violence*

Definitions

Domestic violence is the use of power and control tactics, such as physical and emotional abuse, by a former or current intimate partner to gain power and control over the other (current or former) partner (The National Domestic Violence Hotline, 2009). Domestic violence is prevalent throughout the United States and its effects are devastating, all too often resulting in unnecessary physical disability (temporary and permanent), significant mental health concerns, unemployment, isolation, and even death. Domestic violence knows no boundaries regarding race, religion, socioeconomic status, age or gender. Domestic violence also occurs within same-sex relationships (National Coalition Against Domestic Violence, 2009).

The Center for Disease Control and Prevention (2006) refers to domestic violence as “intimate partner violence”. Intimate partner violence, as defined by the Center for Disease Control and Prevention (2006), is abuse that occurs between two people in a close relationship which includes current or former partners, as well as, dating partners. The Center for Disease Control and Prevention (2006) further defines intimate partner
abuse on a continuum. The abuse, on the continuum, ranges from a single episode to ongoing abuse.

In a report published in May, 2000 by the U.S. Department of Justice Bureau of Justice Statistics, domestic violence is defined as violent crimes committed by current or former spouses, boyfriends, or girlfriends. Violent crimes were defined as lethal (homicide) and as non-lethal (rape, sexual assault, robbery, aggravated assault, and simple assault) offenses.

Many different sources of literature regarding domestic violence use the terms “battered woman”, “victim” or “survivor” to refer to an individual who has experienced some form of domestic violence (McHugh and Bartoszek, 2000). Each of these terms are used interchangeably throughout the rest of this paper to refer to individuals who have experienced domestic violence in one form or another. The literature is just as varied in terms used for an individual who uses tactics of power and control. These terms included “batterer”, “perpetrator”, “abuser”, and “offender” (An Abuse, Rape and Domestic Violence Aid and Resource Collection, 2009). Each of these terms are also used interchangeably throughout this paper to refer to an individual who engages in behaviors of power and control over a current or former partner.

Although the terms “victim”, “battered woman”, and “survivor” are used interchangeably throughout this paper it must be noted there are differences between the terms “victim” and “survivor”. The term “victim,” when used in referring to a woman, who has been battered, implies her inability to seek help and/or leave the situation. The term “survivor”, when applied to a woman who has been battered, focuses on her
strengths and skills to seek help, cope, and survive the situation (McHugh and Bartoszek, 2000).

**Tactics of Power and Control**

Domestic Violence can be broken down into four different forms of abuse: 1. psychological, 2. physical, 3. sexual, and 4. economic/financial abuse (Flanagan, 2003). According to Flanagan (2003), psychological abuse includes such acts as intimidation, stalking, verbal abuse, isolation, coercion, put-downs, threats, cheating, mind-games, manipulation, and ignoring the needs or complaints of the survivor. Physical abuse is the act of using physical force to hurt another with any part of the body or with an object (e.g., knife, hammer, gun, etc.); it is also the act of abandoning a person in an unsafe place, and refusing to help a person when they are sick. Physical abuse also include such the behaviors as throwing objects at or near a person, spitting at or on a person, pulling hair, kicking, and slapping (Flanagan, 2003).

Flanagan (2003) asserts that rape, forced masturbation, sexual humiliation, forced prostitution, grabbing or unwanted touching of the sexual parts of a person’s body, the refusal to use contraceptives by the perpetrator, and coerced abortions are all examples of sexual abuse. Examples of financial/economic abuse are the withholding of money, the refusal to allow a survivor to open or have access to a bank account, and the refusal of the survivor to gain employment or education (Flanagan, 2003). All forms of abuse contribute to the emotional distress of a survivor, which could be considered a fifth form of abuse (Flanagan, 2003).

Stalking, a form of psychological abuse has taken on new forms and created new challenges for victims and law enforcement since the increased integration of the internet
and wireless phones into our personal and professional lives. Stalking, as defined by the Women's Center for Sexual and Domestic Violence Services (2009), is a behavior a person purposefully and repeatedly engages in to harass another person, which results in the extreme fear, torment, or terror of that person. Stalking is most often committed against women in the domestic violence context. Stalking usually occurs in forms of annoying, threatening, or obscene phone calls, emails, letters, text messages, web messaging (cyber stalking), and third party communication. Stalking can also take the form of following the victim, watching from afar while the victim is at home or in the community, tapping phone lines, and using video surveillance.

**Prevalence**

*Women.* More than 1 million domestic violence crimes were reported in 1998, of which 900,000 were violent crimes against females (U.S. Department of Justice Bureau of Justice Statistics, 2000). Domestic violence is primarily a crime against women. In 2001, women accounted for 85 percent of the victims of intimate partner violence (588,490 total) and men accounted for approximately 15 percent of the victims (103,220 total). Women are also much more likely than men to be killed by an intimate partner. In 2000, intimate partner homicides accounted for 33.5 percent of the murders of women and less than four percent of the murders of men (The Voice of Women National Domestic Violence Statistics, 2009).

On average, according to a report from the Federal Bureau of Investigation (FBI), domestic violence claims the lives of four women each day (U.S. Department of Justice Bureau of Justice Statistics, 2000). Globally, at least one in every three women has been beaten, coerced into sex or otherwise abused during her lifetime. Thirty-one percent of
American women reported being physically or sexually abused by a current or former partner at some point in their lives. Thirty percent of Americans have reported knowing a woman who has been physically abused by her husband or boyfriend in the past year. Statistics show that women are less likely than men to be the victims of violent crimes overall, but women are five to eight times more likely than men to be victimized by an intimate partner. Statistics also reveal that up to 324,000 pregnant women, each year, experience intimate partner violence. Also noteworthy is the statistical evidence that pregnant and recently pregnant women are more likely to be victims of domestic homicide than to die of any other cause. Domestic homicide is the leading cause of death overall for pregnant women (The Voice of Women National Domestic Violence Statistics, 2009).

In a study conducted by Campbell, et al. (American Journal of Public Health, 2003), it was revealed that access to firearms yielded a more than five-fold increase in risk of domestic homicide concluding that domestic violence perpetrators who possess a gun(s) tend to inflict the most severe forms of power and control tactics on their partners. In analysis of homicide data for the year 2002 it was determined that of all females killed by a firearm, almost two-thirds were killed by their intimate partner. This number was three times higher than the total number of women killed by male strangers using all weapons combined (The Violence Policy Center, 2004).

Women are more likely than men to be victims of sexual assaults. According to Tjaden and Thoennes (2000), 78% of victims of rape and sexual assault were women and 22% were men. Most acts of sexual violence are perpetrated by men. In the same survey it was documented that 100% of rapes, 92% of physical violence and 97% of acts of
stalking against women were perpetrated by men. It was also noted that 70% of sexual violence, 86% of physical assaults, and 65% of acts of stalking against men were also perpetrated by men (Tjaden and Thoennes, 2000). Basile (2002) concluded in a national survey that 34% of women had experienced sexual coercion by a husband or intimate partner. Basile (2002) national survey also found 76% of women who reported they had been raped and/or physically assaulted stated a current or former intimate partner committed the crime.

Tjaden and Thoennes (2000) found in their survey (National Violence Against Women Survey) 1,006,970 women and 370,990 men are stalked each year in the United States. Of these stalkers 87% are male. Fifty-nine percent of female victims are stalked by an intimate partner. Of the female victims who are stalked by an intimate partner, 81% are also physically assaulted and 31% of the female victims are also sexually assaulted by that partner. The average duration of stalking is 1.8 years but increases to an average of 2.2 years when the stalker is a current or former intimate partner. Ethnicity statistics show that 17% of American Indian and Alaska Native women are stalked in their lifetime. This percentage is significantly higher when compared to 8.2 % of white women, 6.5% of African American women, and 4.5% of Asian/Pacific Islander women (Tjaden and Thoennes, 2000). When victims of domestic violence leave their abusers, abusers often stalk victims in an effort to regain control. Because of this increased risk victims fear for their lives and for the safety of their children.

Men. Although women are 10 times more likely to be the recipient of abuse then men, men also experience domestic violence. In a report from the U.S. Department of Justice Bureau of Justice Statistics (2000) in 1998, men were the victims of at least
160,000 violent crimes committed by an intimate partner. It is estimated between four and six million individuals report intimate partner abuse each year (Newton 2001). Although these estimates are significantly high, they are actually only reflective of abuse that is reported. Hundreds of incidents of domestic violence go unreported each year. The reasons for not reporting vary from fear of further abuse, to embarrassment, and to being uninformed (i.e., not understanding what actually constitutes domestic violence) (Newton 2001).

Minorities. Minorities experience domestic violence at a statistically higher rate than whites. According to the Southwest Center for Law and Policy (Perry, 2005), Native Americans experience rape and sexual assault at more than double the rate of other racial groups. The rapes and sexual assaults perpetrated on Native American women were slightly more likely to be committed by a stranger or an acquaintance than by an intimate partner.

According to Newton (2001), Black women and men suffer from the highest rates of domestic violence. They also suffer from the highest domestic homicide rates. It is estimated by Newton (2001) that black females experience domestic violence at a rate 35% higher than the rate of white females and black males experience domestic violence at a rate of 62% higher than white males.

As stated earlier, domestic violence has no boundaries and affects every ethnicity. According to Rennison (2001), domestic violence rates for Hispanic women peak between the ages of 20-24. Although, domestic violence was found to be at lower rate for Hispanic women than non-Hispanic women, the violence was found to be spread out over a larger range of ages. It has been reported by the Texas Council on Family Violence
(2002) that approximately 64% of Hispanic Texans have experienced intimate partner violence or had knowledge of a family member who has experienced intimate partner violence.

Tjaden and Thoennes (2000) found a low rate of domestic violence within the ethnic populations of Asian and Pacific Islander women. They state 12.8% of Asian and Pacific Islander women have experienced intimate partner violence. Tjaden and Thoennes (2000) noted the low rate of intimate partner violence may be due to underreporting of domestic violence. In a telephone survey conducted by The National Asian Women’s Health Organization (2002) found out of 336 Asian American Women, 16% had experienced coercion to have sex with an intimate partner. The same survey revealed 12% of the women had experienced physical abuse by an intimate partner and 27% reported emotional abuse.

According to the Asian Task Force Against Domestic Violence (2004) 44-47% of Cambodians surveyed at an ethnic fair in Boston reported knowing a woman within an intimate partner abuse situation. The Immigrant Women’s Task Force of the Coalition for Immigrant and Refugee Rights and Services found in a survey of 54 Filipina women living in San Francisco 20% reported they had experienced domestic violence (American Bar Association, 2009).

In another study which looked at the prevalence rates of domestic violence in ethnic minority women, found in a random sample of 211 Japanese immigrant women and Japanese American women, 61% had experienced some form of intimate partner violence (American Bar Association, 2009). This study also found these women also experienced behaviors by their partners that were determined to be culturally abusive
such as turning over a table and throwing liquid at a woman (American Bar Association, 2009).

A research study examining violence in Korean families found out of 256 Korean men living in the Chicago and Queens area in 1993, 18% reported committing a form of physical violence against their partner within the last year (American Bar Association, 2009). Out of those individuals who committed the physical violence, 6.3% were categorized as having committed “severe violence”. According to the researcher, “severe violence” included such thing as kicking, biting, hitting with a fist, threatening with a gun or knife, and shooting or stabbing (American Bar Association, 2009).

A study on intimate partner violence against South-Asian women was conducted in 2002 with a sample of 160 South Asian Women living in the Boston area. This study revealed that out of the 160 South Asian women 40.8% had reported experiencing domestic violence with their current intimate partner and 36.9% of these victims of domestic violence reported the violence occurred within the last year (American Bar Association, 2009).

Studies on female immigrants in the United States and domestic violence suggest an increase of abuse by their intimate partner after their immigration to the United States. In a study on the characteristics of help seeking behaviors, resources, and service needs of battered immigrant Latinas it was found that 48% of Latinas experienced an increase in domestic violence since they arrived in the United States (American Bar Association, 2009). In the same study it was reported that 59.5% of married immigrant women experienced higher rates of intimate partner abuse when compared to the 49.8% of
unmarried immigrant women who had experienced intimate partner violence (American Bar Association, 2009).

*Children/Teenagers.* The greatest impact of domestic violence, other than the victim, is on the children within the household where the abuse is being conducted. Children do not have to witness the abuse in order to be impacted by the violence. The violence can create fear, worry, anxiety, anger, post-traumatic stress disorder, and depression in children. Female victims of domestic violence tend to be the primary caretaker of the children within the household. This task of caretaking of children can become quite challenging when enduring abuse. As a result, children suffer from neglect and even in some cases abuse from the victim of domestic violence (Domesticviolence.org, 2009).

In all too many cases the violence is not only witnessed by children but is also experienced first-hand by the children in the home. It is estimated that children who live in homes where a partner is being abused are 15 times more likely to be abused than are children who do not experience domestic violence in their homes. Forty to sixty percent of males who abuse their current or former partner also abuse children (American Psychological Association, 1996).

Domestic violence has a serious negative effect on the development of children. It has been estimated that more than 50% of women who are being abused live in homes with children under the age of 12 (Graham-Bermann and Seng, 2005). Many behavioral and emotional problems occur in children who witness and/or experience abuse in their homes. Some of the problems include depression, suicidal ideation, aggressive acting out,
poor academic performance, school truancy, difficulty forming relationships, eating disorders, withdrawal, and destructive rages.

In 2005 Graham-Bermann and Seng examined pre-school children’s exposure to violence and its association with health problems. They and found that 47% of the children reported having already been exposed to some form of domestic violence in their lives (Graham-Bermann and Seng, 2005). The Graham-Bermann et al.(2005) study also reported that children who had been exposed to domestic violence suffered from symptoms of post-traumatic stress disorder; such as wetting the bed, nightmares, and were also at a greater risk than their peers for having allergies, asthma, gastrointestinal problems, headaches, and flu.

A high percentage of teenagers are witnessing and/or experiencing domestic violence at home, and others may be experiencing it in their own dating relationships. It has been estimated that one in five female high school students report being physically and/or sexually abused by a dating partner (Silverman, et al., 2001). Approximately eight percent of female high school students have been forced into having sex with a boyfriend (Greenfield, et al., 1998). Another statistic regarding domestic violence and teenagers estimates that 40% of teenage girls know of someone who has been beaten or hit by a boyfriend (Greenfield, et al., 1998). In the school year of 1996-1997 it was reported that 4,000 incidents of rape and other types of sexual assault occurred in public schools across the country (Greenfield, et al., 1998).

Some special issues present with teens in violent relationships may include a lack of experience; thinking the abuse is “normal”, involvement with drugs and alcohol, and a belief that possessiveness is equated with love (WebMD, 2008). They may also feel peer
pressure to stay in a violent relationship or continue the relationship due to status. Teens are also heavily influenced to stay in an abusive relationship through the examples set by role-models, peers, parents, and the many forms of media (WebMD, 2008). The same effects experienced by children in homes where domestic violence occurs are experienced by teenagers. Additional affects may also include such things as increased use and abuse of drugs and alcohol, and they are more likely to run-away (WebMD, 2008).

Effects. The effects of domestic violence can be long lasting and devastating. Common physical effects include bruises, cuts, and broken bones (Stop Violence Against Women, 2009). Domestic violence affects the children within the home through direct and indirect abuse and/or the removal from the home into foster care. Domestic violence interferes with work performance resulting in loss of jobs and domestic violence can lead to homelessness (Stop Violence Against Women, 2009). Domestic violence also results in the increased risk for sexually transmitted diseases, unplanned pregnancies, and miscarriages (Stop Violence Against Women, 2009).

All five forms of abuse can be quite devastating and lethal to a survivor, but the most destructive form of abuse reported is emotional abuse (Flanagan. 2003). Survivors report it is more difficult to heal the emotional wounds of domestic violence than the physical wounds (Flanagan, 2003). Throughout the domestic violence research, emotional abuse is noted as the primary factor survivors continue to report as a long-lasting consequence of domestic violence (Flanagan, 2003). Humphreys and Thiara (2003) suggest the literature falsely assumes adult domestic violence and childhood abuse
to have the same impact on the survivor’s mental health. The emotional well-being of survivors has been minimized by mainstream services which use the medical model.

Prior to researching these conclusions, Humphreys and Thiara (2003) conducted a mixed methods (qualitative/quantitative) study to identify mental health issues of survivors of domestic violence. They also explored the experiences of the survivors with health, legal, and welfare professionals. Questionnaires were developed and distributed to 180 women who sought services from Women’s Aid for domestic violence intervention services. Twenty-five percent of the participants were ethnic minorities. Twenty women were interviewed by the authors. Through the in-depth interviews the researchers found a strong theme of emotional distress which coincided with a pattern of symptoms associated with depression, post-traumatic stress, and/or self-harm. All women related their emotional distress to the violence and abuse they had suffered in their relationships. The exploration of the survivor’s experiences with professionals suggested that they felt unsupported in that their trauma had gone unrecognized, they were blamed, and they were simply medicated. The author’s pointed out the women were aware that, although medication may provide temporary relief of some physiological symptoms, it cannot actually stop and or cure the emotional abuse suffered by survivors.

According to The Voice of Women National Domestic Violence Statistics (2009), the estimated health-related costs of the physical and mental health damages resulting from rape, physical assault, stalking, and homicide within the context of domestic violence exceeds 5.8 billion dollars per year. Of that, four billion is attributable to medical and mental health care services and approximately two billion dollars are the result of lost productivity or wages. These numbers are even more sobering considering
that only about 20 percent of those who suffer from a physical injury of domestic violence actually seek out medical assistance.

The psychological abuse perpetrated on a victim can have long-lasting affects. A common result of psychological abuse is depression and poor health (Silent Witness Newsletter, 2006). A person suffering from severe depression often has trouble caring for themselves and others, such as children, resulting in poor health for themselves and usually neglect of children. Dr. Bonomi (Silent Witness Newsletter, 2006) found women who had experienced domestic violence compared to women who had not experienced domestic violence were three times more likely to report symptoms of severe depression. The study also found that women who recently (within the last year) experienced sexual or physical violence in an intimate relationship were three times more likely to report being in poor health than women who had not recently experienced any form of physical or sexual violence (Silent Witness Newsletter, 2006).

For some survivors of intimate abuse, the emotional pain and symptoms of depression may be alleviated when social support has increased and safety is no longer an issue (Minnesota Center Against Violence and Abuse, 2003). However, women who have suffered at the hands of an abuser for extended periods of time are at greater risk for developing significant mental distress. According to a review on the statistics of mental health and domestic violence by the Minnesota Center Against Violence and Abuse (2003), abused women are a much greater risk than non-abused women in developing clinical depression and posttraumatic stress disorder (PTSD). They also found substance abuse, somatoform disorders, eating disorders, sexual difficulties, and psychotic episodes
were correlated with the experience of domestic violence (Minnesota Center Against Violence and Abuse, 2003).

Etiology. A common question raised in the area of domestic violence is “why do women stay?” The answer to the question is far from being simple. The reasons women stay in abusive situations are multiple and complex. An all too common myth of the reason women stay in abusive relationships is the idea that they “enjoy” or “want to be” abused otherwise “she would just leave” (Panchanadeswaran & McCloskey, 2007). This myth asserts an abused woman is to blame for the abuse she has suffered. Research has found many factors that influence an abused woman’s decision to leave or to stay in an abusive relationship (Panchanadeswaran & McCloskey, 2007). The ability for a woman to feel safe in the process of leaving an abusive relationship is one of the most difficult challenges faced. One of the highest risk factors associated with death in an abusive relationship is the time when a woman attempts to terminate or has terminated the relationship (Campbell, Webster, Koziol-McLain, Block, Campbell, Curry, Gary, Glass, McFarlane, Sachs, Sharps, Ulrich, Wilt, Manganello, Xu, Schollenberger, Frye, & Laughon, 2003). When an abused woman decides to leave the abusive relationship, the abuser feels threatened by the loss of control over the unhealthy relationship. The abuser engages in severe forms of power and control over the woman in order to regain control of the relationship (Resource Center Dallas, 2007).

Securing safety for herself and her children is a primary factor for a woman’s decision to leave but it is not the only factor. A woman contemplating the termination of an abusive relationship is faced with several interdependent factors to consider such as: the fear of the unknown future; further harm from the abuser; unsure of her own skills
and abilities; availability and access to financial resources; religious and cultural barriers; and the perceived availability of social support (Panchanadeswaran & McCloskey, 2007).

According to Bowen (1982) there are psychological characteristics found commonly in women who have suffered from intimate partner violence that contributes to the inability for the survivor to leave. Such characteristics include low-self esteem, dependency, learned helplessness, and fear (Bowen, 1982). Low-self esteem can result from the negative messages received from the abuser on a continuous basis. The abused woman may integrate the negative messages with her self-image creating a lowered sense of self-esteem. The way she perceives her self and her abilities has a strong impact on her beliefs about the control she has within the abusive relationship (Bowen, 1982). When her self-esteem has been lowered she has lower sense of control over the relationship and her options (Bowen, 1982).

The characteristic of dependency, as stated above by Bowen (1982) is another reason an abused woman may stay in an abusive relationship, it is the characteristic that builds upon a woman’s low self-esteem. The abused woman believes she has no control over events in her life, such as the abuse; therefore she depends on others to make decisions for her (Bowen, 1982). Learned helplessness is a psychological characteristic that is described by Bowen (1982) as being “response reinforcement and subsequent passive behavior”. Suggesting that once a person believes that they have no control over a situation they will eventually stop trying to change the situation, resulting in an abused woman who continues to stay in an unhealthy relationship (Bowen, 1982).

‘Why do men abuse?’ is the question to be asked when looking for the root cause of domestic violence, though all too often the focus of domestic violence is on the abused
woman implying that it is her problem and not that perpetrator’s problem (Katz, 2000). Society has created many beliefs as to the reasons men abuse women such as mental illness, alcohol or drugs, stress or anger, “a bad temper”, the victim’s behavior, loss of control, and a so-called “problem” in the relationship (Domestic Violence.org, 2009). The reasons stand as excuses for the abusive behaviors of men and not as the reason or the cause of domestic violence (Domestic Violence.org, 2009). Domestic violence is a system of controlled tactics that allow the abuser to gain and maintain power and control over their victims (The National Domestic Violence Hotline, 2009).

Rosenbaum, Adelman, Warnken, Fletcher, and Kane (1994) looked at physiological factors associated with men who engage in aggressive behaviors. Rosenbaum, et al. (1994) suggested that men who had suffered from a traumatic brain injury are more likely than non-traumatic brain injured men to use aggression on an intimate partner. Although this study sheds light on a predictor of physical violence it does not account for all the tactics of control used by abusers that are not physical such as intimidation, threats, coercion, and manipulation.

The most studied theoretical model accounting for the physical and non-physical abuse used by abusers is the social learning model which indicates that domestic violence is learned behavior (Corvo, 2006). More specifically;

“Most human behavior is learned observationally through modeling: from observing others, one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action” (Learning Theories.Com, 2008).

A child’s exposure to the father abusing the mother is the strongest risk factor for transmitting violent behavior from one generation to the next (American Psychological
A quote from Roger Toogood, Executive Director of the Children’s Home Society of Minnesota captures the affects of domestic violence on children:

"Children immersed in a culture of violence become insecure and lack an inner conscience that holds respect for others. They are easily discouraged and have low self-esteem. They live without hope. From such a life comes confusion, hostility and violence." (Toogood, R., 2004)

Wareham, Boots, and Chavez (2009) sampled 204 convicted batterers and examined their history of experiencing and witnessing domestic violence within their childhood home. When they applied the social learning mechanisms to their experiences and the incidents they committed it was suggested that the batterers had socially learned the tactics of power and control used in their intimate relationship (Wareham et al., 2009). Corvo (2006) conducted a study looking at the etiology of domestic violence through the scope of the social learning model and including variables of attachment theory (measuring separation and loss) with 74 men enrolled in a treatment program for domestic violence. Corvo’s (2006) study suggests that the measures of separation and loss, under the attachment theory, have a greater predictor value of violent behavior than the social learning model has on predicting violent behavior (Corvo, 2006). This study indicates the need for further investigation of the etiology of domestic violence.

Temporary Assistance for Needy Families (TANF)

In 1996 the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) was passed by congress. The act proposed that poor women could rise-up and become self-sufficient within the five year time period allotted. What this act did not take into account was the health issues (including mental health) of the women and children who received the Temporary Assistance for Needy Families (TANF) (Chavkin,
Wise, Smith, & Wood, 2002). One of the major health issues overlooked by congress was of domestic violence. Survivors of Domestic violence have higher rates of depression, anxiety, fearfulness, impaired concentration, and social withdrawal, all of which are mental health issues that impact work (Gianakos, 1999).

More specifically, studies have revealed that more than half (50%-60%) of women receiving some form of public benefits have been victims of domestic violence, and up to 30% of women who are on public assistance are currently in abusive relationships (Tolman & Raphael, 2000). Meisel, Chandler, and Rienzi (2003) looked at the prevalence rates of domestic violence and the effects on employment in two California TANF populations and found that 80%-83% of the women had experienced domestic violence at some point in their lives. Moore and Selkowe (1999) analyzed the barriers to self-sufficiency of women receiving public assistance and found that 70% of the women who had experienced domestic violence did not report the abuse to their caseworkers.

Danziger, Zedlewski, and Loprest (2001) found TANF recipients in Michigan experienced domestic violence at a rate of 15%, compared to the documented 3% among non-TANF women nationally indicating TANF recipients are at greater risk for experiencing domestic violence. In developing a full picture of TANF recipients in the state of Illinois, Kirby, Fraker, Pavetti, and Kovac, (2003) found out of the 532 sampled participants, 89% were of minority status with the majority of minorities indicating African-American ethnicity. This same study also found more than 1 in every 10 TANF clients recently experienced severe physical domestic violence (Kirby et al., 2003). Severe physical domestic violence in this study was described as such acts as hitting,
Taylor and Barusch (2004) examined the barriers of welfare and TANF recipients in obtaining employment. They found in addition to education, learning disabilities, and physical health barriers domestic violence was also a barrier to gaining employment. Taylor and Barusch (2004) stated that it is important to understand these barriers because for too long the assumption has been that welfare and TANF recipients will be “successful” in their strive for employment within the time limits allotted to them on these programs.

In a similar study, Browne, Salomon, and Bassuk (1999) looked at the longitudinal effects of partner violence on woman’s ability to maintain employment. Brown and colleagues argue that although domestic violence occurs at all levels of socioeconomic status, based on statistics reported by the Bureau of Justice and the National Family Violence Surveys (U.S. Department of Justice Bureau of Justice Statistics, 2000), the prevalence of abuse is much higher for women and children who live below the federal poverty line. More specifically, the Bureau of Justice and the National Family Violence Surveys (U.S. Department of Justice Bureau of Justice Statistics, 2000) found that women who live in homes with an annual income below $10,000 are four times more likely to experience severe domestic violence.

Browne et al. (1999) analyzed data taken from the Worcester Family Research Project (WFRP). The WFRP was a comprehensive, in-depth look into the lives of 220 homeless and 216 low-income families. The study was longitudinal, consisting of an initial interview, measurements, and follow-up interviews with participants. The follow-
up interviews were conducted at 12 months and again at 24 months post baseline interviews. The researchers recruited a group of low-income, head of household females and a group of homeless single heads of families. Participants were randomly recruited through flyers located at emergency and transitional shelters, through project staff members at house meetings in shelters and through project staff members approaching women who visited the welfare office to redetermine their welfare eligibility. After concluding the initial interviews, measurements, and follow-up, the researchers focused their study on the analysis of data of the 285 participants who completed the follow-up interviews and who had no missing data regarding partner violence and work history (Brown et al., 1999). The average age of participants was 29 years with an average of two children, 42% of the participants were White, 32% were Puerto Rican, 17% were Black, and 8% were of other ethnicity.

The measurements used by Browne et al. (1999) consisted of the Conflict Tactic Scale, the Personal History Form, Brief Symptom Inventory, and the Physical Functioning Scale of the Short-Form Health Survey. Data was also collected through questions asked during the interview processes. The interview questions asked of the participants related to sociodemographic factors, variables that could possibly be confounders of violence and subsequent work patterns, substance use, resources obtained by participants to obtain or maintain work, sources of income, and childhood experiences.

Browne et al. (1999) stated that this was the first known study to demonstrate in a multivariate analysis the independent power of domestic violence on the prediction of a survivor’s ability to maintain employment. Unlike prior studies, which focused on a poor
woman's desire to work or on her work history. Browne and colleagues defined employment in terms of length of employment experiences or hours of work per week. According to Browne et al. (1999) the studies that focused on the desire to work or work history resulted in no significant difference between survivor's of domestic violence and women who never experienced domestic violence. Browne et al. (1999) reported significant findings, regarding domestic violence and a survivor's work, in their study when work was specifically defined in terms of length of employment and hours worked per week. The findings continued to be significant even when confounding variables, such as mental health, were included in a regression analysis.

More specifically, the results of the study conducted by Browne et al. (1999) suggest that homeless females with children were significantly more at risk of experiencing domestic violence than housed females with children. Furthermore, the authors conducted a lagged analysis using the history of violence in the first twelve months to predict participants' employment status in the second twelve months of the study. The lagged analysis revealed that less than 50% of women (homeless and housed) who had experienced recent domestic violence were able to work at least 30 hours or more over the following year. The results were more significant for women who worked full-time jobs. Less than one fifth were likely to work-full time for 6 months or more after experiencing domestic violence compared to women who had not experienced domestic violence in the previous twelve months (Browne et al., 1999).

Overall, Browne et al.'s (1999) study suggests domestic violence has a negative impact on a survivor's ability to maintain or even obtain work. Their results also suggest that domestic violence has an ongoing negative impact on a survivor's employment. The
authors' conclude that a survivor of domestic violence has one-third the odds of maintaining employment compared to women who have not experienced domestic violence.

*Domestic Violence and Work*

Domestic violence does not only involve incidents confined to the household. The perpetrator of domestic violence also finds ways to gain power and control over their victims even outside of the home. Out of the 1.7 million incidents of violence that occur in the workplace each year, approximately 18,700 are committed by a current or former intimate partner of a worker (Duhart, 2001). The research on the prevalence of domestic violence within the workplace reports that an astounding 50% of battered women who are employed experience harassment by their offender while at work (U.S. Gen. Accounting Office, 1998). Harassment tactics include such things as calling the victim several times throughout the work hours, stopping by unannounced, text messaging and demanding responses, watching the victim while loitering in the workplace, and making degrading comments to the victim while they are working (U.S. Gen. Accounting Office, 1998).

It has been documented that victims of domestic violence lose nearly 8 million days of paid work each year (American Institute on Domestic Violence, 2001). Additionally, intimate homicide is the leading cause of the death of women in the workplace (American Institute on Domestic Violence, 2001). According to the American Institute on Domestic Violence (2001) it has been established that a large number of corporate security directors rank domestic violence as a high security risk. Increasingly corporate executives have become aware that their company's performance would benefit
from domestic violence interventions with their employees (American Institute on Domestic Violence, 2001).

As documented in the Browne et al., (1999) study, domestic violence seems to have a powerful influence on a women’s ability to obtain and maintain employment. Indeed, domestic violence is described as a number of abusive and violent behaviors between two individuals who are involved or were involved in an intimate relationship (Humphreys & Thiara, 2003). These behaviors not only occur within the home of the individuals but they also spill over into the workplace. On average 13,000 acts of domestic violence occur in the workplace every year (Johnson & Gardner, 1999). Such acts of violence and harassment, as described above, result in approximately 25% of workplace problems, such as absenteeism, lower productivity, turnover, and excessive use of medical benefits (Corporate Alliance to End Partner Violence, Facts and Statistics, 2009). It is estimated approximately 175,000 days of work per year are missed by employees due to domestic violence (Johnson & Gardner, 1999). In a study conducted by Raphael and Tolman (2000), it was suggested that between 15 - 50 % of abused women report interference from their partner with education, training or work.

As more research has been conducted on domestic violence it has become evident that domestic violence has an effect on the survivor’s work and work environment. Johnson and Gardner (1999) stated that until recently domestic violence was seen as a personal affair and one that should not be attended to within the workplace. More and more employers are starting to understand that it is sometimes impossible to leave such affairs at home and not allow them to interfere with one’s performance and work environment.
As cited in the above literature, both males and females experience domestic violence but not at the same rate. Johnson and Gardner (1999) estimated that a woman experiences severe physical domestic violence every nine seconds at the hand of an intimate partner and 13,000 of these violent acts occur against women in the workplace. Approximately four million women are abused each year and since almost half of the workforce in America consists of women it can be said that an abused woman is a working or “trying” to work woman (Johnson & Gardner, 1999). The workplace is where an abuser can easily find and target the survivor. With such high rates of domestic violence occurring in the workplace it is no wonder that survivors are frequently late or absent, become ill more often, are often upset at work resulting in poor work performance and often experience the loss of their job (Johnson & Gardner, 1999).

Domestic violence also interferes with a survivor’s ability to seek and gain employment. Many abusers will control a survivor by not allowing the survivor to work outside the home. Economic resources are most valuable to a survivor in order to exit an abusive relationship. Women who experience domestic violence in a relationship become more at risk when seeking employment or job training (Swanberg & Logan, 2005). In 1987, Friedman and Crouper collected data examining the relationship between intimate partner violence and work. They found that out of the 50 women interviewed, 54% reported missing three days of work per month due to domestic violence and 56% reported losing a job due to domestic violence (Swanberg & Logan, 2005). In another study, Riger and colleagues (2000) found out of 57 working female survivors residing in a Chicago shelter, 85% of them missed work due to domestic violence and 53% had been terminated or had to leave a job at some point during their working lives due to domestic
violence (Swanberg & Logan, 2005). Domestic violence makes it hard for a woman to obtain or sustain a job for a long period of time.

Based on the knowledge that domestic violence has an impact on a woman’s employment, Swanberg and Logan (2005) conducted a qualitative study using a grounded theory methodology to explore just what those affects are. More specifically, the authors sought to explore three areas of domestic violence in conjunction with a woman’s employment. First they wanted to identify the types of abusive tactics employed by the abuser and the effects of the abusive tactics on a woman’s job performance. Second, the authors attempted to understand the context in which a victim would disclose their abuse to an employer and/or co-worker. Last, the authors identified supports offered to the victim after they disclosed their abuse (Swanberg & Logan, 2005).

Swanberg and Logan (2005) participants consisted of a selective sample of 32 females in which employment and domestic violence had co-occurred within a two-year time frame prior to the start of the study. Participants were almost equally represented from both urban (n = 17) and rural (n = 15) communities. They ranged in age from 22 to 54 years old, with the majority of the participants identifying as White (69%), followed by Black (22%), Native American (3%), and ‘other’ (6%). The majority of participants, 79%, had children under the age of 18 years. All participants had either been employed within the last two years or were still employed during their participation in the study. Employment held by participants was either in the service-producing area (e.g., waitress, taxi driver, cashier, nurse’s aide, restaurant manager) or in the trades industry (e.g., factory worker, machine operator, tobacco stripper) (Swanberg & Logan, 2005). Every participant reported experiencing psychological abuse, physical aggression, and stalking...
by an intimate partner in her lifetime. Histories of abuse were measured using a modified version of the Conflict Tactics Scale (CTS; Strauss, 1979) (Swanberg & Logan, 2005).

Participants were recruited through flyers in the community and/or were informed of the study by staff members of treatment facilities serving survivors of intimate partner abuse. Participants were briefed on the purpose and procedures of the study including a $35.00 payment for participation. An eligibility requirement (employment and a simultaneous history of abuse) was screened for prior to the inclusion to the study (Swanberg & Logan, 2005).

The authors employed a mixed-method to collecting data. Focus groups and individual interviews were used as data collection methods. Seven focus groups were held with group sizes ranging from 3 to 6 participants. All interviews and focus groups were audio-taped except one focus group was recorded through a note taker verbatim. Each audiotape was transcribed. The researchers started the focus groups and individual interviews with warm-up questions asked to the participants such as what they liked most about their careers, describe their most recent job, what they liked most about their job, and what they liked most about working. These warm-up questions were used to break the ice and to ease participants into the interview process. After the warm-up process three open ended questions were asked to each of the participants.

1. How has domestic violence affected your job or your ability to find a job?

2. Have you informed your employer about your situation?

   Why or Why not?

   a. Have you informed your co-workers about your situation?

      Why or Why not?
3. What supports, if any, has someone at your workplace offered to you?
   a. How have the supports affected you and your life on the job?

   (Swanberg & Logan, 2005).

Swanberg and Logan, (2005) used four steps to analyze data. The data was first transcribed. Secondly an in-depth content analysis was conducted using the ATLAS qualitative software program to maximize consistency in coding the data. Thirdly all the coded data was classified into larger themes which directly related to the three research questions asked. Lastly the data, in the three broad themes, were further sorted in order to interpret the data. Four themes emerged from the analyzed data: Job interference behaviors, consequences of job interference tactics, reasons for disclosure, reasons for nondisclosure.

The first theme, job interference behaviors, described behaviors engaged in by the abuser before the survivor went to work, behaviors while the survivor was at work and behaviors after the survivor came home from work. The second theme, consequences of job interference tactics, suggested that tactics used by abusers directly affect a survivor’s work absence, job resignation, and job termination. The third theme, reasons for disclosure, consisted of safety, suspicion that coworkers and/or supervisor knew, and being forced to tell due to abuser showing up at work. The last theme, reasons for nondisclosure, described a fear of job loss, shame, and a need for independence to handle the situation.

Swanberg and Logan’s (2005) study found similar results to other studies regarding domestic violence and a survivor’s work performance. Specifically, the findings revealed that survivors of domestic violence experience abuse before, during,
and after all of which negatively impacted their work performance. According to the study, the abuse endured by the survivor also has a negative impact on the stability of the survivor’s short and long term employment. However, two other findings, not previously addressed in the literature, emerged from the study. The first finding suggested that abusers show up at a survivor’s work place more often than found in other studies. Secondly, stalking by the abuser at the survivor’s work place had a negative impact on the survivors work performance (Swanberg & Logan, 2005).

Swanberg and Logan (2005) stated that further research is needed in the area of domestic violence and its impact on a survivor’s employment in order to gain knowledge to design policies and programs that would assist survivors in gaining or maintaining employment. Swanberg and Logan (2005) also suggested that a longitudinal study regarding the impact of domestic violence on a survivor’s employment should be conducted to gain a greater understanding of the long term effects domestic violence has on a survivor’s financial security. Swanberg and Logan’s (2005) study was limited in that it was based on a small number of participants, with the majority of participants identifying as White, so the findings are not generalizable to all survivors of domestic violence. The study also was limited in that it used self-report, although exploratory research lends its self to self-report measures, the researchers must be aware of biases inherent in self-report which may appear in the data. Lastly the data was coded by one person, which may have lead to biases or misinterpretations of the data. The limitations stated above could apply to many studies conducted under a qualitative methodology; however, these limitations are not unusual to the framework of grounded theory.
A similar study was conducted by Wettersten, Rudolph, Faul, Gallagher, Trangsrud, Adams, Graham, and Terrance (2004), who examined the impact of domestic violence on the working lives of women in shelter. This study employed the qualitative methodology of Consensual Qualitative Research (CQR). The authors recruited ten participants from a domestic violence shelter. The participants were all female and ranged in ages from 20-47 years. Five participants were Native American, four were European American, and one participant was Latina. Out of the ten participants four were unemployed and the other six worked in blue-collar minimum wage jobs (e.g. waitress, housekeeper). Each participant expressed experiencing a series of short-term, low-paying jobs.

Wettersten et al. (2004) conducted semi-structured interviews with each of the participants. The interviews were focused on the vocational needs of women in a domestic violence shelter. Each interview was audio-taped and transcribed. Team members, under the guidance of the CQR method, analyzed the data. After rigorous analysis of the data, team members agreed upon several categories that were separated into nine separate, agreed upon, domains.

The nine domains suggested by the team included (a) the impact of domestic violence in a survivor's everyday life, (b) the impact domestic violence has in the survivor's working life, (c) the meaning of work, (d) children, (e) the implications of leaving the relationship, (f) their future, (g) their strengths, (h) barriers, and (i) resources. The categories within each domain were labeled as either “general” (meaning that it was descriptive of all 10 participants), “typical” (meaning that it was reflective of 5-9 participants), or “variant” (meaning that it was descriptive of 2-4 participants).
Two of Wettersten et al's (2004) categories were labeled “general”. The first general category, psychological violence, was under the domain of “impact of domestic abuse on everyday life”. All ten participants reported experiencing psychological violence. Psychological violence was described in several different ways by the participants. Some of the different descriptions of psychological violence included such things as manipulation, isolation, economic abuse, intimidation, control, and loss of decision making. The second general category, ability to articulate vocational interests, was under the domain of “future”. All ten participants were able to express what they did and did not want in the area of employment. Most participants reported interests within the helping field such as teaching, counselor, nurse, speech pathologist, hospital administrator, lawyer, and so on (Wettersten et al., 2004).

The majority of the categories were labeled “typical” (30 out of 39) suggesting similar viewpoints of participants regarding domestic violence and work. The results of the study suggest that domestic violence has a negative impact on a survivor’s ability to obtain and sustain a job. Wettersten et al. (2004) found that the negative impact is multidimensional and sometimes reciprocal in nature. More specifically, the multidimensional nature of the impact of domestic violence includes the survivor’s inability to become financially self-sufficient, the survivor’s lack of job satisfaction, and the survivor’s lack of overall life satisfaction. The reciprocal nature of the negative impact can be seen in the survivors inability to maintain a job long enough to become financially self-sufficient. Due to a lack of self-sufficiency the survivor is unable to leave the abusive situation (Wettersten et al., 2004).
The negative impact of domestic violence on work included a survivor’s inability to concentrate at work, missing work due to physical pain or dysfunction resulting from abuse, harassment at work by the abuser, lost work opportunities, economic restriction, and lowered self-concept (Wettersten et al., 2004). The authors also suggested that the results of the study indicated that the vocational needs of survivors could not be addressed without addressing the childcare needs of survivors. Children play an important part of the decision making process of a survivor. A survivor considers her children in the decision to stay or leave an abusive relationship, to obtain a job, or to seek education or training for a job. Another important finding of the study was that external factors such as money, transportation, housing, childcare, and education halted a survivor’s search for meaningful work. Community resources such as job assistance programs and shelter services were noted as helpful in a survivor’s search for meaningful employment (Wettersten et al., 2004).

After a thorough investigation and analysis of the data Wettersten et al. suggested a model of how domestic violence impacts work. Specifically, they modeled domestic violence as having a direct and an indirect impact on a survivor’s vocational self-concept and the actual ability of a survivor to work. The amount of direct and indirect impact on a survivor’s vocational self-concept and ability to actually work is equal to the amount (quantity and intensity) of psychological and physical violence experienced by the survivor (Wettersten et al., 2004).

Native American Career Concerns

As stated in the literature review above, minorities experience domestic violence at a statistically higher rate than whites (Newton, 2001) and minorities constitute a larger
portion of individuals who receive TANF (Rockeymoore, 2001). The majority of minorities in the local community in which this study was completed identify as Native American. Given that this study’s participants consist mostly of Native Americans, it is imperative to seek understanding of Native American career perspectives. According to the U.S. Bureau of Census (1990) American Indians are reported to have the highest unemployment rate with the lowest level of education. Native Americans have also been limited to the access of educational and occupational choices available to the dominate culture (Juntunen et al., 2001). Among Native Americans living on reservations, the unemployment rate is five times greater than in the general population (Bureau of Indian Affairs, 2002). Native Americans are classified as members of the working poor at 2 to 3 times the rate of Caucasian Americans and are overrepresented in service, labor, and semiskilled jobs and underrepresented in higher paid technical and managerial jobs (Bureau of Indian Affairs, 1997).

Very few studies exist in the area of Native American and careers, but one study conducted by Juntunen, Barraclough, Broneck, Seibel, Winrow, and Morin, (2001), gives some insight to the career path of Native Americans. Juntunen et al. (2001) explored the meaning of career, career choices, and career development for Northern Plains American Indians. In order to fully understand the meaning of career and related ideas from the perspective of American Indians Consensual Qualitative Research (CQR) was employed by the authors of the study.

Juntunen et al. (2001) gathered interview data from eighteen Northern Plains American Indians. The participants ranged in age from 21 to 59 years. There were 11 female and 7 male participants. Out of the eighteen participants, 10 were from one
Northern Plains state and the other 8 were from three other central and northwestern states. Each participant was interviewed with a semi-structured format developed by the principal investigator and two American Indian scholars. Five major themes developed from the interviews. The first theme was the "meaning of career", the second theme was "success is a collective experience", the third was "supportive factors", the fourth was "obstacles" and the fifth theme was "living in two worlds".

The first theme, meaning of career, was described by participants as something that is lifelong and is part of an individual’s self-identity. One participant reported “a career you kind of specialize in something you know and enjoy…a job is something you have to do to survive….career is something with a future in it” (Juntunen et al. 2001, p. 278). The second theme, success is a collective experience, was reported as the ability to give to the community and contributing to the well-being of others (Juntunen et al. 2001).

The third theme, supportive factors, consisted of two categories. The first category, family influences, was identified as the encouragement and the importance of finishing high school and attending college emphasized by family members. The second category, sobriety, was identified as a factor contributing to one’s ability to move forward and seek a career (Juntunen et al., 2001).

The fourth theme, obstacles, was described as a lack of support from significant others, discrimination, feeling of alienation within the tribal home after an extended period of absence for education, and the feeling of alienation in the dominant culture (Juntunen et al., 2001). The authors also noted that 2 participants reported domestic violence as an obstacle to finding a career path. The fifth and last theme, living in two
worlds, participants described two very different and distinct worlds, one White and one Native.

The authors of the Juntunen et al. study were informed by participants that White culture is very different from Native culture and that it was sometimes difficult and uncomfortable, emotionally and cognitively, to move between the two worlds. Only one participant who went to school with many White children felt comfortable interacting with White culture and moving in between the two worlds. Some participants described creating a third world that consisted of important parts of each culture (Juntunen et al., 2001).

The overall results of this study suggest that career, career choices, and career development are meaningful and important concepts for Native Americans. According to the study, Native American's career choices and development are influenced by the family and the community needs regardless of the amount of education obtained. Success of an individual is based on the contributions made towards the greater good of the community (Juntunen et al., 2001).

Career Related Interventions/Treatments of Domestic Violence Survivors

While literature has begun to explore the impact of domestic violence on the survivor's ability to obtain or maintain employment, little information is available on the vocational interventions that exist to help survivors of intimate partner violence (Chronister & Mcwhirter, 2003). Interventions for domestic violence have primarily focused on the safety of the individual and processing the experience of domestic violence with a group of other survivors (Chronister & Mcwhirter, 2003). Other interventions have focused on the rehabilitation of the perpetrator of domestic violence.
Most research conducted in the area of domestic violence and employment focuses on women receiving public assistance and not on interventions for domestic violence relating to careers of survivors (Chronister & McWhirter, 2003).

The most common interventions used for survivors of domestic violence are those of individual counseling and/or group processing. As revealed in this review of the literature, there is not much research completed in the area of domestic violence and work. This lack of research and knowledge may explain the paucity of choices regarding interventions or survivors entering the workforce. However, there are noteworthy exceptions to this trend. For example, Gianakos (1999) argued that survivors have unique and different career counseling needs from non-domestic violence survivors. Gianakos suggested that a survivor’s career selection, implementation of career preferences, and adjustment to training and/or work sites is greatly impacted by their history of domestic violence. Gianakos (1999) recommends that the career needs of survivors continue to be an area of much needed research. More specifically, Gianakos (1999) stresses the need for research in the area of self-efficacy with battered women and the development of a framework to provide career related services to battered women.

In 1999, Gianakos emphasized the need of further research in the area of career and self-efficacy as related to battered women. In 2006, Chronister and McWhirter developed a study examining career related interventions for battered women and issues of self-efficacy. Chronister and McWhirter (2006) examined the efficacy of two career related intervention programs with battered women. Seventy-three female survivors of domestic violence were randomly assigned to one of two treatment groups or a wait-list control group. The standard intervention, for the first group, was comprised of five 2-
hour sessions focusing on the five critical career intervention components to raise career-search self-efficacy (Brown & Krane's, 2000 in Chronister & McWhirter, 2006); exploration of career interests, awareness and development of career skills, knowledge and utilization of community resources, and identification and planning of career goals.

The standard plus intervention program, for the second group, was comprised of five 2-hour sessions focusing on all the same goals as the first group plus critical consciousness (i.e., empowerment for self-protection and awareness of domestic violence impact; Freire, 1970; Martín-Baro, 1994 in Chronister & McWhirter, 2006) raising activities.

The results of their study concluded that participants at posttest in the standard intervention group scored higher on career-search self efficacy than the control group participants. The participants in the standard plus intervention group resulted in higher scores of critical consciousness than the control group participants. However, the hypothesis of the standard-plus participants scoring significantly higher in career-search self-efficacy than the wait-list and the standard group was not found valid. In a follow-up, Chronister and McWhirter (2006) found that the standard plus participants continued to have higher scores on critical consciousness and the standard group participants maintained an improved career-search self efficacy. The standard plus group, at follow-up, had made greater strides towards their career goals than the control groups.

Interestingly, a paired samples T test revealed that the standard plus group’s career-search self-efficacy scores significantly increased from posttest to follow-up (Chronister & McWhirter, 2006). Chronister and McWhirter (2006) hypothesized the increase in self-efficacy of the standard plus group could be best explained as a combination of a
heightened critical consciousness combined with their progress towards their career goals since the termination of the intervention.

This study suggests support for the use of the five critical intervention components to raise career-search self efficacy in five sessions with battered women. It also makes implications for further research and development measures of critical consciousness for career intervention with battered women (Chronister & McWhirter, 2006). Some of limitations of this study, as indicated by Chronister and McWhirter (2006), were the small sample size and the difficulty in retaining participants due to ongoing domestic violence. Chronister and McWhirter (2006) also highlight the largely unaddressed research on career intervention research with battered women may be due to the difficulty in establishing trust, providing safety, and retaining participation with individuals who are living with domestic violence.

As stated above the research on career needs and career intervention development for survivors of domestic violence needs to be further addressed and Chronister (2006) makes aware to researchers in this area of the complex interrelationships of social class, race, and ethnicity as related to career interventions with survivors of domestic violence. Chronister (2006) found these interrelationships to be a challenge in studying the outcome efficacy of career interventions with survivors of domestic violence.

Chronister (2006) describes her recognition of how the variables of social class, race, and ethnicity of the group participants, in a research study she conducted on career intervention with battered women, played a challenging role in fostering critical consciousness (awareness of power dynamics; Chronister, 2006). She found during the implementation of the intervention, when given social class, race, and ethnic differences
amongst the group participants a divide would occur resulting in decrease in trust and group connectedness Chronister (2006). She faced the dilemma of creating new groups for each social class or continuing to keep the groups “as is” and dialogue on the group dynamics and power differentials within the group. Chronister (2006) ultimately decided to maintain the diverse group membership. Chronister’s results of her research study revealed a significant increase of the participant’s career-search self efficacy and critical consciousness. It was also noted that the participants made progress towards their career goals. Chronister (2006) reported that although the career interventions were successful, she remains uncertain as to the decision to maintain social class diversity within the groups. She suggests further study in the area of the impact of social class, race, and ethnicity on the efficacy of career interventions with battered women (Chronister, 2006).

In a social justice forum, Chronister, Wettersten, and Brown (2004) argued for much needed research pertaining to the vocational needs of domestic violence survivors. Using Prilleltensky’s emancipatory communitarian framework for psychological practice, Chronister et al. (2004) outlined an approach to researching the vocational experiences and needs of domestic violence survivors from a perspective that emphasizes the empowerment and liberation of survivors of domestic violence. Importantly, they argued that empowerment should be both part of the research process and the end goals of the research endeavor. For example, as part of the research process empowerment would include hearing the voices of the survivors.

Chronister et al. (2004) also suggested that qualitative research provides the podium in which a domestic violence survivor can give voice to her experiences as a survivor. Chronister et al. (2004) further stated that qualitative methodology highlights
the unique differences inherent in each domestic survivor’s experience. These unique differences guide researchers to a better understanding of how domestic violence impacts a survivor’s employment and the vocational needs of a domestic violence survivor. For these reasons, this study will utilize one form of qualitative research, grounded theory, in order to understand the experience of survivors participating in a vocationally-based group intervention. An overview of grounded theory is provided in the next section.

**Grounded Theory**

Grounded theory is a form of qualitative research that was first developed by two sociologists, Glaser and Strauss, in the 1960’s. The theory was developed in response to the practical usefulness of theories in the social area (Backman & Kyngas, 1999). Grounded theory is based on the assumption that the meaning of events is socially constructed; meaning that if two or more people agree on the meaning of an event then it is considered to have truth (Backman & Kyngas, 1999). Grounded theory as a methodology is an approach used to create or discover a theory. A theory is the gathering of similar concepts and mutual connections to systematically explain or describe, predict, and/or control a certain phenomenon. The discovered or created theory, if well constructed, will meet the four central criteria of fit, understanding, generality, and control (Strauss & Corbin, 1990).

In order for a theory to meet the criteria of “fit” it must remain faithful to the everyday reality of the area of research and be derived from a diversity of data, therefore the theory should “fit” the area of research (Strauss, et al., 1990). The criteria of “understanding” states that the theory should be broadly inclusive and make sense to the individuals who were studied and to practitioners in the field of study (Strauss, et al.,
1990). Strauss, et al., (1990) described “generality” as the ability of the theory to be abstract enough to be applicable to a variety of situations related to the area of study. The final criteria of “control” indicates that the theory provides control as related to the action towards the phenomenon under study (i.e., the conditions of the area of study should apply specifically to a given situation) (Strauss & Corbin, 1990).

Grounded Theory has undergone many revisions by its originators and a few others (Lomberg & Kirkevold, 2003). For example, Grounded Theory can either be substantive or formal (Backman & Kyngas, 1999). Substantive theory fits the people being studied and can be easily modified, and formal theory is developed further than substantive theory and goes beyond a theory fitting the people concerned and simple modification (Backman & Kyngas, 1999). Formal theory meets the criteria of fit, understanding, generality, and control (Backman & Kyngas, 1999).

Grounded Theory does not follow the traditional experimental steps to conducting research studies. In traditional research approaches a researcher would identify a research question and collect data regarding the question. The researcher would then analyze the data and report the findings. In grounded theory the data is collected first and analyzed and a theory is then formulated. The premise of grounded theory is that the researcher has not thoroughly reviewed the existing literature related to the phenomenon under investigation (Backman & Kyngas, 1999).

Grounded theory does not employ actual research hypotheses; rather, it uses research statements to identify the phenomenon under investigation. Statements allow the researcher flexibility to study the phenomenon in depth. As data is collected the statements may change since the researcher does not know beforehand what is actually
essential to the phenomenon until the data is presented (Backman & Kyngas, 1999). Data is collected through a variety of written documented methods such as interviews, observations, diaries, and so on. Data is collected on a selective sample, meaning that it would be impossible to study the entire research phenomenon (Backman & Kyngas, 1999).

The selective sample is chosen prior to collecting the data and the data is collected within a stated time frame. Backman & Kyngas (1999) state that prior knowledge and literature review of the phenomenon under investigation could have an effect on data analysis resulting in a theory based on preliminary assumptions of the phenomenon and not on the actual data. Data analysis in grounded theory is the process of breaking the data apart and looking for similar concepts and mutual connections that may explain and describe the phenomenon. The concepts and connections are then categorized, based on similar features, and compared to the created theory and to the conclusions the researcher has made about the phenomenon being studied (Backman & Kyngas, 1999).

Data analysis can also be thought of as the researcher’s three step process. Backman and Kyngas (1999) describe Glaser’s three phases the researcher moves through when analyzing the data. The “input” phase is the first phase in which the data becomes part of the researcher’s thoughts. The second phase, “drugless trip”, is when the data becomes embedded within the researcher’s mind and many ideas regarding a possible theory are being generated but it is not quite clear. The third phase, “saturation”, is the act of the researcher making conclusions based on the results of the analyzed data (Backman & Kyngas, 1999).
Data analysis can be an intense and lengthy process. Backman and Kyngas (1999) suggest that the researcher take notes on all ideas and thoughts that occur during the data analysis. They also suggest talking about the data with others and thoroughly reviewing the data several times. The final report, unlike a final report of a quantitative study, does not have a set format. The format chosen for the final write-up should be one that best represents the purpose, methods, and data. The data should only appear to support the newly developed theory. Although, there is no standard grounded theory format, the results section of the final write-up should present the new theory first. Secondly, the categorical data in which the theory was constructed upon should be presented (Backman & Kyngas, 1999).

Purpose of this Study

The above literature suggests that domestic violence, when present, invades every aspect of a woman’s life, including employment. There is a plethora of literature informing researchers that domestic violence is a prevalent occurrence in our society; knowing no boundaries regarding race, religion, socioeconomic status, and gender. Additional literature (though limited) suggests that domestic violence also has a significant impact on a woman’s ability to obtain and maintain meaningful work (Chronister et al., 2004). However, only Chronister and colleagues (2004) have looked at the impact of career or work-specific interventions on the work behaviors and satisfaction of survivors of domestic violence. No one has looked at the lived experience of women survivors engaged in a career intervention group. Consequently, the purpose of this study is to explore and grow our understanding of the impact of a career-counseling group on the vocational goals and opportunities of survivors of domestic violence through
qualitative analysis. Ground Theory was chosen for the qualitative analysis specific because it provides for the real and detailed lived experiences of women survivor’s of domestic violence in a career intervention group.
CHAPTER II

METHOD

This chapter describes the methods used to complete this research project. In addition to a general description of the participants and interview protocol, detailed attention is paid to both data gathering methods and the analysis of data.

Participants

Participants were recruited by a staff member from the Community Violence Intervention Center (CVIC). These participants were selected and recruited on the basis of having a history of domestic violence and on the basis of receiving Temporary Assistance for Needy Families (TANF). The participants consisted of six females ranging in ages from 27 to 45 years of age. Each participant was a recipient of TANF during the project. All Participants were self-identified survivors of domestic violence. Four out of the six participants identified as Native American and were from different (but unidentified) tribes. Two participants identified as Caucasian. See Table 1 for detailed information of participants.

Attrition

After the initial interview was conducted with each of the participants, Participant One was no longer available to participate in the research study. More specifically, due to intimate partner violence, the participant had to flee the area in which the study was
conducted. Participant One’s initial interview data was maintained as part of the data analysis.

Research Statements

Grounded theory requires the researcher to develop research statements prior to the collection of data (Strauss & Corbin, 1990). The research statements give some focus to the nature of the study but at the same time remain flexible. The research statements can change as data is collected and analyzed since it is not known prior to collection of data what is most important to the phenomenon under investigation. The statements used for this study were developed by this writer and her advisor (Kara Wettersten, Ph.D.). The development of the statements came from the professional, clinical, academic, and research experiences of both the writer and her advisor in the area of intimate partner violence, as well as, from a review of the literature regarding intimate partner violence.

The following three statements were the research statements used to guide this study:

1. Domestic violence and its impact on a survivor’s employment
2. Positives and negatives regarding group experience
3. The most helpful and least helpful aspects of group.

The following contextual question was asked at the initial interview with each participant to provide for a sense understanding of the participants perspectives on work:

“What does work mean to you?”

Procedure

A Nine week psycho-educational career oriented/process group was conducted by a trained career counselor and a trained domestic violence advocate from the
Community Violence Intervention Center (CVIC). The group met once a week on Thursday nights for two hours. The group was held in a private room after closing hours at CVIC. The curriculum implemented during the group process was based on the education of domestic violence and its affects, activities exploring career interests, skills, and goals, and community resources.

One week prior to the start of the group participants were asked to meet with the primary investigator for an initial interview. Each participant was contacted by the primary investigator and an appointment for the primary interview was established. The primary interviews were conducted in a private office at CVIC at times most convenient for each participant. Each primary interview was audio-taped and transcribed. Primary interviews lasted approximately 80 minutes. The primary interviews consisted of asking the participants warm-up questions, allowing the participant to talk about themselves, and to become comfortable with the interview process.

Throughout the nine week career-counseling group three brief check-in interviews were conducted with each participant by the primary investigator of this study. The three brief check-in interviews occurred in the third, sixth, and ninth week of the career-counseling group. Each participant was contacted by the primary investigator to set up an appointment for each of the three check-in interviews. The check-in interviews were conducted in a private office at CVIC. Each interview lasted approximately 30 minutes and was audio-taped and transcribed. A standard set of questions was developed by the primary investigator and her advisor. These questions were asked of each participant at each of the three check-in interviews conducted. The sample questions used for the initial interviews are presented in the Appendix of this study.
Table 1. Demographics of Participants, Employment Histories, Employment Status at the Beginning of Study, Followed by their Employment Status at the end of Study. Work Hx Indicates the Participants Employment History. Employment1 Indicates the Participant’s Employment Status at beginning of Research Study and Employment 2 Indicates the Participants Employment Status at the Termination of Research Study.

<table>
<thead>
<tr>
<th>Participants</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Caucasian</td>
<td>Native American</td>
<td>Caucasian</td>
<td>Native American</td>
<td>Native American</td>
<td>Native American</td>
</tr>
<tr>
<td>Age</td>
<td>33</td>
<td>37</td>
<td>39</td>
<td>31</td>
<td>42</td>
<td>31</td>
</tr>
<tr>
<td># Children</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Education</td>
<td>GED</td>
<td>9th Grade</td>
<td>Trade School</td>
<td>High School Diploma</td>
<td>Some College Degree</td>
<td>Bachelor’s Degree</td>
</tr>
<tr>
<td>Work Hx</td>
<td>Paper Inserter at Newspaper</td>
<td>Cooking, waitressing, janitorial, bartending, dishwashing</td>
<td>Dishwashing, Assembly line, babysitting, car wash</td>
<td>Factory laborer, day care center, teacher’s para</td>
<td>Homecare provider, Head Start Aid, House Parent</td>
<td>Childcare worker, Emergency youth at a Shelter, Customer service rep.</td>
</tr>
<tr>
<td>Employment1</td>
<td>Unemployed</td>
<td>Unemployed</td>
<td>Unemployed</td>
<td>Unemployed</td>
<td>Unemployed</td>
<td>Unemployed</td>
</tr>
<tr>
<td>Employment2</td>
<td>Unsure</td>
<td>Employed</td>
<td>Employed</td>
<td>Employed</td>
<td>Unemployed</td>
<td>Employed</td>
</tr>
</tbody>
</table>
Three follow-up interviews were conducted after the career-counseling group had ended. The follow-up interviews occurred at three months, six months and twelve months post-group. Each participant was contacted by the primary investigator to set up an appointment for each of the three follow-up interviews. Follow-up interviews were scheduled at participants' most available and convenient time. As a result of information gathered from the primary and check-in interviews, and according to the principles of Grounded Theory, new questions were developed for the follow-up interviews by the primary investigator and her advisor. The final interview included an extra question asking the participants to add any final thoughts to the overall process in which they had participated. Follow-up interview sample questions and extra questions are presented in the Appendix of this study. Two follow-up interviews were conducted in a private room at the public library for convenience of one of the participants. Three other follow-up interviews were conducted in a private room at a Job Service agency. The rest of the follow-up interviews were conducted in a private office at CVIC. Each follow-up interview was audio-taped and transcribed.

Upon completion of the group and completion of the last brief check-in interview, participants were given a $400.00 stipend, received by CVIC as a grant for conducting a career educational group for survivors of domestic violence from the state in which the study was conducted. Additionally, participants received, from the same grant, a $50.00 gift certificate to Wal-Mart after the completion of the first follow-up interview (three months post-group), a $25.00 gift certificate to Wal-Mart after completion of the second follow-up interview (six months post-group), and $25.00 gift certificate to Wal-Mart at the completion of the last and final follow-up interview.
Although Strauss and Corbin’s (1990) guideline for transcription in grounded theory is to transcribe only data needed, all interviews were audio-taped and transcribed. No names were associated with the tapes and transcriptions; instead codes were assigned to all interviews and surveys. Tapes were transcribed by a professional transcriptionist who abided by the rules of the Institutional Review Board (IRB). Staff members at CVIC were not allowed access to any information provided by the participants in interviews.

Data Analysis

Data analysis was conducted using a modified grounded theory approach (Strauss and Corbin, 1998) in which a theory is generated through a series of steps that proceed from data collection to open coding of data into concepts. The concepts are then organized into categories. The categories are further organized into comprehensive categories, concepts, or constructs which are based on properties and dimensions. Finally a theory is articulated in which the emergent constructs and their interrelationships are described. Open coding in grounded theory is the process of breaking the data apart and looking for similar concepts and mutual connections that may explain and describe the phenomenon. The concepts and connections are then categorized, based on similar features, and compared to the created theory and to the conclusions the researcher has made about the phenomenon being studied (Backman & Kyngas, 1999).

The grounded theory practice of continual interview revisions and continued theoretical sampling was modified in this study due to the nature of the phenomenon under investigation (intimate partner violence) and the amount of grant money allowed for compensation of participants. The study was also designed with a closed psycho-educational group (no other members admitted to participate). It was believed this
method would allow for safety of the participants and would decrease trust issues for the participants. This method was also believed to highlight the uniqueness of the participants, as well as, their shared common experiences. All participants were administered the same interview protocols.

Data analysis was conducted by the primary researcher, Desiree Jagow, and her advisor, Kara Wettersten, Ph.D. Desiree Jagow, a graduate student at the University of North Dakota, has a background in intimate partner violence advocacy and intimate partner violence offender treatment. Kara Wettersten Ph.D., a faculty member in the University of North Dakota’s Counseling Department, has research background in the area of intimate partner violence.

First, the data was collected through face-to-face interviews with each of the participants. The interviews were recorded and all recordings were transcribed. After all recordings were transcribed the primary investigator conducted a thorough reading of the transcriptions during which emerging thoughts were recorded. A second thorough reading by the primary investigator was conducted on all of the transcriptions in which the data was broken apart and similar concepts and mutual connections that describe the impact of the psycho-educational group on the participants were identified. The data was coded according to similar themes in order to make sense of the data collectively. Another literature review was conducted based on the findings in the data analysis. Throughout the process of data analysis and literature review a theory was generated. Again, the transcriptions were read by the primary investigator and her advisor. The concepts proposed by both readers were discussed. The mutually agreed upon concepts were than categorized into themes, labeled in the result section as “empowering
constructs", based on similar features and compared to the created theory. The final step was the formulation of conclusions based on the results of the analyzed data.
CHAPTER III

RESULTS

This chapter provides the results of the analyzed data. First, a theoretical model is presented that provides an overview of the themes generated by the analysis, including, a conceptual schema of how those themes are thought to relate to each other. Second, a more thorough review of themes generated is presented. This review includes a section on the participants' views of "the meaning of work", as these themes emerged as crucial components to understanding the core themes related to the impact of group participants. Next, the core construct of the theoretical model is described in context of the participants. And last, the empowering constructs are defined in the context of the participants' own words.

Theoretical Model

The emergent theoretical model explicating the group experiences of the six group members in this study is presented in Figure 1 page. The model is represented as a dynamic system of interconnected empowering constructs organized around the core category of the Human Agency. Human Agency, as defined by Bandura (1982), is the ability and intention of a person to exert control over their life. The term 'empowerment' is defined as a process in which a person gains control over their lives (Rappaport, 1987). Therefore the use of the term 'empowering constructs' aids in the conceptualization of the impact the constructs have on determining the human agency of the participants.
Figure 1. Theoretical Model of the Interrelations of Human Agency and the Empowering Constructs.

The model is dynamic in the sense that each empowering construct flows into the core construct, Human Agency, interacting with it and flowing out again as actions and consequences. The inputs in this model are Connectedness; Domestic Violence Awareness; Culture; External Resources; Internal Barriers; External Barriers; and Identifying Goals. However, before turning to a more descriptive review of the themes
associated with the model, it is important to have a better understanding of participants’ descriptions of the meaning of work. This important contextual theme is considered next.

*Contextual Construct*

**Meaning of Work**

The “contextual” question, “what does work mean to you”, was asked of each of the participants during the initial interview. This question provided insight to the individual perspectives regarding work as well as important contextual information for how the participants responded to both the group and to the interviews. As such, it is considered first. All participants described work as a means of providing the basic necessities (food, shelter, and clothing) for their families. Most of the participants emphasized that work was equated with survival. Participant 2 described what work meant to her; “Survival, I lost plenty of jobs and they may not have been good to anybody else but I mean they were helping me survive. They paid the bills. He didn’t”.

Participant 4 described the meaning of work as relating to both the idea of survival and a social expectation;

> Something that needs to be done, I usually just go for jobs that pay more than minimum wage cuz when you’re working for minimum wage you really ain’t making that much money. Right now I don’t think of work as a career, it’s just something that I need to do. When I get older I’ll think of a career but right now it’s just finding a job and going to work and making ends meet.

Participant 6 described the meaning of work as relating to the idea of survival and also the idea that work contributes to the stability and structure of the family;

> It means even more to me because I don’t have it but nonetheless it helps as far as with normalcy, the daily process. It develops my personality and keeps me in check as far as with my ego. It also means a lot to my children too, being able to provide for them and making sure they have everything they need.
Work was highly valued by the participants in this study. The participants equated work with the ability to survive independently and provide the basic necessities for their families. Some participants also valued work for the stability and structure it provided them and their children. And some participants valued work for the social outlet and safety it allowed outside of their abusive relationships.

**Core Construct**

**Human Agency**

The concept of human agency grew out of Bandura’s social cognitive theory (Bandura, 1982). Bandura (1982) described human agency as a concept that humans have the capacity and the potential to exert control over the nature and quality of one’s own life. Self-efficacy is the most influential component in human agency and plays a powerful role in determining whether a person takes action and exerts control over the nature and quality of their life (Bandura, 1977). According to Bandura (1977) self-efficacy is the individual belief that he or she has the ability to accomplish a task.

Human Agency was determined to be the core construct of the theoretical model. It appeared the impact of the psycho-educational group on the participants resulted in an increase in self-efficacy which led to the empowerment of each participant to make their own choices and progress toward their own vocational goals. More specifically, self-efficacy of each participant increased as a result of the interrelated empowering constructs; connectedness of the group members with each other; the awareness of intimate partner violence and its impact; the knowledge of external resources; identification of internal barriers; identification of external barriers; the awareness of cultural influences; and the identification of goals.
Evidence of this progress varied. For example, the participants, as part of a group assignment, constructed a list of personal and vocational goals—including employment. As the group progressed and by the twelve month follow-up all participants had taken control over the quality and nature of their lives, four out of five participants were employed and the other participant was a full-time student. At the initial interview Participant 3 reported goal setting to be quite difficult for her and displayed characteristics of low self-efficacy and a feeling of no control over her life situation;

“I don’t have goals. That’s a good thing to have. A little more peaceful I guess. No swearing and yelling anyway [talking about the abuse she endures from her son] and a better job. Just make enough money to support the three of us and get by without assistance.”

At the six week check-in, Participant 3’s self-efficacy was increased and a sense of control over her life situation was established, she was employed. She had this to say about her job (with excitement);

“I like it, it’s something to do. It’s about the highest paying job I’ve had too. One other time I had [a job that paid] $9.50 [an hour] but this is $8.00 an hour. I think we might even get a bonus at Christmas so...we have a Christmas party coming up too so that should be fun.”

At the initial interview, Participant 4 stated a goal of hers was to find a satisfying job to provide for her family and own a vehicle. Through participation in the group study and the impact of the empowering interrelated constructs Participant 4’s human agency grew tremendously. At the three month follow-up interview, Participant 4 had exerted a large amount of control over the quality and nature of her life by making huge strides towards her personal and vocational goals;

I got my license. I just got it today. I’m taking classes for CNA training. I was reading some of my goals that we set up in class [group] and I was looking through them and it was like, yeah, I’m at number seven now. It just started with
my First Aid and CPR training...and got both certificates... and than from there I started taking CNA classes... than I started thinking...go to school for four years to be a RN and work in pediatrics.

Furthermore, Participant 4, at the three month follow-up, revealed she had discussed attending college with her tribal leader; "I even went back to my reservation...and talked to my tribal leader and he said that he would help me pay for my tuition and my books..." At the six month follow-up interview, Participant 4 talked about her continued goal achieving success. She described herself prior to participating in the group and as a result of domestic violence she was shy, non-trusting, and had difficulty in communicating with others. She stated she had continued her social relationships with the other group members; "that was another one of my goals; to stop being shy and to open up and talk. Another one of my goals that I achieved was that I quit smoking." Through the participation in the group study Participant 4 was able to identify and successfully progress towards achieving her personal and vocational goals. Each goal achievement increased her self-efficacy providing her with belief in her abilities to accomplish any goals she sets forth for herself.

At the initial interview, Participant 6, who had a four year college degree, stated she had difficulty finding employment due to unavailability of employment in her field of training and because of racial discrimination. Again, through participation in the group study the empowering constructs helped increase Participant 6's human agency. At the six month follow-up interview, Participant 6 was employed in the field of her training and was thrilled with her employment and their flexibility with her schedule because she was expecting a baby. She (Participant 6) also indicated the group had helped her with
her socialization skills and reported feeling an increase in her self-confidence as a result of the group process.

Each participant, through participation in the group study, identified personal and vocational goals and made successful progress towards their goals. The interrelated empowering constructs that developed as a result of the group interaction and curriculum had a positive impact on the development of each participant's human agency hence increasing their self-efficacy. The increase in self-efficacy was the key construct that lead to the participant's ability in achieving their goals and more.

Empowering Constructs

Connectedness

This construct captured the relatedness and the social connections the participants made with each other during the group process. In the beginning process of the study, most of the participants described great hesitancy with being part of a group process. They spoke about the issue of trust and the struggles they would have with discussing personal issues related to domestic violence. Participant 2 indicated she was only motivated by the monetary compensation to participate in the group and felt that she would not gain anything from the group process. As the group evolved over time, each of the group member's hesitancy with discussing their personal issues regarding their experiences with intimate partner violence dissolved and trust was established. The trusting bonds developed during the group process of this study can be witnessed through some of the participants' own statements. For example, at the first check-in she stated; "At first I didn't think I'd care for the group just because I get anxiety attacks and
stuff so I didn’t really want to do it, I did it because it was profitable now it worked into more than that.” In the three month follow-up with Participant 2 she stated;

Actually things changed. The group gave me an outing. It gave me time to be by myself; it gave me other ladies to talk to that I felt comfortable with. It [The group] got me motivated; it got me feeling that I could really do something. I don’t know, I absorbed a lot more than I thought that I would.

During the second check in process Participant 4 shared feelings regarding the sense of connectedness during the group process; “After our last meeting we were like giving each other our addresses and phone numbers and they’re like, well if you need me, here’s my number, here’s my address, stop by and stuff like that”. The construct of ‘connectedness’ appeared again when each group member was asked, in the three month, six month, and twelve month follow-up, “how could the group been improved?” Four out of the five participants responded in a similar fashion as Participant 4; “Maybe if we met more each week. I think it would be better if we had met like maybe three times a week or something like that instead of just one [once a week] “. At the six month follow-up interview, Participant 4 described her social development as a function of the group process;

Well before [the group] I was like a shy person, never wanted to talk to anybody, did my own thing, didn’t bother with anybody and didn’t bother asking my family for help. But now that I’ve taken those classes [group] I’ve meet women that went through the same situation that I did. I actually [made friends and became closer with them] than I ever thought I would be....to know that somebody else went through it and you’re not the only person, you know kind of opened me up and it wasn’t my fault and you know that was one thing that they [group facilitators] taught us, was not to blame ourselves cuz being a victim, it wasn’t our fault that that happened. We [group members] still hang out and talk about what’s going in our life, you know, someone to talk to. They [group members] taught me not to be scared anymore, so to open up and talk...
Other examples of the connections made within the group were the interactions of the group members outside of group. It was reported that they called each other, went out to lunch together, gave rides to each and also one group member babysat another group member's children while she went to work. At a six month follow-up with Participant 5 shared that she had recently gone to Certified Nurses Aid (CNA) training with another former member of the group and also visited with another former group member. Participant 5 stated; “I still keep in contact with all four of them [ladies in the group]. There was a bonding there that happened.”

Domestic Violence Awareness

All the women experienced psychological and physical abuse at the hands of an intimate partner. The category of domestic violence awareness emerged with the participants’ education of domestic violence and the effects domestic violence has on survivors. All participants had limited knowledge of domestic violence at the beginning of the study. The participants believed that domestic violence was equal to physical violence. Through the psycho-educational process of the group, the participants gained knowledge and insight of the power and control tactics that make-up domestic violence and the short-term and long-term impact these tactics have on survivors. Some of the developing awareness can be read within the participants statements. Participant 1 described her experience with domestic violence;

I had these hopes and dreams and just that one man was holding my life all this time. I’ve been doing this [on the run from her abuser] for so long, moving all over [moving from state to state]...even though I was at a shelter he found me there. If he [her abuser] finds out where I live, I’m definitely going to have to move. I know he’ll be here. He’ll come find me, he knows everywhere I live. It didn’t matter, I had to get the police...he’d break my windows, slash my friend’s tires and broke the car window out. I know he’ll come find me. I’ve changed my
name but I haven’t changed my social security number. The problem is I didn’t change it now because he’s going to know my name now so that was a waste of time.

Participant 2 described her developing awareness and the realization of the control her intimate partner had over his use of violence against her. She realized he would “punch” her in her head in order to not leave any visible markings on her body. One time he “punched” her head so severely she was in need of immediate medical attention but he did not allow her to seek medical help until three days later and made her promise to report the injuries as a result of a random attack on her by a stranger. She reported still having “unusual” lumps on her head. A few quotes from Participant 2 regarding her developing awareness of domestic violence and the impact it had on herself:

It (group) brings things to your attention like abuse and down to what is involved (the different forms of abuse and the effects)...just being able to tell the difference between the abuse, you know, physical, mental, dividing the abuses, you know looking at them at different angles and things like that. I was constantly shaking and on edge and wondering what was going to get thrown at me and why and if I was going to get thrown downstairs, you know, Why? So, afraid of not knowing what was happening or why all the time. One time I got thrown down all four flights of stairs, all because I raised my voice. I mean I knew better.

The stupid things, you get use to it, it’s like part of everyday living and you get use to it, you know, it doesn’t seem abnormal. I mean [I would] get beat up because it would take me two minutes longer than expected to get mail, because he gave me three to four minutes to go get the mail and I was two minutes late because I stopped at the office and talked to the manager. When I got back I got beat-up for taking two minutes longer than expected. He had timed me. Weird! I never stopped to think about it.

No, actually I didn’t leave. He left me for somebody else; otherwise I’d still be there. I know I would. Sitting and thinking about it is way different. I mean and the weirdest part about it all is I actually still care for him a little. The best thing that could of happened for us is him leaving us [her and kids]. I mean that was a
Participant 3 revealed that her nine-year-old son had taken on his father’s role as the “abuser”:

Now I have an issue with my son, he’s been hitting me. He’s swearing too. Kinda makes me feel like a bad mom. He [adult abuser] threatened me with a gun. I was gonna call 911 and he pulled the thing [phone cord] out. Now (son’s name) did that [pulling the phone cord out of the wall] too a couple of times cause I was gonna call on him, which I did call a couple of times.

Participant 4, looking back over her experiences with domestic violence, explained her realization of her continued worry over her appearance due to visible bruises, having no “stability” in her life at that time, fearing the unknown or what will happen next, “living on the edge” and in complete chaos. The physical abuse endured by Participant 4 ended with a 911 call to the police by the participant’s supportive work supervisor. The abuser was arrested on a domestic assault charge and was sentenced to jail. Participant 4 was able to make her getaway from her abuser once he was in police custody. She packed her things and moved her children back to her home state. Although the physical abuse ended, the emotional and psychological was perpetuated with responses by his family and memories of his abusive actions towards her and others;

His family was really mad at me and all that, you know, but I got mad at them, you know, and told them he didn’t have the right to do that to me, I said especially when I’m working, he shouldn’t do that. I’m just kind of scared of him, because we stopped at a gas station one time and he just totally flipped out on the cashier and started hollering at them and he tried to fight someone in the men’s bathroom. And I was like, I need to get out of this relationship.

At the three month follow-up Participant 4, explained her continued fear of her abuser after she had recently been informed that her abuser completed his jail sentence and he had moved within a twenty mile radius of her and her children. The ‘word on the
street' was that he was looking for her. She sought help from the local domestic violence program and created a safety plan. She was also given 911 cell phones in order to contact police in case of emergency. She went on to explain she now is in fear all the time but does not want to continue to run from him and is determined to stand her ground against her abuser this time. She described the challenges of having to find an adult sitter for her children in case the abuser was to show-up while she was at work, and also the anxiety of having to share her secrets of abuse with other individuals.

During the domestic violence education phase of the group, Participant 5 was perplexed as to “how” domestic violence was perpetuated from generation to generation, she offered this explanation; “I don’t know if it’s [abuse] genetic or something but my dad he did that [hit her] to my mom too, one time. And you know what? My girl, she got hit one time too [by her boyfriend], just one time”. Participant 6 had this to say about the impact domestic violence had on her children; “My children are in counseling too because they had witnessed as far as some of the physical and a lot of the verbal, so not just me being affected by it (intimate partner violence) but the family as a whole”.

All the women in the study spoke of domestic violence interfering with their employment. Three out of five of the participants were fired from places of employment because of the abuser’s direct interference with the women’s job duties. Some examples of the real life experiences from the women on how domestic violence interfered with their employment follows below:

*Participant 1:* I couldn’t go out [outside] for breaks because I knew he would drive by and cause trouble. He harassed me the whole time and I got fired. I always worry [talking about her abuser] especially walking to work and alone on the streets early in the morning...I try to go early but it wasn’t fun doing that
because you stay there a long time waiting for the other shift to end. There were days I dreaded going. I was happy when this friend would give me a ride.

**Participant 2:** Once I tried working at (name of business) and you know how you’re suppose to greet the customers with a smile and say, ‘hi how are you doing? Did you find everything okay?’ you know. Well he came running in there flipping out cuz I was smiling at a male and then he, it was nothing personal there; just customer relations.

**Participant 3:** Worried about if he was gonna come and do something, sometimes he came in (name of place of her employment) and I had a restraining order on him.

**Participant 4:** I gotta go to work with bruises and stuff and I’d like try to find makeup and stuff to cover it up. He was always stopping by my work seeing if I was working. He’d come by work and check on me and see if I’m talking to anybody. He’d come in and see if I was working and who’s all here and stuff you know and he would stay like maybe an hour and than he would leave and I don’t know where he’d go and then when I get off work he would like accuse me of flirting with the customers.

Two participants reported they held two jobs at once in order to make ends meet while their abuser did not work and refused to help with childcare. All of the women in the study held low-paying, blue collar jobs. For most of the participants the length of employment was short-term, ranging from 1 week to 1 year, a trend that seemed to contribute to the pattern of cycling through minimum wage jobs. For one participant, the longest length of employment at a single job was five years. Some of the women in the study talked about losing employment due to symptoms of depression and anxiety, the fear of working with men, no childcare, and the children’s school schedules. Participant 6 added a different perspective regarding the impact of intimate partner violence on work; “I didn’t feel like I trusted males for awhile and so working with them… [was] pretty scary”.

Each participant had a fundamental idea of domestic violence and its impact on a person prior to participating in the group study. Through participation in the group the
participants were fully informed on the tactics of power and control used by perpetrators of domestic violence. They were also informed of the short-term and long-term multidimensional effects it has on a person’s health, physical, emotional, psychological, and financial well-being. As each participant grew in understanding the devastating effects of domestic violence they became aware of the personal impact it had on them. This revelation lead to interpersonal insight that allowed each participant to take control of the devastating impact domestic violence had on them. Participants were able to make interpersonal changes such as not labeling themselves as defective; not blaming themselves for the abuse; and not feeling as if they deserved the abuse they had endured. These interpersonal changes allowed for the participants to view themselves in a positive manner which increased their perceptions of their own abilities towards achieving their personal and vocational goals. The awareness and the realization of the effects domestic violence empowered the participants to take control of their futures.

External Resources

During the check-in and follow-up interviews the participants discussed the benefits of the resources they were exposed to during the group process of the study. Every participant was appreciative of receiving professional outfits, make-up, jewelry, and dress shoes from a local program that donates professional outfits to persons in need who are seeking employment. Three of the five women used their outfits for interviews, another woman alluded to an increase in her self-esteem as a result of wearing the professional clothing, while yet another participant revealed she wears her dresses to church. Participant 3 stated: “I got three outfits for the interview...so that was helpful.”
Some of the participants felt the help with résumé writing was beneficial to their search for employment. The majority of the participants appreciated the help with filling out job applications. An increase in confidence was reported by the majority of participants as an outcome of the practice interviews. Several indications were made, by the participants, as to other resources that would have been helpful such as: networking with the local university, a list of community activities for their children, help with transportation issues, and help with daycare issues. Participant 4, during her first check-in interview, discussed the difficulties she had with filling out applications; “At times I don’t know what to put down if I had to leave a job and most of the jobs that I left were because of domestic abuse”. At the last check-in (week nine of group), Participant 4 alluded to the benefits she received from external resources such as the advocate, counselor, and help with filling out job applications; “If you do this again, I’d probably like to be involved again. I liked the group a lot. Well, it [group] was good. The advocate and the counselor, they were very helpful, it was really good. I filled out my applications and I got an interview set-up”. Furthermore, Participant 4, at her six month follow-up interview, discussed her increase in her self-efficacy as a result of the group process;

It was very helpful because of the situation that I just got out of, it kind of started up again....he was in town....I talked to an domestic violence advocate... now I don’t have to worry...I know how to deal with the situation instead of running away from it cuz he’d always end up finding me no matter where I’d go. The group gave me a lot inspiration and what to do, if anything like that happens again. It was really helpful.

Internal Barriers

This construct is comprised of the barriers that resided interpersonally within the participants. Some of the internal barriers described were low self-esteem, low self-
efficacy, and interfering mental health issues. Low self-esteem was associated with their belief and confidence within themselves as a person. Low self-efficacy was described as the belief that they do not have valuable skills. Mental health barriers were most often described as depression and anxiety and in some cases characteristics of Posttraumatic Stress Disorder (PTSD). Participant 1 described her internal barriers of anxiety and fear that stood in the way of her obtaining her goals:

“ I’m afraid, that my past especially like, I’ve made poor mistakes.” when asked about barriers to obtaining goals; “ I refuse to say my sight [participant 1 blind] because I know there’s so much out there to help me ow. It use to be one of my biggest [barriers] to stop me from getting my GED. I just figured there was no way I was gonna get through it without my sight. But I learned so much since I started…I’ll just say confidence.” “My worst subject is math …I would say ‘I’m going to give-up’…and my son would come in the room and be like, ‘mommy, you can’t give-up, you promised me one day you’d get a job so we can get out [of shelter].’”

Participant 2 described her sense of low self-efficacy through referring to her lack of abilities and at the same time indicating a low sense of self-esteem by not crediting herself with all the job skills she already possessed; “I’m lacking a whole lot of abilities; Right now I’m a prep cook, a fryer and a cook, dishwasher, waitress…”. Participant 3 discussed having some anger towards her abuser, but she reported her biggest internal barrier as depression; “it [intimate partner violence] kinda made me mad... Some depression I have kind of slows me down. I’m working on it [with a professional counselor]…”. Participant 4 talked about her anxiety, symptoms of depression, and feelings of low self-efficacy interfering with job interview; “I just kinda messed it up with my interview cuz I get nervous when I talk to people that I don’t know and stuff you know.”
Participants talked about how her experience of intimate partner violence negatively impacted her self-esteem, self-efficacy, and created symptoms of depression, anxiety and PTSD:

Well it [intimate partner violence] did at some point in time because I didn’t have the initiative or the drive because I had little ego and then I kinda had some paranoia about fear of failure and success, so it did some things to me mentally. It wasn’t necessarily in a physical aspect, but emotionally.

I feel like I just totally suppressed it all and put it all in the back of my mind and just like shut it off for years of my life, it [suppressing the feelings of abuse] gave me the ability to function.

It’s scary; it [focusing on herself] really is because there are times when I feel selfish because I haven’t had the time in the past to do so. I didn’t feel like I was important enough to deal with.

It appeared as though some participants overcame some of their internal barriers during the research study. One participant (Participant 2) in particular described a new found sense of independence from her abuser. She stated at the second check-in (six weeks into group); “I don’t need nor do I want to see my ex-husband. I can go on without him. I think I have.” Participant 4 discussed how the group contributed to helping her cope with her anxiety; “They [other group members] helped me a lot...I was never able to just talk to anybody.” Participant 4 at the third check-in reported an increase in her self-efficacy; “I found I had a whole lot of abilities that I never knew that I had, I always considered myself just a homemaker...” Furthermore, Participant 4 indicated, at her three month follow-up interview, that her involvement in the group decreased her symptoms of depression and increased her self-esteem; “Now when I look at the group class [group] it gave me a positive outlook.”
Every participant struggled with similar internal barriers and all were related to the effects of domestic violence. All participants struggled with issues of trust, lowered sense of self-esteem, and lowered self-efficacy. Some participants experienced symptoms of depression, anxiety, and PTSD. Through the group process the group members were allowed to examine and understand their internal barriers. Through examination and understanding of their internal barriers the participants were better able to cope and effectively decrease their internal barriers. As a result the participants’ self-esteem and self-efficacy increased.

External Barrier

The empowering construct of external barriers was created through the data that appeared to be associated with things outside of themselves which created challenges for the participants in achieving their goals. External barriers most reported were daycare, single parenting issues, and transportation. Participant 6 reported the lack of availability of employment within her field of training. Participant 1 described an example of how single parenting and daycare stood as reciprocal challenges to achieving her goals of attending college and obtaining a job; “I think it is just a challenge scheduling things around his [son’s] schooling which is so important. Even though I want to go to school I know that I gotta get a job because I have to pay for childcare because that is going to be a big part to get done with school…” Participant 2 reported transportation and childcare issues as being a big problem to obtaining stable employment. She (Participant 2) discussed the affordability of living in a small rural town but the disadvantage of having to drive with an unreliable vehicle twenty miles, one way, to the nearest city for work and for her children’s schooling; “Well right now I’m working and I want to get a better job...”
and stuff but right now I can’t even attempt for a real job, you know, because of the kid’s Christmas vacation coming up and no babysitter.”

Participant 3 reported single parenting issues of daycare as being the primary obstacle she had to deal with in order to obtain her vocational goals; “maybe somebody [could] help me find a babysitter...” Participant 4 indicated that she did not own a vehicle and that she was faced with trying to find employment within the city bus route range and the schedule hours had to coincide with the city bus schedule. Participant 4, at the six month follow-up interview, reported a barrier in achieving her vocational goals as; “not having a car”. Participant 6 also stated transportation and childcare as contributing to her inability to achieve her vocational goals. Participant 6 also reported the experience of racial discrimination as barrier. She talked about individuals who informed her that she was allowed into her college training program based only on her race in order to meet the status quo; “I’m suppose to be a Native American receiving a free education. I’ve got student loans, $51,000 for a piece of paper that I can’t do anything with right now. It’s real frustrating.”

Culture

This construct embodied the influences of each participant’s culture as related to their experiences of their group participation. The majority of the group identified as Native American, though from different tribes. Despite the different tribal affiliation, there appeared to be a cultural bond that contributed to the connectedness of the group. Each Native American group member made comments on the racial make-up of the group regarding the majority of the participants being Native American. Participant 5 stated “what’s going on here, why so many Native Americans? I wonder what white
people do [referring to seeking help for domestic violence].” Participant 6 also discussed the value of having other Native Americans from different tribes. She enjoyed hearing the different cultural experiences of each of the Native American members. She also commented the group should have been inclusive of all races, not only Native Americans and one Caucasian.

The Native American group members bonded over similar experiences they shared regarding issues of race. They discussed their struggles and challenges of being a Native American living in a predominantly white community and the barriers they faced in finding resources due to racism and the fear of interacting with the majority culture. Participant 5 spoke about her fears associated with socializing with the majority culture; “I didn’t have the skills to talk to white people first, but common sense says, yeah, of course because you lived on the reservation all your life.”

The Native American members also discussed the difficulties of “living in two worlds” (Participant 5, 6). For them one world consisted of living amongst other Native Americans and adhering to their culture values and ways of life and the other world consisted of being a Native American living in a predominately Caucasian world. For example, Participant 5 discussed how her cultural values as a Native American intersected with majority cultural values and her struggle in trying to find balance with both:

I’m learning that I don’t have to follow a certain way, I was raised a [name of tribal affiliation] but I don’t have to be limited to the old past ideas. I was trained to get married. No freedom to say, I’m not going to get married...you see we don’t think as individuals, we think as a group to expand our tribe. I would never get mad at my daughter for getting pregnant. It’s a kid! It’s a good thing, even if she’s having it out of wedlock, praise God, halleluiah, because she’s expanding the tribe. We
were trained to have babies. I know a lot of people [who are] pretty violent on reservations. It [domestic violence] happens a lot.

Participant 6 shared her struggles of interracial dating. She alludes to the conflict of integrating her Native American values with the majority cultural values: “I’m American Indian and I’ve never dated anybody out of my culture and this is the first person that I have [current relationship]... [it’s] challenging as far as for me…”

Culture appeared to be a construct that greatly influenced the construct of connectedness in this study which heavily influenced the increased self-efficacy of each member. Four out of five group members were of Native American descent. They each had experienced domestic violence, all were unemployed at the start of the group study, and all identified the concept of “living in two worlds”. Although, there was one Caucasian group member, it appeared due to her passive personality style she was an accepted part of the group connectedness and as a result her self-efficacy was positively increased. Furthermore, it appeared the more similarities existing amongst group members a stronger social connectedness were created.

Identifying Goals

Identifying goals was a construct developed out of a group assignment given to the participants. For some participants this was the first time setting goals and/or articulating their goals. Most of the goals identified by the participants centered on achieving stability in their lives and obtaining satisfying employment. Participant 1 shared her goals; “stable...knowing that I have security, that I’m doing something for myself and my son. I’m hoping to get the right job that excites me the most. [jobs] one is
a paralegal. Then I'm kinda, I want to get into like engineering. I took an assessment test and came high in that area. Eventually, I want to be a family lawyer.”

Participant 2 shared her thoughts on short-term goal setting; “It seems like the harder you try the more setbacks you have. It seems like a struggle going up hill and I just can’t make it.” Although Participant 2 appeared to find goal setting a challenge she did discuss she wanted to obtain her GED and complete Cosmetology school and she shared what she desired for her future:

“Oh, I'd love to have a four bedroom small home with bedrooms for each one of the kids and one for me and my mate and a cat and a dog because the kids really want a dog. That's what I'd love to happen. Just to prove to myself and so many others that I'm not a failure that they keep telling me, you know what I mean? So, it's a lot of proving and also to myself and to my kids.”

Participant 3 indicated difficulty, like Participant 2, with setting goals and that it was a new challenge for her; “I don't have goals. That’s a good thing to have. A little more peaceful I guess. No swearing and yelling anyway [talking about the abuse she endures from her son] and a better job. Just make enough money to support the three of us and get by without assistance.” Participant 4 indicated her goals were along the lines of finding a satisfying job to provide for her family; “Um, just find a job. I want to be a cook or something I like, in a cafeteria or something. I'd see myself, um, in a better paying job with my own vehicle, um, I guess that’s about it. I never had a vehicle.”

At follow-up interviews, some participants appeared to make great strides towards achieving their goals, as well as, setting new goals for themselves. At the three month follow-up interview, Participant 4 stated:

I got my license. I just got it today. I'm taking classes for CNA training. I was reading some of my goals that we set up in class [group] and I was looking through them and it was like, yeah, I'm at number 7 now. It just started with my
First Aid and CPR training... and got both certificates... and then from there I started taking CNA classes... than I started thinking...go to school for four years to be a RN and work in pediatrics.

Participant 4, at the three month follow-up, revealed she had discussed attending college with her tribal leader; “I even went back to my reservation...and talked to my tribal leader and he said that he would help me pay for my tuition and my books...” At the 6 month follow-up interview, Participant 4 talked about her continued goal achieving success. She stated she had continued her social relationships with the other group members; “that was another one of my goals; to stop being shy and to open up and talk. Another one of my goals that I achieved was that I quit smoking.” Participant 5 stated her goal was to focus on her school career; “I’m not going to look for permanent employment until I get out of school. Hopefully, I will be able to graduate in two years. If I work hard I should be graduating and hopefully looking into graduate school”. At the six month follow-up interview, Participant 6 indicated she found employment in her field of study; she was pregnant and had a goal of attending graduate school; “I’d like to see myself either in Montana or Colorado going to Grad school and than working in a school system helping individuals who have disabilities.” She (Participant 6) further indicated the group had helped her with her socialization skills and reported feeling an increase in her self-confidence as a result of the group process.

Identifying goals was a positive process that was experienced by all group members. Each group member was encouraged to focus on herself and identify personal, as well as vocational/employment goals. Most members struggled with the process of focusing on self, future goals, and the idea of a “career”. This process appeared to be a difficult challenge for the group members but the end result was most beneficial. The
group members were empowered through the process of goal setting which enabled them to make successful strides toward their goals.
CHAPTER IV
DISCUSSION

The purpose of this study was to explore and further develop our understanding of the impact of a career-counseling group on the vocational goals and opportunities of survivors of domestic violence through qualitative analysis. Grounded Theory was chosen for the qualitative analysis specifically because it provides for the real and detailed lived experiences of women survivors of domestic violence in a career intervention group.

This chapter first examines and compares to the literature the participants' answers to the contextual question (What does work mean to you?). Secondly, this chapter discusses the development of the theoretical model as it relates to the existing literature. Third, the chapter explores the similarities and the differences of the core construct and empowering constructs found in this study with regards to the literature on intimate partner violence. Lastly, this chapter discusses the limitations inherent found in this research study, as well as the implications for practice and research of the phenomenon of intimate partner violence, the impact it has on the careers of survivors, and the conclusion of this study.

Meaning of Work

Wettersten et al. (2004) qualitatively explored the impact of intimate partner violence on the occupational experiences of ten female survivors residing in shelter. The
data analysis lead to nine domains: the impact of domestic violence on everyday life, the impact of domestic violence on women’s working lives, the meaning of work, children, the implications of leaving the relationship, future, strengths, barriers, and resources.

Within the domain of ‘meaning of work’ three themes emerged: achieve immediate self-sufficiency needs, an event that accomplishes something, and an event that is enjoyable.

More specifically the participants perceived work as a way to obtain the basic necessities such as food, shelter, and clothing but had hopes of having a job that provided personal satisfaction. Personally satisfying job was described as a task that accomplishes something whether paid or not and as a task that is enjoyable and makes a person feel good about themselves. This subsection of findings in Wettersten et al. (2004) is similar with the findings in the present study related to “meaning of work”.

The contextual question in the present study asked the participants to describe the ‘meaning of work’. Similar to the Wettersten et al. (2004) study, participants revealed that work meant “survival”, “something to do”, “something that has to be done”, and “something I enjoy doing”. More specifically, the participants in the present study indicated the meaning of work as a means to provide the basic necessities (e.g., food, shelter, and clothing) for their family, an event that has to be done, social obligation, enjoying what they do, feeling good about themselves, and having social interactions.

The participants in the present study also indicated, like the above study, they had hopes of obtaining a personally satisfying job. The contextual question, like the domain that emerged in the Wettersten et al. (2004) study highlights how survivors of domestic violence perceive work, an important factor to keep in mind when creating career interventions for survivors of intimate partner violence.
The theoretical model proposed in Chapter 4 was derived from the data of experiences reported from the participant’s involvement with the psycho-educational group. The core of the model is defined as “Human Agency” and the surrounding empowering constructs are identified as: connectedness, domestic violence awareness, external resources, internal barriers, external barriers, culture, and identifying goals. The model is conceptualized as the empowering constructs having an interrelationship as they flow through the core construct. The empowering constructs are perceived to have an influence over the core construct allowing for the increase in the vocational self-efficacy of the participants.

The qualitative exploration of domestic violence on female survivor’s work by Wettersten et al. (2004) resulted in formation of nine domains. Wettersten et al. (2004) conceptualized the nine domains as having a relationship in regards to the working lives of the participants. The conceptualized model suggests domestic violence, physical and psychological, directly impacts a survivor’s vocational self-concept, as well as, her ability to work. They also suggest in the model that domestic violence indirectly impacts a survivor’s career self-concept and her ability to work through the impact it has on her children. They further indicate barriers and resources also impact a survivor’s vocational self-concept and her ability to work.

The model described above is similar in concept to the theoretical model developed in the present study. The present study model, like the Wettersten et al. (2004) model suggests a relationship exists with the survivors’ career self-efficacy and barriers, domestic violence experiences, and resources. A difference in the models is that the
present model also suggests a relationship exists with career self-efficacy and social connectedness, internal barriers, and culture.

**Human Agency**

The original concept of human agency grew out of Bandura’s social cognitive theory (Bandura, 1982). Bandura (1982) described human agency as a concept that humans have the capacity and the potential to exert control over the nature and quality of one’s own life including aspects such as forethought, self-regulation of motivation, affect, and action through self-influence, self-awareness, meaning, and purpose in life (Bandura, 2001). Self-efficacy is the most influential component in human agency and plays a powerful role in determining whether a person takes action and exerts control over the nature and quality of their life (Bandura, 1977). According to Bandura (1977) self-efficacy is the individual belief that he or she has the ability to accomplish a task.

According to Bandura (1986), self-beliefs affect behavior in four ways. First, they influence choice of behavior. He proposed that “our assessment of our own capabilities is basically responsible for the outcomes we expect and for the knowledge and skills we seek and require. Hence, self-efficacy is a more powerful determiner of the choices that individuals make” (Bandura, 1986, p. 394). Second, self-beliefs help determine how much effort people will expend on an activity and how long they will persevere. Low self-efficacy in a survivor of intimate partner violence, for example, creates a self-doubt that may keep her away from achieving her vocational goals. So, higher sense of efficacy results in a greater effort, expenditure, and persistence. The third way that self-beliefs influence human agency is by affecting an individual’s thought patterns and emotional reactions. People with low efficacy, for example, may think that things are tougher than
they really are. This belief may foster stress and may make them attribute failure in
difficult tasks to lack of skills rather than to insufficient efforts. The last way self-beliefs
influence behavior is by recognizing humans as producers of behaviors rather than
passive recipients of behaviors (Bandura, 1986).

The concept of human agency within a career context is described as a
combination of human intentions and human actions resulting in making things happen in
progression towards a vocational goal (Cochran & Laub, 1994). The higher the level of a
person's vocational or career self-efficacy, the more competent and prepared the person
is to handle career tasks and solve career problems (Betz, 2001). According to Lent,
Brown, and Hackett (2002) human agency is a dynamic psychological interaction that is
intentional and purposeful. Lent et al. (2002) also state that human agency includes more
than self-efficacy, it also encompasses a range of intrapersonal, interpersonal, and
contextual factors. More specifically, human agency not only interacts with career self-
efficacy it also interacts with key factors such as personal goals, outcome expectations,
interest development, attitudes and values, and choice process (Lent et al. 2002).

The concept of human agency as described as related to career self-efficacy is
similar to the results produced in this study. The participants entered the group process
with what appeared to be low career self-efficacy. Every participant was unemployed and
also had hopes of gaining employment. Through the process of the group, participants
were involved with empowering activities such as engaging in mock interviews,
exploring external resources helpful to their pursuit of employment, were given help with
filling out job applications, created social connections, explored possible vocational
interests, identified their own vocational skills, and created a personal and a vocational
goals list. At the termination of this study four out of five of the participants were employed in a position they found satisfying. The participant who was not employed was working on her four-year degree at the local college.

**Connectedness**

The construct of connectedness appeared to be the strongest factor related to the growth of self-efficacy within the present study. Connectedness was the name given to describe the phenomenon of the social relations that developed amongst the participants. In the initial interviews with each participant they all described fear, anxiety, and hesitancy in participating in a group format due to trust issues. At the conclusion of the present study each group member reported making close connections with the other group members. They all reported "keeping in touch" with one another outside of the career counseling group. Some group members attended Certified Nurses Assistance (CNA) training courses together, others provided daycare for each other, and some gave rides to each other, and most visited outside of group with one another. More than half of the group members reported an increase in self-efficacy as related to social interactions such as communication skills, felt supported by the other group members and valued the relationships made with each other.

The construct of connectedness found in the present study reflects the same principles of social support suggested by Wachter Morris, Shoffner, and Newsome (2009). Wachter Morris et al. (2009) researched the unique career needs of survivors of intimate partner violence (IPV) along with the effectiveness of using Social Cognitive Career Theory (SCCT) with survivors of IPV. One SCCT intervention strategy emphasized by Wachter Morris et al. (2009) was the effectiveness of support groups.
Wachter Morris et al. (2009) suggested a support group for female survivors contributes to the identification of vocational skills, builds self-efficacy, and allows for a positive dialogue regarding vocational outcome expectations.

**Domestic Violence Awareness**

The construct of domestic violence awareness was conceptualized as the participant’s education of all attributes of domestic violence and the awareness of the impact domestic violence has on the survivor emotionally, physically, psychologically, as well as, short term and long term effects. The literature is strewn with research studies to educate professionals on intimate partner violence and its impact on survivors. The literature on intimate partner violence educates professionals and others who may provide service to survivors on the impact intimate partner violence has on the psychological, physical, and emotional states of survivors and children.

Furthermore, there is a plethora of information regarding counseling, intervention, and treatment strategies for working with survivors of domestic violence and perpetrators of domestic violence. What appeared to be lacking in the literature, however, is the direct education of survivors regarding the short-term and long-term impact of domestic violence. Most likely, informal education would appear in counseling and interventions. Nonetheless, little is known about the result of a survivors growing awareness of the negative psychological symptoms she experiences from past or present abuse—most especially that the link between these negative consequences may be indirectly correlated with the intimate partner violence she had experienced (such as being scared of other men at work).
The participants in this study, during their interviews, revealed a new sense of awareness of all forms of intimate partner violence (IPV). Most of the participants equated intimate partner violence with only severe (e.g., hitting, punching, shoving) physical violence. Their limited definitions of intimate partner violence lead to underreporting of other forms of IPV, not reporting some forms of IPV (e.g., financial abuse, manipulation, coercion) and blaming themselves for their partner’s abusive behaviors. They also shared their newly acquired information on the effects of IPV they had received from the group process. Several participants revealed they never realized that depressive, anxiety, and PTSD symptoms could be related to the experience of IPV.

External Resources

Ibrahim and Herr (1987) stated survivors of domestic violence, if they seek help, tend to receive help from domestic violence advocates and shelter staff members. They indicate survivors are in need of much more external resources than the few they actually seek out (Ibrahim & Herr, 1987). The external resource concluded by Ibrahim and Herr (1987) for survivors was a comprehensive counseling group designed to move survivors from the effects of intimate partner violence to a personal state of empowerment and economic independence. Their intervention strategy focused on improvement of self-concept, decision making, problem solving, and communication skills in a group format. Ibrahim and Herr’s (1987) concluded from their observational study that an intervention focused on the development of career planning with survivors is of value. They suggest that survivors have access to resources that assist in life-career planning.

Similar to Ibrahim and Herr’s (1987) study, this study found that help in identifying vocational interests, identifying vocational skills, and assisting with
vocational goals with survivors may aid in the pursuit of vocational goals and achievement. Another similarity of Ibrahim and Herr’s (1987) study and this study is the focus on a group format to increase socialization/communication skills. The participants in this study consistently commented on the value of the social skills and the friendships they developed during the group process.

Wettersten, Rudolph, Faul, Gallagher, Trangsrud, Adams, Graham, and Terrence (2004) qualitatively explored the impact of intimate partner violence on the occupational experiences of ten female survivors residing in shelter. Their data analysis lead to nine domains: the impact of domestic violence on everyday life, the impact of domestic violence on women’s working lives, the meaning of work, children, the implications of leaving the relationship, future, strengths, barriers, and resources. Within the domain of ‘resources’ three categories emerged: limited awareness of community resources, an awareness and appreciation of shelter resources, and the need for childcare and job service assistance. They found that intimate partner violence has a negative impact on survivor’s working lives. They further suggest the importance of considering factors such as children, available resources, and external barriers in the future research of domestic violence and the working lives of survivors (Wettersten et al., 2004).

The domain of ‘resources’ found in the Wettersten et al (2004) study was similar to the empowering construct of external resources found in this study. The participants in this study inquired about additional vocational resources and community resources such as activities for children. The survivors in this study were also concerned with childcare resources. The participants in this study highly valued and appreciated the community resource that provided them with professional attire.
Internal Barriers and External Barriers

Chronister, Brown, O’Brien, Wettersten, Burt, Falkenstein, and Shahane (2009) indicated that survivor’s are consistently challenged with barriers and have very few supports in regards to achieving their vocational goals. Chronister et al (2009) defined supports and barriers as contextual. They described contextual supports as the environmental factors that aid in the identification and progress of vocational goals such as financial resources, emotional support, and advocacy resources (Chronister et al., 2009). Chronister et al. (2009) described contextual barriers as an environmental factor that hinders the identification and achievement of vocational goals. These negative environmental barriers include such things as personal safety, financial problems, health crisis, and limited access to social services (Chronister et al., 2009).

Through the use of a 70-item self-report measure to assess perceived barriers to vocational goal achievement Chronister et al. (2009) found the survivor’s perceptions of current barriers to vocational goals were related to their experience of abuse. Furthermore the result portion of ‘barriers’ in the Chronister et al. (2009) study revealed the participants did not anticipate future vocational barriers as related to their experiences of domestic violence. The authors believed with an increased understanding of vocational supports and barriers related to survivors of intimate partner violence intervention programs will be more effective at eliminating the barriers and develop the support system needed to achieve vocational goals (Chronister et al., 2009).

Dissimilarity was found to exist with Chronister’s et al. (2009) study in regards to the concept of barriers and the present study. Chronister’ et al. (2009) reports an awareness of barriers as being related to domestic violence. In the present study barriers
were represented as challenges (e.g., daycare, single parenting issues, and transportation) standing in the way of their vocational goals but they were not necessarily connected to the experience of domestic violence. Another difference between the present study and the Chronister et al. study is that in the present study internal barriers were largely defined as mental health issues. As mental health issues were reported as barriers to achieving their vocational goals. Chronister et al. (2009) did not report on the concept of internal barriers as related to domestic violence and also as hindering the process of survivors achieving vocational goals.

Wettersten et al. (2004) reported findings were more in line with what was described in the present study as external barriers. The concept of barriers in Wettersten et al. (2004) was defined as the lack of basic living necessities, negative support, and limited education. Again, the concept of internal barriers hindering the process of vocational achievement, as found in the present study, was not identified by Wettersten et al. (2004).

Swanberg and Logan (2005) qualitatively explored the affects of domestic violence on the employment of women who reported as currently in an abusive relationship. They found that ongoing domestic violence interferes tremendously with the working lives of the participants. The women experienced harassment in the workplace by their abuser; they were late to work as a result of domestic violence, missed several days of work due to domestic violence assaults which often resulted in termination from work (Swanberg and Logan, 2005). The present study differed in that the participants did not report being in current abusive relationship, therefore the barriers they reported may not have focused on physical behaviors of the past abusers.
Jones (2008) examined the characteristics and needs of Native American survivors and revealed that childcare and transportation were external barriers to receiving services for domestic violence. The external barriers to receiving services reported in Jones (2008) are the same external barriers reported in the present study to achieving vocational goals. Also similar to the present study, Jones (2008) found trust as an internal barrier to participating in intervention groups and working with non-Native American service providers.

Culture

It appears that little research exists in the area of domestic violence and the impact it has on the careers of survivors in regards to ethnic minority experiences. Even less research has been dedicated to the impact domestic violence has on the careers of Native Americans. The research conducted by Juntunen et al. (2001), as cited in the above literature review, identified five themes in relation to Native American perspectives of career: the meaning of career, definitions of success, supportive factors, obstacles, and living in two worlds. Similar to the present study, Juntunen et al. (2001) found that domestic violence, single parenting, lack of childcare, and racial discrimination as obstacles to achieving vocational goals.

Jones (2008) through qualitative analysis explored the distinctive characteristics and needs of domestic violence survivors in Native American communities. The study suggested the experience of domestic violence in Native American communities is different from the majority culture’s experience of domestic violence. One difference reported was that domestic violence was perceived to be rooted in the historical traumas, poverty, alcohol and drugs, oppression, and rural isolation. This difference suggests that
domestic violence is a result of anger that has been turned inwards. This inner anger is believed to stem from the historical traumas and the oppression by the dominant culture on Native Americans (Jones, 2008).

Similar to Jones (2008) most of the Native American participants in the present study described the batterers use of alcohol and/or drugs during episodes of physical violence. Several also reported their batterers as having mental health issues such as depression which could be viewed, as discussed above, as anger turned inward. Some participants discussed the issue of living in rural isolated communities with no transportation as a barrier contributing to their poverty and unemployment.

Jones (2008) also suggested a relationship between casino gambling and domestic violence in Native American communities. Another unique feature reported in Jones (2008) was the impact casino monies received through the tribes had on an abusive relationship. It was stated that when the abuser was the one who received the casino monies it was found that the victims suffered severe economic abuse and were more unlikely to leave the relationships. When the victim was the one who received the casino monies through the tribe the batterer was more unlikely to allow the victim to terminate the relationship (Jones, 2008). Furthermore, Jones (2008) stated Native Americans in mixed relationships are socially disapproved placing them at higher risk for domestic violence which may be caused by lack of support. The importance of Native American community and culture may lead to the negative social feedback encouraging a victim to stay in (same race) abusive relationships (Jones, 2008).

Unlike Jones (2008) economic abuse in regards to receiving casino monies through the tribe was unreported in the current study. In line with Jones (2008) the Native
American/ American Indian participants in the present study voiced their challenges of living in a “white world” or “two worlds”. They were challenged with racist attitudes and comments. The feelings of social disapproval and lack of support further hindered their progression towards their vocational goals and increased their risk of further domestic violence.

**Identifying Goals**

Kasturirangan (2008) discusses how the goal of programs/interventions for survivors of domestic violence is to ‘empower’ the survivor. However the goal of empowerment may be established but ultimately it remains unarticulated as how to achieve that goal with survivors. Kasturirangan (2008) stated that the empowerment process should be grounded in the “three pillars of empowerment” (cited in Kasturirangan, 2008). The three pillars of empowerment include self-determination, distributive justice, and collaborative and democratic participation (Kasturirangan, 2008). She stated the overarching goal of the empowerment process is self-determination which includes the individual rights of setting goals and having access to the resources necessary to achieve their goals (Kasturirangan, 2008). She further added that programs developed to empower survivors of intimate partner violence need to be concerned with developing access to needed resources such as assistance with goal defining.

Similar to Kasturirangan (2008) the present study discovered resources such as programs that assist survivors with identifying and developing vocational and personal goals are important to helping the survivors to become empowered. Many of the participants in the present study discussed their lack of vocational and personal goal development. Through the group process the participants were assigned and assisted with
identifying personal and vocational goals. By the termination of the study, participants reported they were enthusiastically making progress on their personal and vocational goals they had identified in group.

Limitations

Several limitations to the study exist. The sample size was small and was made up of mostly Native American women, so the study is not generalizable to all survivors of domestic violence. Although there were a small number of participants in the study it should be noted the study is based on a Grounded Theory methodology research and any findings should be noted as exploratory findings.

Although, participants varied in age and in experience with domestic violence, four out the six original participants were Native American. Each Native American participant represented a different tribe, therefore not a representative sample of the more than 500 Native American tribes existing in the United States.

The study also used qualitative self-report interviews as the data collection method which may contribute to biased behavior reporting; however grounded theory lends its self to self report as a main exploratory data collection method in order to gain a deeper and richer participant perspective of the phenomenon being explored. Unnamed biases may have impacted methodology and analysis of the data. Relatedly, there exists the possibility of misinterpretation of Native American and domestic violence issues by the majority culture (the culture membership identified by the primary investigator and the reader) because so little is known about this area, and because so many myths prevail—myths that may be ground in societal racism. At the time of the interviews the primary investigator was naïve to the impact of domestic violence in general more
specifically the primary investigator had little expectations regarding the impact domestic violence had on career paths of survivors.

Lastly, only one reader reviewed transcripts, themes, and categories that were identified by the primary investigator. While this is keeping in line with the constructivist philosophy of science that underlies the Grounded Theory methodology, it is nonetheless important to understand the possible implications of this approach. Specifically, the lone reader was also one of two facilitators of the career group at the center of this project, and as such had the potential to have unique perspectives and extra information about the women’s lives. However, the reader did not review transcripts, themes or categories until more than four years after the career group was complete, and reported having limited memory of group participants and experiences.

Implications for Practice and Research

*Practice*

The primary the implication for clinical practice in working with survivors of domestic violence is the positive impact of working in a group of “similar others”. In this study similarity took the form of experience of violence, ethnicity, and employee status/values. The similarities of the members allowed for the group members to become socially connected. Because of the social connectedness amongst the group and in line with research conducted by Wachter Morris et al. (2009), members were able to offer each other support which vicariously strengthened their self-efficacy. Therefore a clinician working with survivors of domestic violence would do well with facilitating group connections through the use of group work, allowing the sharing of personal stories related to domestic violence, and encouraging social support outside of group.
Secondary implication for clinical practice is the facilitation of domestic violence awareness. Many group members had limited understanding of the tactics of power and control used in domestic violence relationships. Most participants equated domestic violence with physical violence which resulted in minimizing, denying, and blaming themselves for the perpetrator’s other abusive behaviors such as intimidation, coercion, threats, and manipulation. Furthermore, the awareness of domestic violence resulted in new knowledge and understanding of the short-term and long-term impact domestic violence has on survivors. Many participants were unaware of the long-term emotional and psychological impact domestic violence had produced. The awareness of the impact domestic violence had on them resulted in liberation from the idea that they were “defective”. The liberation allowed the participants to have a different self-perception which increased their self-efficacy. They no longer viewed themselves as defective, incompetent, and worthless instead they were able to understand they suffered from effects of domestic violence and these effects were not a definition of their character as a woman.

A third implication for clinical practice, and similar to the “three pillars of empowerment” by Kasturirangan (2008), was the process of building personal and career related goals. Many of these women never had the opportunity to focus on their vocational identities, or if they did they were put-down, belittled, and punished for doing so by their abusive intimate partners. Put simply, the focus on self was perceived as a negative behavior. The process of allowing time for the women to create personal and career related goals was difficult and challenging but the benefits were tremendous.
The identification of goals was extremely valued by the group participants. The difficulties in producing a list of goals came with their internal struggles of feeling guilty, shameful, undeserving, and inexperienced with time spent focusing on their interests and their future. Many women expressed excitement as they completed progress towards their goals and most of the participants continued to create goals well after the completion of the group. Part of the process that helped women identify goals was the recognition of internal resources and the implementation of specific career interventions such as the identification of skills, abilities, and interests. For all of the women in the study, a goal for them was to become employed. At the completion of the study four out of five group members were employed and the fifth group member became a fulltime university student and was in the process of seeking a work-study position.

A fourth practice oriented implication of this study was the ability of the clinician to help survivors identify and address internal barriers. Many of the women, as a result of enduring domestic violence, suffered from depression, anxiety, symptoms of PTSD, low self-esteem, low self-efficacy, and impaired communication and social skills. At first, these internal barriers were not identified by the women in this study, and even when the awareness was present the women had a difficult time understanding the relationship between their internal barriers and their experiences with domestic violence. Once the internal barriers were identified the women were able to overcome some of their internal barriers. As the women identified and worked on their internal barriers an increase of their self-efficacy was gained.

A fifth implication for clinical practice resulting from this study is the awareness cultural barriers have on women who have experienced domestic violence. This study’s
participants were mostly Native American and it became apparent that a Native American woman living in predominately white community has different experiences of seeking services and resources than a white woman. The internal barriers of the Native American participants were also somewhat different from the internal barrier of the Caucasian participant. The internal barrier reported by the Native American women, similar to Juntunen et al (2001), was the idea of "living in two worlds" which was not reported by the Caucasian woman.

Lastly, another implication resulting from this study was the identification of external resources. Kasturirangan (2008) emphasized an important aspect of empowering a female survivor of domestic violence was the accessibility to community resources. The group participants were extremely thankful and greatly benefitted from the exposure to the external resources in the community. External resources appeared to be of importance and value to women who have been socially isolated through the force of domestic violence. Survivors of domestic violence are in need of community resources but because of their isolation they have little to no information regarding the resources available to them. Clinicians working with survivors of domestic violence would do well to help survivors identify community resources. As Ibrahim and Herr (1987) pointed out in their research, survivors are in more need of external of external resources than the ones they actually seek out.

The results of this study illustrate the interrelatedness of complex constructs that empower a domestic violence survivor to gain control over her identification and pursuit of her vocational goals. The impact of domestic violence, social connections, identification of internal and external barriers, access to resources, cultural influences.
and the identification of goals are all very relevant when considering a career counseling group intervention with survivors of domestic violence.

Research

Because the majority of the participants in this study were Native Americans, a review of research investigating intimate partner violence (IPV), Native Americans, and the impact IPV has on employment was warranted. Moreover, the present study only began to tap the experiences of Native American women as they relate to employment, and IPV. Quantitative research exploring the experiences of ethnic minorities who are enrolled in a Temporary Assistance for Needy Families program in a predominantly white city, may contribute to the awareness and understanding of the unique experiences individuals may have. Given that acculturation was not explored in the present study, it may also be imperative to conduct research on acculturation as related to the concept of self-efficacy.

As noted earlier, the theoretical model developed for this study has significant similarities to the social cognitive career theory created by Lent, Brown, and Hackett, (2002). Consequently, a major research implication would be the importance of creating quantitative outcome studies that look at the theory of social cognitive career theory and the vocational needs of Native American women who have experienced intimate partner violence. Although, Chronister et al. (2009) have conducted quantitative studies in the area of domestic violence and careers, further quantitative studies need to be conducted on examining the impact of group intervention on employment issues, including satisfaction, longevity, and upward mobility with survivors of domestic violence.
This research area would also benefit from more qualitative studies specifically examining impact domestic violence has on Native American women’s employment satisfaction. A qualitative study on domestic violence and employment satisfaction through the voices of Native Americans would provide researchers a deeper understanding and facilitate new areas of research to better help the career paths of Native American survivors of domestic violence. Additionally, because little information exists on the experiences of domestic violence and Native American women on reservations, further information could be gathered through a qualitative study looking at the experiences of domestic violence for Native American women living in reservation communities.

External resources appeared to be of great importance to the women in this study to make successful strides towards their goals. A quantitative study investigating the impact of improved access to resources could be beneficial for survivors in accessing resources needed to gain employment.

Lastly, the development of a regression model that looks at the relationship between social support and career self-efficacy, and how this relationship might be mitigated by internal and external barriers would be beneficial to the intervention/treatment with survivors of domestic violence and their vocational goals.

Conclusion

Domestic violence is a prevalent phenomenon not only within the United States, but in other countries as well. Research has just begun to explore the impact domestic violence has on the career paths of survivors, and has made limited exploration of the impact domestic violence, in general, has on ethnic minorities. This study explored the
impact of a psycho-educational group on six female survivors of intimate partner violence enrolled in the Temporary Assistance for Needy Families (TANF). The study started with six participants and concluded with five participants. One participant left the study because of ongoing domestic violence in her life. Her initial interview data was incorporated in this study.

The study resulted in the development of a theoretical model. The model was conceptualized with human agency as the core, and seven empowering constructs that flow in and out of and interact with the core construct. The seven empowering constructs included connectedness, domestic violence awareness, culture, external resources, internal barriers, external barriers, and goal identification. As the seven empowering constructs interact with the core construct, self-efficacy, the most influential component of human agency, appears to have increased. Self-efficacy in this model was related to career self-efficacy due to the group’s focus on employment, vocational interests, skills, and goals. At the beginning of the research study all six participants were unemployed and had hopes of gaining employment. At the termination of the study, four out the six participants were satisfactorily employed, one participant was enrolled as a student at the local university, and one participant’s employment was unknown due to attrition of that participant.

At termination of this study the group participants were motivated and each made progress towards their vocational goals. They also all noted they gained valuable friendships as a result of the group process. The results of this study indicate supportive, educational, and empowering interventions may lead to survivor’s pursuit of vocational goals.
APPENDIX A

CONSENT FORM

You have been invited to participate in a study concerning counseling and domestic violence. This study is being conducted by Desiree A. Jagow and Kara Wettersten, Ph.D., from the University of North Dakota Department of Counseling, in conjunction with the Community Violence Intervention Center (CVIC). The purpose of this project is to gain a better understanding of the impact of a career-counseling group on the vocational goals and opportunities of women survivors of domestic violence. The study consists of a primary individual interview (approximately 80 minutes) along with three brief check-in interviews (approximately 30 minutes) and three follow-up interviews after the group is complete (approximately 60 minutes). The interviews will pertain to the career histories and interests, goals and opportunities, how the group may or may not be helping you, and information about the experience of a domestic violence and its impact on careers. The study will also consist of a 9-week career-counseling group. Additionally, one short questionnaire (a demographics form) will be given prior to the first interview. Participants will also be asked to provide future contact information. Desiree Jagow will conduct all interviews.

The primary interview will be conducted before the start of the career-counseling group. The three brief check-in interviews will occur in the third, sixth, and ninth week of the career-counseling group. The three follow-up interviews will take place 3 months, 6 months, and 12 months after the career-counseling group has ended. The initial interview will take approximately one hour and twenty minutes. The three brief check-in interviews will take approximately 30 to 45 minutes each. The three follow-up interviews will take approximately one hour. All interviews will be audio-taped, but your name will not be associated with the study in anyway (instead, a code will be assigned to all interviews and surveys). The interviews will be conducted in a private room located at CVIC, and we will provide childcare at CVIC during the time of the interviews if you desire it. After the interview is completed, a professional transcriptionist will transcribe it from the audiotape.

According to the regulations of the University of North Dakota, only the primary investigator, Desiree Jagow, her advisor, Kara Wettersten, a transcriptionist, and the people who make sure researchers abide by the rules (Institutional Review Board) will have access to the research information. CVIC staff or employees will NOT have access to any information you provide in the interviews. Also, your name will not be printed on any forms you give us, nor on your transcribed interview; instead a confidential code number will be used. You may choose to stop the interview at any time or skip any of the
questions asked during the interviews. It is important for you to know that the researcher in this study is required by the state of North Dakota to report child abuse. If the information you give suggests that child abuse is occurring the primary investigator is required by law to make an appropriate report to Child Protective Services and, for liability purposes, to the CVIC staff. Likewise, if the primary investigator believes that you are in immediate danger of harming yourself or someone else, she is required to seek help on your behalf.

The career-counseling group will consist of 3-6 participants. All participants are female, survivors of domestic violence and recipients of Temporary Assistance for Needy Families program (TANF). Participation is completely voluntary, and you have the option to drop out at any time. If you do not wish to participate in this group, but require vocational counseling, you may contact North Dakota Job Service for further assistance (701-795-3700). The group will last 9 weeks and will meet once a week for two hours. The group will be conducted by Kara Wettersten and by a CVIC staff member, Amity. The group will center on helping you with your employment and career goals. All members of the group are asked to keep all information regarding the group and its members confidential, and the group leaders (Kara and Amity) are required by law to keep your information confidential, with the following exceptions. First, even though we ask participants to maintain confidentiality of other group members, the primary investigator cannot guarantee confidentiality of the information shared with group members. Second, as indicated before, we are required by law to report known or suspected child abuse, or the possibility of imminent harm to self or others. Third, if you should request a release of information to a specific person, we may grant that request. Kara (who is Desiree’s advisor) will not have access to any written transcripts until after the group is completed and identifying information from transcripts are removed.

Upon completion of the group and the final check-in interview, you will receive a stipend of $400.00 from CVIC. Additionally, if you complete a follow-up interview at 3 months, you will receive a $50.00 gift certificate to either Wal-Mart or Hugo’s (your choice). If you complete the 6 month and 12 month follow-up interviews, you will receive a $25.00 gift certificates or each of the interviews. After completing the group, the primary investigator will make arrangements to contact you for follow-up interviews. However, your safety is of paramount importance to us. Consequently, we will make arrangements with you about how to contact you in the safest and most confidential way possible. You may also withdraw from the study at anytime, especially if you feel your safety is at risk.

Your participation in this study will help us collect information for future career interventions with other people who have experienced domestic violence. You will be allowed to read through your transcribed interviews after they are conducted, in order to ensure that they are accurate. These transcriptions will be located in the confidential mail at CVIC (or at the shelter if you request). If you have any concerns about the accuracy of the transcripts, you can either contact us at the number listed below, or note your concerns on the transcripts and leave it in a designated and confidential box located at the CVIC receptionist’s desk.
The Benefits of participating in this study are the opportunity to have the educational experience of a career seminar, to be involved in research and getting to speak to a professional about your experiences with domestic violence and employment. The benefits also include contributing information that will help future vocational counselors provide useful services to women survivors of domestic violence.

While confidentiality is always a risk in this type of study, we will actively safeguard your confidentiality in this study by: (1) not associating your name with any of the tapes, transcriptions, or forms that you fill out, (2) conducting the interview portion of the study in private, (3) not sharing with CVIC staff or employees (or anyone else) the specific details you give us (except in regard to child abuse and/or imminent suicidal/homicidal behaviors), and (4) summarizing the results of all people interviewed (with no identifying details of any one person) in the final report. Additionally, the audiotapes will be completely destroyed within 6 months of the interview (and stored in the meantime in a locked and secured cabinet). Likewise, survey data and transcripts will also be stored in a locked and secured cabinet for a period of at least three years, than shredded and destroyed. Informed consents (this form) will be collected separately and stored separately in a locked cabinet, than destroyed after at least three years as required by law. There is a small chance that some of the information we ask will cause psychological discomfort. In that case, you will have the option of speaking with CVIC staff, or seeking additional counseling services at your own expense (we have attached a list of referrals---some of which are free or at low cost).

Your decision to participate in this study is strictly voluntary, and will have no impact on your relationship with CVIC or with the University of North Dakota. If you have any concerns or questions about the study, please address them with the person interviewing you or contact Dr. Wettersten. If you have any additional questions you can contact the University of North Dakota Institutional Review Board at (701) 777-4278. Thank you for your consideration.

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I, the participant, have read and understand the above information about the study. I have also been given the chance to ask any questions I have and feel they have been answered to my satisfaction. A copy of this form has been given to me for my records. By signing below I agree to participate and understand that I may stop the interview at any time.

Date  Name of Participant (please print)  Participant Signature
APPENDIX B

CAREER COUNSELING DEMOGRAPHICS FORM

1. Gender?  Female  Male

2. Relationship Status?  Single  Divorced  Separated  Cohabiting/Partnered  Married

3. Age?______

4. Ethnicity?_____________________________________

5. Primary place of residence: (check best answer)
   _____ Rural (not in town)
   _____ Small town (under 1,000 people)
   _____ Medium size town (1,000- 10,000 people)
   _____ City (10,000- 500,000 people)
   _____ Large city ( more than 500,000 people)

6. Number of children? _____

7. Individual ages of children under age 18? ____________________________

8. Current employment status (Check the best answer)
   _____ Full time
   _____ Part time
   _____ Unemployed (but would like employment)
   _____ Not working (no need to work or unable to work)

9. Last three types (job title or field) of employment?
   (example: Type? Convenience store clerk; How long? 9 months)
1. Type (job title or field)?
2. ____________________________
3. ____________________________

10. Approximate total household income last year?
   - Below $13,500
   - 13,500-19,999
   - 20,000-29,999
   - 30,000-39,999
   - 40,000-49,999
   - 50,000- plus

11. Highest educational level achieved?
    - Elementary school
    - 10th grade
    - High School Diploma
    - Tech training (or trade school)
    - Some college classes
    - Associate’s degree
    - Bachelor’s degree
    - Graduate coursework
    - Graduate Degree

12. Are you currently a student? Yes No
13. Are you currently on TANF (welfare-to-work)? Yes No
14. Have you ever used Job Service? Yes No
APPENDIX C

SAMPLE INITIAL INTERVIEW QUESTIONS

Demographic Questions

1. Where are you from?
2. How old are you?
3. Do you have kids?
4. Are you currently working? Would you like to be? (or) Where? Do you like your job?
5. Tell me about your typical day at work.
6. How far did you get in school?
7. What kind of work experience do you have? Tell me a little bit about your work experiences.
8. Tell me about your educational background.

Contextual Question

1. What does work mean to you?

Continued Initial Interview Questions

1. If “yes” to question #2, How does your partner (if applicable) feel about your working?
2. Has a conflicted relationship with a current or past partner (including possible intimate partner violence) impacted your working life?
3. If yes to above question, How so?
   a. Can you tell me about one of those times?
   b. How frequently does (or did) happen?
4. Can you identify times when intimate partner violence issues prompted interferences with work and/or work goals?
5. Have you ever been late to work and/or had to leave work because of conflict with your partner (current or past partner)
6. How has experiences with intimate partner violence impacted your self-concept or belief about your abilities related to work?
7. Two years from now, with a little bit of luck and a little bit of hard work, how would you like your life to be? (And if not stated, ask specifically about work).
8. What are some of the obstacles you see to working?
9. Do you currently have hopes about jobs or careers?
10. Can you tell me about them?
11. Did you have hopes in the past?
12. What were they?
13. Have you lost a job because your partner didn’t want you there?
14. Has a past or current partner harassed you at work (e.g., phone calls, showing up in an interfering negative way)?
15. How do your kids affect your work and/or work goals?
16. Is childcare an issue?
17. Is protecting your children an issue?
18. What job related services might be helpful to you?

19. What other resources might help you with your vocational goals?

20. Do you think receiving help with resume writing would be helpful? If so, how so?

21. Do you think that practice interviews would be helpful? If so, how so?

22. Do you think talking to someone about career related barriers you might face would be helpful? If so, how so?

23. Do you think working out transportation issues with someone would be helpful? If so, how so?

24. Do you think working out childcare issues with someone would be helpful? If so, how so?

Sample Questions for Brief Interviews

1. How did the last interview go?

2. How is the group going for you?

3. What do you like about the group?

4. What’s helpful about the group?

5. What could be better about the group?

6. What is not helpful about the group?

7. Where are you at with your vocational goals?

8. What do you think about work?

9. What have you learned about yourself as a result of the group?
10. Now that you’ve been in group for a while, how do you think that domestic violence has impacted your work goals and work opportunities?

11. Tell me about your view of our own abilities

12. Now that you have been in group, what’s your view of yourself?

13. What would you like to get out of group that you haven’t yet?

14. And if working, How is work going for you?

Sample Questions for Follow-up Interviews

1. How are you doing?

2. How are your goals for work coming along?

3. Are you currently working?
   a. Where? or Would you like to be?
   b. Do you like it?
   c. Tell me about your typical day.

4. Do you have an intimate partner?
   a. If yes, how does your partner feel about your working?

5. Has a conflicted relationship with a current or past partner continued to impact your working life?
   a. If yes, how so?
   b. Can you tell me about one of those times?
   c. How frequently does it happen?

6. Have you lost a job because your current or past partner did not want you there?
7. Has a current or past partner harassed you at work (e.g., phone calls, showing up in an interfering negative way)?

8. How do your kids affect your work and/or your work goals?

9. Is childcare an issue?

10. Is protecting your children an issue?

11. Now that you have been away from the group for awhile, how do you think experiences with intimate partner violence impacted your self-concept or belief about your abilities, especially your abilities related to work?

12. Two years from now, with a little bit of luck and little bit of hard work, how would you like your life to be? (If not mentioned, ask about work).

13. What have been some obstacles to reaching your work goals?

14. Has what you hoped would happen, actually happened?

15. Do you see yourself achieving the goals you outlined in group?

16. Now that group is done, what other resources might help you with work?

17. What has this process (in regards to the group and interviews) been like for you?
REFERENCES


domesticviolence


