A Phenomenological Study of Faith Community Culture Contributing to Domestic and Intimate

Partner Violence

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A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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**Abstract**

Acceptance of domestic and intimate partner violence is recognized as occurring in the lives of survivors of domestic and intimate partner violence when they are counseled to return to the environment where their abuse occurred. Acceptance is also recognized as occurring in the lives of perpetrators of domestic and intimate partner violence when their behavior is made known to anyone outside of their environment and the perpetrator's behavior towards their victims is sheltered, protected, excused, or enabled. In both instances, no efforts are made to change, correct, or stop abusive behavior. Research indicates interaction with the faith community in response to episodes of domestic and intimate partner violence is one significant connection between the survivors of domestic and intimate partner violence and the perpetrators of domestic and intimate partner violence.  This phenomenological study will evaluate the experiences of perpetrators seeking support from the faith community to understand the role the church or church culture may have in responding to domestic and intimate partner violence.

*Keywords:* domestic, intimate partner violence, perpetrators, faith-based, victims, survivors

**Dedication**

This study is dedicated to my Creator who blessed me with the gift of curiosity and an earnest desire for truth. I am thankful for His provision and selection to be a vessel by which the church is reminded that all of God's children are deserving of His forgiveness, His grace, and His mercy. I dedicate this research to the building of His kingdom.

I also dedicate this study to my husband, Ashley, who has patiently supported me throughout this journey. If there was a co-doctorate to be awarded, he would have more than earned it. His unwavering belief in my calling and ministry carried me through hundreds of late nights, self-doubt, losses, and fatigue. To my son Tavian who inherited my curiosity and reminded me of the need to step back sometimes to see the bigger picture. Your courage was my inspiration to step outside of my comfort zone. Look at where we are now! To my baby sister Toiya and my favorite brother-in-law Christopher Howard, thank you for seeing the finish line those times I could not and for giving me the distractions I needed when it became overwhelming. To my dad, Larry, thank you for reminding me of the beauty of words, and that writing is like breathing. To my Tribe4Life thank you for reading my ramblings, reminding me to focus, and challenging me to never settle for less than what was mine.

To Dr. Kathy Menzie who spoke this journey into existence long before I knew about Liberty University. Thank you for seeing the finish line. To Necha Burton whose heart is as big as her smile. I am blessed you chose me to pay it forward. To my original mentors Dawn Green, Dr. Renee Henry, Bertha Kondrak, and Marlene Henry, your wisdom about life and learning is at the core of this experience. Thank you for providing clarity. Reverend Tobias Schlingensiepen, thank you for reminding me that doing the uncomfortable, the inconvenient, and the necessary is what I was called to do because it changes the world for the better.

Lastly, this study is dedicated to those working in the field of domestic and intimate partner violence. The work you do with abusers and survivors challenges the heart and spirit of your profession. I pray God continues to bless you with grace, mercy, and kindness.

**Acknowledgments**

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**List of Abbreviations**

Conceptual Mapping Task (CMT)

Institutional Review Board (IRB)

Integrated Theory of Sexual Offending (ITSO)

Middle East Respiratory Syndrome (MERS)

Middle East Respiratory Syndrome Coronavirus (MERS-Cov)

Male Marital Violence Against Women (MMW)

Personal Protective Equipment (PPE)

Severe Acute Respiratory Syndrome (SARS)

Severe Acute Respiratory Syndrome Related Coronavirus (SARS-Cov-2)

Young Women's Christian Association (YWCA)

**Chapter One: Introduction**

**Overview**

The faith community is no stranger to domestic and intimate partner violence. Historically, the faith community has been a shelter for those who are hurting, the sick, and anyone seeking to be comforted in times of distress. The counsel of faith leaders is viewed as guidance from God based on scripture. Where scripture is silent the voice of the faith leader must speak with integrity to maintain a relationship of trust, especially with someone whose trust has been betrayed by another human (Joubert & Maartens, 2017).

Moral decisions are based on a common system of right and wrong, unshakable in nature (Brouwer, 2021). To the survivors of domestic and intimate partner violence, a sense of right and wrong is at the core of the safety they seek. Brouwer (2021) found that moral decisions were significantly influenced by the amount of demand and emotion associated with the interaction between individuals. This combined influence of emotion and demand on decision making challenges the thought processes of a faith-based counselor during interactions with survivors of domestic and intimate partner violence. The counselor may also be considering additional factors. Obligations to their intersectional roles as a faith leader and spiritual guide to the family represented in the survivor of domestic and intimate partner violence are just some of the many factors counselors may consider (Brouwer, 2021).

When a survivor of domestic and intimate partner violence seeks to escape abusive situations, they may have many options available to them including domestic violence shelters, emergency rooms, and law enforcement centers (Walker, 2014). These resources offer immediate protection from perpetrators of domestic and intimate partner violence. They recognize the signs displayed by survivors and are equipped to respond to their need for safety.

One support system shared by both survivors and perpetrators of domestic and intimate partner violence is the faith community. Like the previously identified resources, it too can respond to the immediate needs of survivors and perpetrators of domestic and intimate partner violence. The faith community, however, contributes a deeper level of impact because it often already exists within the lives of many survivors and perpetrators as part of their culture. It permeates the way they worship, think, and dress. The faith community influences the amount of information survivors and perpetrators share about their domestic and intimate partner violence experience, how often incidents are shared, and with whom incidents are shared (Stockly et al., 2020; Theuring, 2018).

Faith-based counselors admit to a significant lack of formal education related to domestic violence and intimate partner violence, but continually find themselves providing counseling to survivors (Gilgun & Anderson, 2016; Sisselman-Borgia, 2017). Additional deficits of counselors include missing the impact of their attitudes, behaviors, or inaction when they respond to perpetrator attitudes and unfamiliar methods of abuse. As a result of the counselor's influence, survivors may choose to remain silent or engage in self-destructive behaviors towards themselves as a matter of self-fulfilling prophecy where they believe that they are to blame for their abuse (Alam & Islam, 2015).

When survivors of domestic and intimate partner violence are blamed for their abuse the perpetrator is rewarded, resulting in the perception and belief that domestic and intimate partner violence is acceptable (Devenish et al., 2019; Manton, 2015). Education about responding to domestic and intimate partner violence is needed for faith-based communities to continue supporting survivors, especially in response to the significant increase in domestic and intimate partner violence episodes caused by the recent pandemic (Araujo-Hawkins, 2020; Kposowa &

Ezzat, 2019).

## Background

Domestic and intimate partner violence falls within a category of behavior that is acceptable or unacceptable in the context of some cultures. It represents punishment, discipline, or love and the level of acceptability or unacceptability is defined by multiple cultures in society according to Chisale (2016). Devenish et al. (2019) identified these societal norms as social learning that has contributed to increases in mental health problems such as depression, post-traumatic stress disorder, substance abuse, and suicide ideation (Trevillion et al., 2014).

Existing literature primarily explored domestic and intimate partner violence from the perspective of survivors and responders–namely shelters, law enforcement, emergency rooms, counselors, and the faith community (Fortune, 2017; Heard et al., 2019; Theuring, 2018; Zust et al., 2017). This research explored the efficacy of advocacy and intervention strategies used to protect survivors, empower their voices, and create opportunities to escape domestic and intimate partner violence situations (Alì & Naylor, 2013; Levers, 2012).

Survivors recognize that both beneficial and conflicting messages can come from interactions with faith-based counselors, pastors, or laypersons in response to their experiences of domestic and intimate partner violence (Clato-Day, 2020; Mena, 2014). Dyer (2016) attributed this level of ambivalence to church culture and its belief that domestic and intimate partner violence is a taboo subject. If such acts of violence occur, they happen rarely and are not considered significant by the faith community (Boethius & Åkerström, 2020).

Patriarchal order dictates the response of most churches; this order makes the husband or male as the central figure and the wife or female as submissive and subservient (Eppler et al., 2020; Fortune, 2017; Jones et al., 2019). This role is assigned to all females as domestic violence

can also occur outside of romantic relationships. For example, sisters and daughters are also viewed as submissive within the context of familial environments (Kazemi et al., 2019). Female's refusal to recognize this role is noted as the cause of most episodes of domestic and intimate partner violence because it is the role of the male to gain control or put her in her place (Buchbinder, 2018; McCarry & Lombard, 2016). To not exercise such authority is to undermine the male's manhood and portray the woman as unladylike, this view shifts blame away from the abuser (Hernández, 2018).

Literature from the perspective of the abuser further explored *others* as a cause for the abuse. Personal history of abuse, the behavior of the abused, media and technology exposure, drug and alcohol use, scripture, and ineffective treatment interventions were all identified as causes of domestic and intimate partner violence (Kozubik, 2020; Lamb et al., 2021; Mena, 2014; Papp et al., 2017). While improvements to existing programs continue to be made and more programs are developed based on outcomes associated with this current literature, domestic violence continues to occur.

Programs which address domestic and intimate partner violence often center on survivors rather than abusers. Literature suggested the addition of children, in conjunction with formal support from agencies, can build relational resilience as individuals are more likely to consider the impact of domestic and intimate partner violence on their children before engaging (Slep et al., 2014). An issue with this research is the assumption that the male in the relationship bears equal responsibility for the care and nurture of their children who are said to influence the decrease in relational violence.

Vega et al. (2021) found multiple symptoms in survivors of domestic and intimate partner violence related to the demands of gender roles. Symptoms of anxiety and depression disrupt

their ability to function and their thought processes (Vega et al., 2021). Relationally, Bowen found this response problematic as the feelings of the mother, because of the demands created by the needs of the child, could be passed to the father, creating a potential triangle of symptoms (Haefner, 2014).

Reactionary measures focused on problem-solving from the perspective of the abuser have the potential to create issues for survivors of domestic and intimate partner violence since they are not logical or realistic in their approach. This fairytale-like approach of responding to abuser behavior lends itself to the idea that women and children are to be protected and aggressive behavior by males should be romanticized in relationships (Papp et al., 2017). Papp et al. (2017) found that abusive behavior occurring in the context of a relationship is associated with the level of passion or intensity of love a man feels for the woman rather than domestic and intimate partner violence. Jealousy or hypermasculinity errantly ascribes the level of power or control a woman has in the relationship because she is seen as capable of eliciting a response through her actions (Papp et al., 2017).

If a love script creates the perfect relational version of a knight in shining armor, Papp et al. (2017) questions what script determines when that hero has gone too far in his passion or protection. Bent-Goodley et al. (2015) attributed the creation of that script to those involved in responding to domestic and intimate partner violence, the shelters, law enforcement, emergency rooms, counselors, and the faith community. Not all survivors of domestic and intimate partner violence are readily acceptant if the referring agent is faith-based (Dyer, 2016). Multiple factors underscore this response, with privacy at the top of the list of inadequacies. Clato-Day (2020) noted this as a hindrance to survivor engagement. Victim-blaming and lack of education solidify abusers' limited contribution to the understanding of the phenomenon of faith culture supporting

domestic and intimate partner violence from the perspective of abusers. This research will explore this topic.

**Situation to Self**

Domestic and intimate partner violence was something I learned about through whispered conversations as a child. This phenomenon happened between other people, but *never* in my family according to their limited, antiquated definition of abuse as the physically battered woman who needed shelter from her towering brute of a husband. I saw my mother, grandmother, and aunts tending to their friends and neighbors who were beaten, bloody, and bruised. It was not until I became an adult that I realized the instances of harsh words, intimidating looks, objects being thrown across the room, withholding of finances, and social and emotional isolation were also forms of domestic and intimate partner violence.

I knew that my mother talked to the minister who married my mother and my father about what she experienced in her marriage and what her friends had experienced. His counsel was the reason she stayed in the marriage, she later told me. Bhandari (2018) recognized this coping strategy of the mother as an effort to be seen as a "model" family to the community. When my parents divorced, my mother's suffering became something to share with other women to help them understand what domestic and intimate partner violence can look like to individuals observing from the outside of the relationship. Still, her stories only included what she described as minor episodes of physical aggression.

While serving as the chapter Domestic Violence Programmatic Chair for my sorority, Zeta Phi Beta Sorority, Incorporated, I began to recognize the signs of domestic and intimate partner violence survival displayed in many of my sorority sisters. Their stories were different in context, but the ending was the same. Many of them felt shame because they were made to feel

responsible for their abuse (Jankowski et al., 2018). I have also supported individuals who used

domestic violence shelters or faith-based counselors and experienced similar treatment. The

messages received did not make them feel supported. They were confusing or accusatory in

nature which made their abuse appear justified (Agnew-Davies, 2013).

My own experience with domestic and intimate partner violence followed this pattern,

though not for lack of education, but for cultural reasons. Heard et al. (2019) found male-

dominated societies focused on patriarchal culture from a traditional perspective are challenged

by the current influences of society which focus on the intersection of gender roles from a

modern perspective. My brothers warned me against being vocal and speaking my mind. Not

because they felt women should be seen and not heard, but because doing so created the

possibility that an incident of domestic violence would result. The potential for domestic and

intimate partner violence increases exponentially if there is no basic knowledge of self before

introducing relational interactions (Heard et al., 2019; Potter, 2020).

My experience is unique as I was married to a preacher's kid and reportedly received

*Godly counsel* from him, second-hand from his father. I never engaged in a conversation with

my ex-husband's father that was in the form of marriage counseling. I was, however, the

recipient of Godly words from elders of the church who were provided one-sided, intimate

details of our marriage as is often the custom in African American culture (Dyer, 2016). This

practice allows perpetrators to create a particular narrative around the interactions in their home.

The shame associated with being a victim often forces survivors into silence (Jellison,

2013). I personally never asked for, nor received direct counsel regarding the treatment

experienced during my relationship. I did not respond to or act upon any counsel provided in the

context of my marriage. I did, however, question how only part of a particular scriptural context

could be applied to a marriage relationship but not the other. The response was, of course, that it was not a woman's place to question the authority of the "man of God" but instead to "submit and follow his leadership." I am aware that the counsel shared with me was scripturally based, however the scripture provided was used out of context, as is often the case with many survivors of domestic and intimate partner violence.

Westenberg (2017) noted this phenomenon is common among faith-based counselors and a source of concern for many survivors of domestic and intimate partner violence who rely on faith-based counselors (Manton, 2015; Overstreet & Quinn, 2013). As a researcher, it is important to note this experience because of its potential to influence perceptions of researcher or participant responses during interviews. Finally, my experience emphasizes the importance of bracketing in research to facilitate impartial handling of a participant's lived experience (Alase, 2017).

For these reasons, I chose to study the experiences of perpetrators of domestic and intimate partner violence to understand the nature and culture of the faith-based community which supports abusive behavior. Only by listening to the individual, lived experiences of abusers and analyzing that data was I able to present an understanding of the phenomenon and lay the foundation for future study. The purpose of this phenomenological qualitative study was to understand the faith community culture supporting domestic and intimate partner violence, specifically the behavior of the abuser.

### Problem Statement

The issue of domestic and intimate partner violence has been explored extensively to identify the causes of domestic and intimate partner violence and methods of preventing violence between partners (Alì & Naylor, 2013; Raymond et al., 2016). Interventions including effective

programming and resources for survivors, treatment for first responders, and intervention or treatment programs available to abusers through the criminal justice system are also supported by the literature (Bailey & Giese, 2013; Bazargan-Hejazi et al., 2014).

The literature has been effective in promoting awareness of the cycle of power and control between perpetrators and survivors of domestic and intimate partner violence (Sousa et al., 2018). It has also promoted awareness of the relationship between survivors of domestic and intimate partner violence and the faith community (Fortune, 2017). What has not been explored is the relationship between the faith community and abusers. There is a significant gap in literature exploring the attitudes, behaviors, and culture surrounding abusers' behavior which results in continued engagement in domestic and intimate partner violence (Raymond et al., 2016).

## Purpose Statement

The purpose of this hermeneutic phenomenological qualitative study was to understand the faith culture that supports domestic and intimate partner violence from the perspective of abusers. It is understood that the experiences of domestic and intimate partner violence are unique to everyone, therefore a relativist ontology philosophical foundation of scientific inquiry was assumed (Heppner et al., 2015). The focus was on the faith community in the states of Kansas and Missouri. The research took place through one-on-one interviews using the conceptual mapping task (CMT). Data was studied for themes that assisted the researcher in understanding the phenomenon of faith culture and its influence on domestic and intimate partner violence behavior.

## Significance of the Study

This study was significant because it explored the culture surrounding domestic and

intimate partner violence from the perspective of the perpetrator. Existing research explored domestic and intimate partner violence from the perspective of survivors and the perspective of the faith community–namely counselors, pastors, or laypersons (Fortune, 2017; Heard et al., 2019; Theuring, 2018; Zust et al., 2017). Research also looked at protective factors, including resources intended to intervene when domestic and intimate partner violence is suspected as well as those meant to provide education (Katafiasz, 2020). Survivors recognize that both beneficial and conflicting messages can emerge from interactions with faith-based counselors, pastors, or laypersons in response to their interactions related to domestic and intimate partner violence (Clato-Day, 2020; Mena, 2014).

The faith community is aware of its limited education and its resulting lack of preparation for effectively responding to the needs of survivors and perpetrators of domestic and intimate partner violence (Jankowski et al., 2018; Sanders, 2016; Smith, S.R., 2018). Buchbinder (2018) addressed domestic and intimate partner violence from the perspective of the perpetrator to understand the impact of the behavior on a perpetrator's view of reality and reasoning. This study was significant because it sought to understand the relationship between the perpetrator, the environment of the faith community, and the culture which supports domestic and intimate partner violence behavior.

### Research Questions

R1- How do perpetrators describe their lived experience of domestic and intimate partner violence?

R2- How do perpetrators of domestic and intimate partner violence describe their relationship and interactions with faith-based counselors, pastors, or laypersons in response to their role?

R3- How do perpetrators of domestic and intimate partner violence describe their interactions

with those they abused following engagement with faith-based counselors, pastors, and

laypersons?

R4- How do perpetrators of domestic and intimate partner violence describe their lived

experience with the faith community following engagement with faith-based counselors, pastors,

and laypersons?

## Definitions

Asymptomatic – Displaying minimal or no symptoms of an illness (Chatterjee, 2022).

ATLAS.ti – Data analysis software (Paulus et al, 2019).

Church – A group or community of believers; physical structure intended for religious worship

(Westenberg, 2017).

Community – Community is a collective of attitudes, beliefs, and individuals operating for a

single purpose or common cause (Raymond et al., 2016).

Counseling – The process of sharing reflective experiences and individual perceptions for the

purpose of gaining an understanding (Prosek & Gibson, 2021).

Culture – Prevailing influence over attitudes, actions, and systems of individual behavior, and

thought processes of a group (Dyer, 2016).

Differentiation of self – The idea that individuals develop a sense of self that is separate from the

emotional experiences of their family (Haefner, 2014).

Emotional cutoff – Emotional cutoff occurs when individuals distance themselves from their

family of origin to avoid emotional pain (Haefner, 2014).

Faith – Act of believing; category, culture or system of grouping or classifying (Anderson et al.,

2014).

Faith community – Denomination or body of individuals united by their centralized belief system

(Shattuck, 2021).

Family projection process – Belief that parents often project their own emotional issues onto their children (Haefner, 2014).

Financial abuse – Abuse resulting in the restriction or extreme monitoring, excessive spending; damaging the financial status of a spouse or partner to exert control over their freedom to function (PenzeyMoog & Slakoff, 2021).

Hierarchy – Spoken or unspoken boundary established to maintain control or influence over an individual or group (Papp et al., 2017).

Intimate partner violence – Behavior of an abusive nature occurring between individuals in a relationship or family to exercise power and control; often physical, mental, emotional, and financial in nature (Whiting et al., 2019).

Love scripts – Relational interactions leading to controlling, dominant or abusive behavior between individuals (Papp et al., 2017).

Meme – Pictorial representation intended to mock or contradict real-life experiences on social media (Howard & Adan, 2022).

Middle East respiratory syndrome (MERS) – Second of four respiratory coronavirus subgroups which originated from bats and appeared in Saudi Arabia in 2012 (Hidalgo et al., 2021)

Multigenerational transmission process – Emotional patterns are passed down through generations, with children learning emotional patterns from their parents and grandparents (Haefner, 2014).

Norms – Structure or rules established by the dominant culture of a community, group, or organization (Westenberg, 2017).

Nuclear family emotional system – This refers to the emotional processes that are present within

a family, including the ways in which parents interact with one another and with their children (Haefner, 2014).

Otter.ai – Data transcription program (Paulus et al., 2019).

Opportunist handicap – Defensive response to being overwhelmed or threatened (Miller, 2018).

Patriarchal – Male, dominant ideas, beliefs, values, or controls (Senkans et al., 2020).

Personal protective equipment (PPE) – Face shields; N95 masks; disposable, latex-free gloves, and gowns (Chatterjee, 2022).

Psychological abuse – Abuse involving emotional and/or mental control of a victim including but not limited to, direct or indirect threats of violence (Sousa et al., 2018).

Severe acute respiratory syndrome (SARS) - First of four respiratory coronavirus subgroups which originated in an animal market in South China (Hidalgo et al., 2021).

Shadow pandemic – Increase of domestic and intimate partner violence resulting from shelter-in-place and lockdown orders intended to prevent the spread of Covid-19 (Wake & Kandula, 2022).

Shame – An act intended to intimidate or demean an individual or redirect attention from their position of victimhood (Buchbinder, 2018).

Sibling position – The position that an individual occupies within their family, such as being the oldest or youngest child, can have an impact on their personality development (Haefner, 2014).

Social media – Electronic media environment used for connecting individuals and sharing influential news and information in the moment (Howard & Adan, 2022).

Societal emotional process – This refers to the ways in which emotional processes operate on a larger scale within society, such as within religious or political groups (Haefner, 2014).

Triangles – A triangle is a three-person relationship system, which Bowen considered to be the basic building block of all emotional systems (Haefner, 2014).

Victim blaming – Projecting responsibility for abuse to the victim rather than the abuser (Lee & Wong, 2020).

Zoonosis – Transference of a disease between humans and animals (Hidalgo, et al., 2021).

## Summary

Domestic and intimate partner violence is a complex issue of power and control that occurs between individuals in an intimate relationship. There are instances where abuse occurs after a relationship has ended, representing a form of relational violence. Survivors of domestic and intimate partner violence may be male or female. Females, however, are most often identified as the recipients of violence perpetrated by their partners. Research indicates the methods of abuse are as varied as the victims themselves. It is also understood from the research that prevention efforts historically explore the behavior of the survivor influencing abuser aggression. Factors such as the behavior and methods that may control or decrease abuse experiences for the survivor have also been the subject of research. Additionally, environments in which abuse rarely occurs or is not likely to occur at all have been the subject of research.

While the literature explores the permissive component of domestic and intimate partner violence which allows the behavior to continue, very little research addresses it from the perspective of the abuser. Specifically, research does not address factors granting liberty to abusive behavior from the perspective of the perpetrator. When survivors report episodes of abuse by engaging with a support system shared with their abusers, the faith community, some abusers receive messages which support their abusive behavior. It is this question that was addressed by this phenomenological qualitative research to determine how the culture of the faith community contributes to domestic and intimate partner violence from the perspective of abusers.

**Chapter Two: Literature Review**

**Overview**

Domestic and intimate partner violence involves an interaction where one individual will attempt to assert control or power over another (Buchbinder, 2018; Hamman, 2012; Kazemi et al., 2019; Steinmetz & Gray, 2018). Linos et al. (2013), S.R. Smith (2018), and Stockly et al. (2020) noted that the survivor is often identified as female and additional research also noted that survivors are intimately involved in a relationship with the perpetrator (Beyer et al., 2015; Briddick, 2020; Slep et al., 2014; Valdez et al., 2012; Walker, 2014; Waller et al., 2012). Research indicated domestic and intimate partner violence can also occur in situations where females are identified as both survivors and perpetrators (Beyer et al., 2015; Harden et al., 2022; Levers, 2012; Valdez et al., 2012; Waller et al., 2012).

This narrow definition of domestic and intimate partner violence disregards the countless ways individuals can experience victimization by perpetrators, such as emotional, verbal and financial victimization (Levers, 2012; Waller et al., 2012; Whiting et al., 2019). This suggests there could be significant deficits in reporting episodes of domestic and intimate partner violence as well as a lack of universal foundations from which to respond to individuals presenting for treatment or support (Kozubik et al., 2020).

Current data gives insight into the lives of survivors of domestic and intimate partner violence from the perspective of the faith community; data focuses on the climate and culture surrounding survivors when experiences are reported to the faith community with the expectation that they will be protected from abuse (Westenberg, 2017). Often, exercising trust in the faith community leads to vulnerability and the silencing of survivors through a hierarchical promotion of protecting marriage at all costs (Hamman, 2012; Westenberg, 2017).

Whether through tradition or ignorance, the practice of preserving marriage poses significant harm to survivors of domestic and intimate partner violence as they too become unwitting perpetrators of their own punishment through counterproductive coping mechanisms (Jankowski et al., 2018; Rizo, 2016; Steinmetz & Gray, 2018). The act of abuse is minimized when survivors remain in their current situation after the initial incident and subsequent contact with the faith community because they believe they have control over the way domestic and intimate partner violence is delivered by their abuser (Steinmetz & Gray, 2018). In reality, they control no part of the cycle. Power, self-esteem, and psychological well-being are sacrificed on the altar of denial (Hamman, 2012).

One distinct culture easily identified in the literature, from the perspective of the survivor, is the culture of denial. Denial selfishly rejects that the notion of God or the faith community could be a place of refuge (Whiting et al., 2019). Denial proposes that circumstances, not the perpetrator, are to blame for the plight of survivors of domestic and intimate partner violence. Circumstances including stress, the use of drugs and alcohol, actual or perceived antagonizing or aggression from the survivor, or extreme emotions leading to loss of control on the part of the perpetrator can contribute to episodes of domestic and intimate partner violence (Buchbinder, 2018; Hamman, 2012; Senkans et al., 2020; Whiting et al., 2019). Denial also has a distorted view on the true underlying cause of abuse in most domestic and intimate partner violence situations: power and control (Smith-Clark, 2016). Passionate or high-emotion individuals are not perceived as lacking self-control or being verbally aggressive. This reinforced behavior, outwardly praised by others, is inwardly distressing to the survivor of domestic and intimate partner violence (Baker et al., 2018; Debono et al., 2017; Nybergh et al., 2016).

Papp et al. (2017) found romanticizing scripts to be a factor in the encouragement of

behaviors that were controlling or abusive which contributed to underreporting actual experiences of domestic and intimate partner violence. These scripts also created perpetrators' dysfunctional attachments by which relational expectations were established (Senkans et al., 2020). Violation of any expectation is interpreted as an effort to intentionally embarrass the perpetrator (Senkans et al., 2020). Lamb et al. (2021) attributed embarrassing or shaming perpetrators to an increase in the occurrence of domestic violence. This increase is especially significant when perpetrators are not aware of the impact of their behavior on survivors (Lamb et al., 2021). The derivative of shame, anger, influences the perpetrator's responses and reduces their ability to control impulses (Buchbinder, 2018).

Domestic and intimate partner violence is a visible representation of the internal emotional chaos and confusion perpetrators experience (Buchbinder, 2018). It manifests in conflict between the cultural norm of acknowledging emotions and the norm of denying the moral self, which creates a lack of empathy. The emotions elicited from the contradiction presented by this conflict is expressed through domestic and intimate partner violence (Buchbinder, 2018). Physical expression of emotions requires acknowledgement of their existence, specifically, qualification of the expression as either positive or negative, and then a mental and emotional preparation for the expression. This entire process physiologically humanizes the perpetrator whose expressions fall within the scope of undesirable, dehumanizing acts towards the survivor categorized as domestic and intimate partner violence (Buchbinder, 2018).

**Verbal Abuse**

Domestic and intimate partner violence remains hidden because the ability to control the relational narrative is based on societal misconceptions which leave victims without effective

support systems (Baker et al., 2018). It does include either a verbal or emotional component,

sometimes both, to inflict harm on its victim (Baker et al., 2018). Poythress (2013) found that

cultural factors influenced how a speaker would manipulate their language to make it appear less

deceitful. The intention of the speaker, or their moral values and motives, determined the overall

outcome of harm towards the recipient of those words. This oral jousting creates an emotional

web of confusion and diminishes the self-esteem of survivors of domestic and intimate partner

violence who believe they are the cause of their abuse (Dastagir, 2018; Hernández, 2018; Paley,

2013; Storer et al., 2021).

      Verbal abuse, when not accompanied by physical acts, is often dismissed as simple

aggression rather than domestic and intimate partner violence (Hernández, 2018). The resulting

implications for negative health outcomes are significant because words matter in intimate

relationships (Baker et al., 2018). Baker et al. (2018) recognized domestic and intimate partner

violence in the form of verbal abuse occurring most often in these encounters, contributing to

episodes of depression.

      During pregnancy, this form of abuse is especially noticeable in body shaming and in

destructive criticism which is the impetus and predictive factor for physical aggression (Baker et

al., 2018; Bailey & Giese, 2013; Debono et al., 2017). Culturally, verbal abuse can represent a

form of discipline between husbands and their wives, who are recognized as subservient or

property (Chisale, 2016; Fortune, 2017; Millward, 2022; Papp et al., 2017). A man may be

forced to discipline his wife to regain respect from his elders who view her disregard of his

authority as willful defiance and childish behavior deserving of chastisement, thus no regard for

domestic or intimate partner violence is considered in this instance (Andrus, 2020; Sauerheber et

al., 2014; Chisale, 2016).

Recognizing verbal abuse in domestic and intimate partner violence situations is complicated by the lack of understanding that such behavior represents a violation (Naughton et al., 2019). Adolescents exposed to verbally violent interactions between their parents were less likely to identify it as such because it lacked the extreme interactions typically observed in physical domestic and intimate partner violence situations. Non-physical aggression was often normalized as being less serious because it did not immediately draw attention (Naughton et al., 2019). Conversely, when verbal violence was recognized as being abusive in nature, Simmons et al. (2020) found adolescents attributed the behavior to instigation on the part of the receiver, not the abuser.

Regardless of contributing factors, Naughton et al. (2019) indicated survivors are perceived as guilty or complicit for remaining in domestic and intimate partner violence relationships and are also guilty for failing to protect their children and therefore responsible for the victimization of everyone involved. The combination of verbal abuse and shame heaped upon survivors of domestic and intimate partner violence can be further isolating (Albert & Simpson, 2015; Velonis, 2016).

Verbal abuse, like all other forms of domestic and intimate partner violence, has long-term consequences for survivors. It is extremely difficult to determine, or even quantify by type, the outcomes experienced by survivors of abuse. Tennakoon et al. (2019) found outcomes ranging from dual diagnoses of substance abuse and mental illness where alcohol and drugs are used to cope with anxiety and depression, to hospitalization and death. The difficulty in capturing a clear picture of the impact of such violence lies in underreporting, misrepresentation of the facts, survivors not willing to make reports because they are trapped, or a myriad of other reasons survivors cling to for their own personal safety (Huntington et al., 2022; Tennakoon et

al., 2019).

**Psychological Abuse**

Psychological abuse, also known as emotional and mental abuse, is the most common form of domestic violence in intimate relationships (Baker et al., 2018). Aptly named for its effect on an individual's thoughts and personal feelings, Cascardi et al. (2020) reported psychological abuse occurred at least three times more than other forms of domestic and intimate partner violence. When individuals experience verbal abuse the potential for escalation to more serious forms of domestic and intimate partner violence increases exponentially when psychological abuse is factored into the equation (Baker et al., 2018; Bailey & Giese, 2013; Velonis, 2016). Sousa et al. (2018) identified poverty, inequalities, and corruption as interrelated causes of the exacerbation of women's experiences of psychological abuse in domestic and intimate violence situations. Episodes included occurrences of yelling, ridicule, threats, and smashing objects (Sousa, et al., 2018).

Mental and emotional abuse does not leave visible scars but can result in physical harm. Individuals expecting children for example can experience physiological symptoms including preterm labor, low birthweight babies, and miscarriages due to mental and emotional strain (Debono et al., 2017; Wamser-Nanney, 2022). Baker et al. (2018) identified conditions associated with poor mental health which included symptoms of depression and anxiety (Buchbinder, 2018; Harden et al., 2022; Hamman, 2012; Kozubik, 2020). Raymond et al. (2016) noted the loss of a sense of self associated with psychological abuse is a continuous condition, especially in situations where emotional abuse included rejection messaging or messaging not in line with the individual's original feelings about themselves.

The romanticism of psychological abuse makes it difficult to draw connections between

the obsessed stalking depicted in the Twilight movie series and the unwanted calls and text

messages seen in the Fifty Shades movie series (Bonomi et al., 2014). Desensitization to

domestic and intimate partner violence in the form of mental and emotional abuse makes it

difficult for survivors to report or receive support within their own culture and overall society

(Bonomi et al., 2014). Papp et al. (2017) noted words conveying ownership and control are

synonymous with intimacy, dedication, and commitment. These images are a gateway to more

violent, degrading, and forced interactions centered around pornography which distorts cultural

norms in the name of entertainment (Bonomi et al., 2014; Fortune, 2017).

The justification of psychological abuse is also based on the contrast between domestic

and intimate violence survivors experience and the images of physical abuse portrayed by the

media and television (Velonis, 2016). The social problem of physical domestic and intimate

partner violence is motivated by aggressive anger which disrupts natural cognitive processes;

threatening comments are perceived as less destructive (Elkins et al., 2013; Hernández, 2018;

Lloyd & Ramon, 2017). Chinese culture perceives emotional and mental abuse as

miscommunication and efforts made to correct the dysfunction occurring within relationships

(Hernández, 2018). When women ignore their roles as subordinate to men or attempt to disregard

the culture of close-knit communities, they are less likely to be supported when seeking

assistance for mental or emotional abuse (Anderson et al., 2014; Hernández, 2018).

Only when mental or emotional abuse becomes extreme or incredible does it appear to

gain negative attention outside of the relationship. Extreme psychological abuse, also known as

*gaslighting*, involves the manipulation of the environment of a survivor of domestic and intimate

partner violence to challenge their perception of reality (Field-Springer et al., 2022; PenzeyMoog

& Slakoff, 2021; Roys, 2022; Sweet, 2019). Sweet (2019) found that victims being subjected to

abuse fail to recognize it as such when it is justified as a correction to their out-of-control behavior. For example, being held underwater was explained as a method of calming a survivor down after they had been escalated by their perpetrator and fake social media posts were used to create the perception of instability and discredit the survivor (Sweet, 2019). These behaviors alerted outsiders to the level of extreme survivors were forced to endure making their decision to provoke perpetrators to physical violence easier because they knew what to expect (Davis & Johnson, 2020; Sweet, 2019).

Rarely does gaslighting occur where the perpetrator is female, and the victim is male, due to relationship power balances favoring men (Sweet, 2019). Roys (2022) noted gaslighting is infrequently challenged in the faith community. Manipulation, mocking, and misinterpretation are all used in the name of religion to justify abusive behavior, which is represented in the true-life experience of Tamar's story in Genesis 38 where after she is raped by Amnon she is then dehumanized for *dishonoring* him (Bosman, 2021; Buchbinder, 2018; Davis & Johnson, 2020; Joubert & Maartens, 2017; Roys, 2022; Seegobin et al., 2016). Despite the frequency with which gaslighting occurs in the faith community, Davis and Johnson (2020) noted only 17% of individuals experiencing it recognize the behavior as abusive.

**Other Forms of Domestic and Intimate Partner Violence**

Financial abuse is a complex, yet subtle, form of domestic and intimate partner violence because it can occur without physical contact or exchange of money (Harden et al., 2022). Harden et al. (2022) contended that socioeconomic status is a significant contributing factor to financial abuse because individuals of low-income status are more likely to experience domestic and intimate partner violence. Withholding or restricting access to resources and unreasonable accounting of spending can be passed off to others as being thrifty or financially savvy (Araujo-

Hawkins, 2020). Additionally, overspending and spending frivolously without regard for the basic needs of the family creates a situation where the survivor is held hostage by their abuser (Westenberg, 2017). Simmons et al. (2020) found attempts to question a husband about his spending or seek accountability were an invitation to more domestic and intimate partner violence.

Survivors with access to financial resources also experience domestic and intimate partner violence in the form of financial ruin, abuse of financial resources when they are considered a "cash cow," and intense monitoring of their spending habits (Westenberg, 2017). This behavior was also considered psychological abuse according to young female professionals studied by Hernández (2018). Financial abuse is not criminally punishable because it can cause injury without breaking the law (PenzeyMoog & Slakoff, 2021). Withholding or restricting finances hinders survivors' ability to escape domestic and intimate partner violence situations; it restricts access to resources such as medical support, legal advice, or even basic needs (Andrus, 2020; Araujo-Hawkins, 2020; Bhandari, 2018; Dastagir, 2018; Sweet, 2019).

Westenberg (2017) discussed the use of scripture to establish a hierarchal structure which identifies the woman as submissive in wifely duties, forgiving, ignorant to their personal pain, and suffering to maintain their household rather than seeking divorce (Hamman, 2012). Minority cultures emphasize children and spirituality over safety and resistance in response to coping with domestic and intimate partner violence, especially when cultures represent "model marriages" in American society (Bhandari, 2018). This represents the core foundation of spiritual abuse where the spiritual health of the individual remains the lowest priority (Dyer, 2016).

Children also play a significant role in domestic and intimate partner violence as they are weaponized in order to keep women from leaving abusive situations (Harden et al., 2022). Fear

of becoming a single parent with the inability to provide for a child can be paralyzing to a

survivor of domestic and intimate partner violence, so much so that the individual will sacrifice

their personal safety rather than risk exposing details of their abuse to formal agencies capable of

helping (Slep et al., 2014). Slep et al. (2014) also recognized the use of forced pregnancy or

reproductive coercion as a form of abuse in which perpetrators would intentionally sabotage

survivor's birth control in order to cause unintended pregnancy, thus forcing their place in the

survivor's life permanently.

Multiple situations can be a detriment to survivors seeking medical or self-managed

abortion. If the survivor lives in a state where abortion is banned, she is at risk for harm from

unexpected outcomes, an unsafe, illegal abortion or threat of further victimization by her abuser

for any efforts to secure and abortion elsewhere (Adams et al., 2022; Grace et al., 2022; O'Leary,

2021). Furthermore, Grace et al. (2022) recognized that if the laws of the state are not specific to

crimes against the survivor, her abuser may not be punished for retaliation in response of her

actions.

Another area of abuse discussed in the literature is domestic and intimate partner violence

perpetrated by individuals living with physical, mental, or emotional disabilities. Coston (2019)

noted the referrals for programs for survivors of physical and sexual violence in females with

disabilities are pervasive in nature. However, referrals to programs for perpetrators of domestic

and intimate partner violence by individuals with disabilities are extremely rare and

underreported (Swift et al., 2018). The difficulty in identifying, reporting, and researching these

behaviors is related to the multiple factors involved.

Blasingame (2016) used the integrated theory of sexual offending (ITSO) to describe

sexual assault or rape that occurs because of malfunction between the motivation, action, control,

perception, and memory systems of the brain. Typically, the intellectual functioning of such individuals falls at or below intellectually disabled. The challenge for survivors of domestic and intimate partner violence who expect relief for their abuse is the lack of consistency in defining intellectual disability or cognitive impairment for the purpose of determining punishment for the crime of sexual assault or rape (Phillips et al., 2021).

Miller (2018) applied opportunist handicap to identify the defense mechanism used by individuals with learning disabilities to combat feeling overwhelmed. This behavior is often displayed in episodes of psychological abuse or gaslighting. When challenged about their abusive behavior, the abuser will feign limited intellectual functioning to gain sympathy (Miller, 2018). In instances where the survivor has an intellectual disability, the situation is reversed. The abuser engages in gaslighting to undermine the intellectual functioning of the survivor or identifies poor intellectual functioning as the cause of the survivor's misunderstanding of the interaction (Gil-Llario et al., 2019).

Similarly, Gil-Llario et al. (2019) found reports made by individuals with physical or intellectual disabilities, regardless of the severity of the impairment, are less likely to be believed due to misconceptions about how intellectual functioning impacts an individual's understanding of human interactions. The lack of clarity about disabilities, individual functioning, and domestic and intimate partner violence contributes significantly to societal views of how domestic and intimate partner violence is defined.

The inability to associate violence with physical, mental, or emotional deficits creates an environment of permissiveness. The danger for survivors of domestic and intimate partner violence is professionals who are not willing to attribute relational factors to aggressive or abusive behavior like they would for individuals without disabilities. Swift et al. (2018) found

professionals repeatedly showed individuals with disabilities are perceived to be disconnected

from what is sexual or intimate in nature. Regardless of their age or physical stature, innocence is

the lens through which they are viewed first. In the face of irrefutable evidence of domestic and

intimate partner violence, professionals had difficulty identifying those behaviors as such and

making a referral for support services.

**Sensationalizing Domestic Violence**

Televised violence has historically and unfairly been identified as a cause of violence

against women. Conversely, Jesmin and Amin (2017) found television to have the opposite

effect on women. Instead of isolating women, televised media created collective experiences of

social bonding during which women were able to relate, thereby educating themselves and others

about domestic and intimate partner violence (Jesmin & Amin, 2017).

The culture described by Jesmin and Amin (2017) mirrors interactions in society wherein

individuals engage para-socially, making connections with those they identify with and believe

to be part of their social networks, when no such relationship exists. Their belief that they are in

this fairytale existence dismisses the seriousness of the problem of domestic and intimate partner

violence as short-term, remedied within episodic experiences (Papp et al., 2017). Another

shortcoming of this belief system is the influence of society on how men and women are

portrayed (McCarry & Lombard, 2016). If emphasis is placed on gendered differences, with

women portrayed as disadvantaged, vulnerabilities will continue to persist along with the

potential for domestic and intimate partner violence (Jesmin & Amin, 2017). McCarry and

Lombard (2016) concluded that experiential knowledge, beginning in childhood, is what

constructs the normalization of gender differences in males and females, and thus the

justification of certain behaviors or interactions–including violence towards women.

A consensus in the media bears some responsibility for educating society about domestic and intimate partner violence (Jesmin & Amin, 2017; Lee & Wong, 2020; Nikolova, 2021). The degree to which education should be provided is up for debate. McCarry and Lombard (2016) called for widespread education of both genders while Jellison (2013) considered domestic and intimate partner violence to be a public health issue with professionals bearing the responsibility for both education and solutions. The weight of responsibility for solutions was attributed to the media's capacity for reinforcing desirable or undesirable norms (Jellison, 2013).

When reporting instances of domestic and intimate partner violence, the media has historically engaged in the practice of victim blaming (Andrus, 2020). Lee and Wong (2020) discussed efforts made by editors, journalists, and owners to frame domestic and intimate partner violence in sensational tones to increase readership. The focus of such stories portrays victims of domestic and intimate partner violence as responsible for antagonizing their abusers or failing to uphold their responsibilities. This portrayal was also found to be true of women surviving episodes of domestic and intimate partner violence depicted in images (Lloyd & Ramon, 2017).

The practice of victim blaming is based on patriarchal ideology and systems of belief where wives are subject to all chastisement from their husbands that does not result in permanent, physical damage (Andrus, 2020). At issue then–as it is now–is physical violence being distinguished as greater than or less than any other form when perpetrated by a husband against his wife. Andrus (2020) is clear that domestic and intimate partner violence involve physical, emotional, psychological, and verbal abuse collectively. It is impossible for any of these abuses to occur in isolation.

The culture of aggression is fostered in sports and as well as by some athletic teams (Andrus, 2020). When combined with alcohol, there is a potential for episodes of domestic and

intimate partner violence; however, this is often not the case. The factors contributing to violence

against women in sports continue to be centered on control and power (van Ingen, 2021). While

major professional leagues have taken steps to establish strict policies to address domestic and

intimate partner violence following the rise in highly publicized incidents of athletes committing

violent acts against women, Sliwak et al. (2020) noted the significant and continual

inconsistencies related to implementing such policies which diminishes how affectively they

address the behavior. Athletes holding hyper-masculine gender role beliefs may feel entitled to

behave as they have towards their victims and benefit very little if at all from the interventions

(Senkans et al., 2020).

**Desensitization of Society to Domestic and Intimate Partner Violence**

The Internet has been attributed to connecting people from different backgrounds, across

thousands of miles, and with distinctly different ideas and perspectives (Jellison, 2013; Jesmin &

Amin, 2017; Lee & Wong, 2020). It is the place where people go to create perfect versions of

themselves, served with a slice of reality. Sismeiro and Mahmood (2018) found that 78% of

social media users consider sites like Facebook and Twitter primary sources for news.

Founded in 2004, Facebook boasts at least 864 million exchanges of photos, comments,

likes, hearts, and posts each day while Twitter users engage in microblogging at the rate of 302

million exchanges monthly, since it was established in 2006 (Sismeiro & Mahmood, 2018). The

thematic nature of Twitter instant gratification focuses reader attention with newsworthy social

and entertainment titles where conflict and violent themes capture the most attention; however,

accuracy is not a priority (Hernández, 2018; Lee & Wong, 2020). As a result, social media is

responsible for creating environments that are toxic to survivors of domestic and intimate partner

violence. It has become the platform where survivors can be revictimized and retraumatized due

to underreporting or victim blaming that portrays their abuse as caused by inaction on their part,

all based on the circumstances survivors share online, such as how they behaved towards the

perpetrator (Guidry et al., 2021). In fact, Shortland and Palasinski (2019) experienced negative

outcomes in response to the portrayal of perpetrators in unflattering roles compared to less

negative outcomes with survivors of domestic and intimate partner violence. The intended

message about domestic and intimate partner violence was lost due to the anxiety caused by the

images, thus blocking out the seriousness of the issue.

Newswires portray survivors in stereotypical frames to secure clicks, which represent

views or readership (Millward, 2022). Survivors of domestic and intimate partner violence are

not desensitized to the manipulative messaging found on social media. They recognize the intent

of these headlines is to force them to bear the brunt of the violence and excuse their perpetrator's

behavior, setting the stage for victimization first by the perpetrator, second by the media, and

finally by the public (Mena, 2014; Quinlan et al., 2018; Velonis, 2016). Lee and Wong (2020)

noted these efforts humanized perpetrators in the eyes of the public.

Intentional or not, the blending of domestic and intimate partner violence stories amongst

social network content downplays the issue of domestic violence and decreases the seriousness

of the responses survivors receive from the public (Sismeiro & Mahmood, 2018). Kazemi et al.

(2019) found that social media prompted repeat behavior of domestic and intimate partner

violence by displaying episodes acted out by celebrities. No personal responsibility was

attributed to the celebrity, and only the factors triggering their response or abusive behavior were

addressed, partly mocked on social media through memes (Howard & Adan, 2022; Maiorescu,

2017).

The meme, derived from a term originated in 1976 to represent a unit of imitation, is a

social media method of advertising (Howard & Adan, 2022). Subliminal in nature, memes are employed to contradict the life experiences and perceptions of survivors of domestic and intimate partner violence with mocking. Wong and Holyoak (2021) found that the intent of a meme is not just to disparage the subject but also do it in a way that allows it to be publicly shared to an audience of similar minded individuals in the hope that it becomes sensationalized. Throughout this socialization process, the significance of the primary issue of domestic and intimate partner violence is stripped of meaning (Hernández, 2018; Hong et al., 2012).

**Relational Violence in Society**

Relational violence was historically treated as an issue between only the individuals involved until 2006 when Tarana Burke introduced the #MeToo movement which shed light on sexual abuse, sexual harassment, and rape culture (Sambaraju, 2020). Celebrities giving voice to their own negative sexual experiences, even those with celebrity perpetrators, bolstered the movement (Cohen et al., 2021). Efforts to empower the voices of non-celebrity survivors were considered accidents, thwarted by a backlash of accusations of false allegations (Dastagir, 2018; Field-Springer et al., 2022; Hernández, 2018). Sambaraju (2020) found that reports were misrepresented for several reasons, including being downplayed by the victim or being misrepresented by individuals investigating. Women either underreported or failed to report at all because there was no mechanism for doing so, or culturally it was inappropriate to do so (Sambaraju, 2020). For many, patriarchy dictates violence and aggression as an honor-based way to respond to negative interactions (Senkans et al., 2020).

The strength of cultural practices are powerful enough to overwhelm survivors of sexual abuse from reporting their abusers during a worldwide social movement. Beyer et al. (2015) found cultures who saw violence an acceptable way to resolve relational conflict also accepted

violence towards women and were less likely to intervene or respond to sexual abuse. Chiara

(2020) recognized characteristics of dissociation in how accounts of domestic and intimate

partner violence lead to victim blaming rather than attributing responsibility to the perpetrator.

Specifically, when perpetrators were dehumanized or described as animals, they were absolved

of accountability for their actions. Ten years after #MeToo, over 900 U.S. women were killed in

intimate partner relationship encounters but the abusive nature of their relationships was

underreported (Stellin, 2019). More credibility is lent to male voices with perceived authority

such as law enforcement, politicians, and businessmen (Chisale, 2016; Eppler et al., 2020; Field-

Springer et al., 2022; Velonis, 2016; Malinowski, 1922).

The perception of authority is based on patriarchal supremacy established over centuries

which reinforces abuse and forgiveness as mechanisms to toughen relationships and

misrepresents scripture as irrefutable proof (Buchbinder, 2018; Heard et al., 2019; Joubert &

Maartens, 2017; Roys, 2022; Seegobin et al., 2016; Westenberg, 2017). Divine guidance is the

justification for misrepresenting scripture or making meaning of ideology to support excusing

domestic and intimate partner violence and blaming the survivor (Harries, 2016; Joubert &

Maartens, 2017; van der Linden, 2017; Van Lange et al., 2017). Eppler et al. (2020) saw

challenges to this pattern of thinking due to the noticeable absence of God's voice in relation to

basic scriptural context. When laity was given the opportunity to make decisions about setting

boundaries within the framework of a religious setting, deconstruction of basic scriptural truth

allowed for legitimizing falsehoods (Eppler et al., 2020).

While established by religion, gender norms are deeply influenced by societal values

(Jesmin & Amin, 2017; Lee & Wong, 2020; McCarry & Lombard, 2016). Kazemi et al. (2019)

found the seed of violence towards women planted in boys who witnessed the behavior of their

fathers towards their mothers as children, creating generational patterns (Rivera & Fincham, 2015; Smart, 2012). This behavior became more normalized when dramatized in the media which favored the perpetrator's lack of control rather than the survivor's vulnerability to domestic and intimate partner violence (Hernández, 2018; Lee & Wong, 2020; Rai, R. & Rai, A. K, 2020).

**The Church and Domestic Violence**

*Family Unit and the Marriage Covenant*

The church is defined in different ways by the faith community. The church represents a group or community of believers (Eppler et al., 2020). It also represents the four walls in which individuals worship the God of their understanding as part of a community of believers. The institution of marriage is sacred in the eyes of the church because it falls under the hierarchal structure of love and relationships (Westenberg, 2017). McDougall (2016) noted how marriage relationships have been protected and esteemed by religious authorities for over 2,000 years. The extent to which protection has been afforded, however, varies based on the way punishment is distributed to individuals for violation of established laws.

Within the marital hierarchy, Westenberg (2017) identified gender roles specific to husbands and wives, which protect the institution but also perpetuate the cycle of domestic and intimate partner violence. Specifically, survivors of domestic and intimate partner violence are taught wifely submission without a healthy understanding of what love and honor from their spouse looks like (Westenberg, 2017). Women are taught they cannot be raped by their husbands, and their husbands have rights to their bodies on demand (Fortune, 2017; Westenberg, 2017). Punishment that is directed towards husbands involves violations related to legal violations such as polygamy. Behavior such as domestic and intimate partner violence were

considered equally acceptable as maintaining harems or concubines so long as their presence did

not disrupt the bridal chamber (McDougall, 2016).

### *Moral Injury and Forgiveness*

Social theory dictates culture influences how individuals develop the ability to respond to

rules and norms within their environment. Their sense of what is acceptable and unacceptable is

shaped by how others in their environment respond to their behavior and the environment

(Pipatti, 2019). When an individual's behavior violates what is acceptable, others respond with

what Westermarck identified as moral disapproval; when behavior is acceptable others respond

with moral approval (Pipatti, 2019).

Since the early history of the United States, morality has been a core value of human

behavior despite the idea of free will (Guyer, 2019; Pipatti, 2019; United States, 1978).

Individuals guided by their own self-interests experienced judgment based on how their

decisions were perceived by others within their culture, community, and society at large (Pipatti,

2019). These interactions represented opportunities for either connection or distancing based on

how the individuals involved perceived the behavior of the other and responded (Pipatti, 2019).

The nuance of this interaction, however, was yet to be understood for some time (Pipatti, 2019).

Edward Westermarck is primarily known for the Westermarck Effect which recognizes

desensitization to incest among humans who were living in close proximity within the first few

years of life (Wolf, 1995). In comparison to the larger body of work completed

throughout his life, the Westermarck Effect represents merely one small contribution by

Westermark to the fields of anthropology, psychology, sociology, and social theory (Wolf,

1995). These contributions provide insight into social interactions, moral judgments, and human

behavior.

According to Pipatti (2019), Westermarck found moral approval and moral disapproval represented positive and negative reactions to social interactions, respectively. These retributive emotions are in the form of positive or negative behaviors responding to human interactions, present as protective factors which mirror the interactions of what is encountered. When presented with positive interactions the response is kind. Westermarck defined negative interactions as a field of aggression or hostility towards a cause of pain. Accordingly, motivation towards each is reciprocal in nature, as previously indicated. Moral indicators include the positive responses while non-moral indicators are represented by negative responses signaling a connection between emotions, moral judgments, behaviors, and the lack of protective barriers for individuals. Specifically, Pipatti (2019) concluded, when individuals make connections between retributive emotions at any level, no matter the degree of intensity or their identified target, including oneself, the emotions can be expressed.

The individual feeling self-hatred will consider engaging in self-harm or accept domestic or intimate partner violence as a form of punishment. An additional influence on the retributive emotions, moral judgments, and individual's ability to respond to interactions is the social context of human functioning. Westermarck recognized cultural factors which are unique to society based on how people evolved over time through interacting with their environment (Pipatti, 2019).

According to this theory, at our most basic form we are humans and therefore possess the capacity to extend the element of sympathy and then to expand on that to other moral basic norms and "social linkages" (Pipatti, 2019, p. 82). The decision to do so is influenced by how our environment encourages such behavior (Andrus, 2020; Manton, 2015; Westenberg, 2017). When the environment is saturated with patriarchal values and ideas, the likelihood of

encouraging a positive impact on survivors of domestic and intimate partner violence or sympathy towards them is rare.

**Domestic Violence and Covid-19**

In January 2020, survivors of domestic and intimate partner violence had access to an array of resources to escape their abusers. The ease at which these resources could address the physical, mental, emotional, financial, and spiritual safety needs of survivors was unparalleled and greatly influenced individual's decisions to leave domestic and intimate partner violence situations (Bhandari, 2018; Steinmetz & Gray, 2018). Jellison, (2013) identified shame, coupled with a significant lack of primary resources, as the reason survivors choose to remain in domestic and intimate partner violence situations.

The most significant and recent cause of survivors remaining in domestic and intimate partner violence situations not of their choosing began with the discovery of multiple, primary strands of the novel coronavirus in the 1960s (Hidalgo et al., 2021). Hidalgo et al. (2021) noted that severe acute respiratory syndrome (SARS) emerged in the Guangdong Province of southern China in 2003. SARS was transmitted by human-to-human contact across five continents resulting in 8,096 cases and 774 deaths (Peiris et al., 2003). With a fatality rate of about 10%, this outbreak was contained due to the complexity of transmission, which allowed for easier detection and isolation (Hidalgo et al., 2021; Saadeh et al., 2021).

Yin and Wunderink (2018) described a similar outbreak almost a decade later in 2012 when the Middle East respiratory syndrome (MERS) was identified in Saudi Arabia. By the official end of this outbreak, in 2017, the World Health Organization confirmed 2,066 cases and 720 deaths across 27 countries (Yin & Wunderink, 2018). Again, transmission of this virus was contained by detecting infections, implementing prevention and control measures, effectively

investigating cases, and communicating across to globe (Hidalgo et al., 2021).

The progression of transmissibility among these primary strands of the novel coronavirus in such a relatively short period of time, 16 years from the first recent outbreak to the last, was cause for great concern. The first outbreak occurred 43 years post-discovery with transmission originating from direct contact with slaughtered, exotic animals (Chatterjee, 2022). The second outbreak occurred 52 years post discovery with transmission originating from bats to camels, and finally humans (Hidalgo et al., 2021). The most recent outbreak, identified as SARS-CoV-2 or Covid-19, occurred 59 years post discovery and was a unique zoonosis, which is any disease capable of transmission between humans and animals (Chatterjee, 2022).

Chatterjee (2022) outlined multiple methods of the transmission of Covid-19 between humans and animals including droplets, aerosols, fecal contact, and contact with contaminated surfaces. The level of asymptomatic presentation included in transmission was also an area of concern (Hidalgo et al., 2021). For these reasons, worldwide lockdowns, isolation, and shelter-in-place orders became vital to the survival of all humanity. As of May 2023, the World Health Organization reported 765,903,278 confirmed cases of Covid-19 worldwide with 6,927,378 deaths (World Health Organization, 2023).

December 31, 2019, marked the first recorded emergence of SARS-CoV-2 in Hubei province, China (Chatterjee, 2022). Symptoms ranged from a dry cough or cold-like symptoms to pneumonia or respiratory failure which, by the time the virus reached full pathology worldwide, required personal protective equipment (PPE) to avoid contact with infected airborne droplets and hospitalization (Chatterjee, 2022; Wyckoff et al., 2023).

The journey to a *new normal* with personal protective equipment and social distancing was challenging due to the limitless unknowns about symptomology and transmission noted by

Chatterjee (2022). Until the development of testing which could be administered and offer

COVID-19 results without extensive training or processing by specialized equipment, lockdowns

were imposed by government officials to prevent the rapid spread of COVID-19 (Bosman, 2021;

Chatterjee, 2022; Shyrokonis et al., 2022; Wyckoff et al., 2023). Physical safety became

society's primary target with COVID-19 dead center and domestic violence on the outer ring of

the bull's eye (Chatterjee, 2022).

The sense of relief brought by the restriction of movement was not universally welcomed

for a multitude of reasons. Shelter-in-place orders resulted in the restriction of movement against

the will of citizens (Bosman, 2021; Schokkenbroek et al., 2021). Forced confinement for the

purpose of slowing down a pandemic to save humanity was overwhelming to the sensibilities of

many, triggering increased frustration, irrational thinking, and the pursuit of something, or

*someone* to control (Wake & Kandula, 2022).

Wyckoff et al. (2023) found increased coercive and controlling behaviors were

experienced by survivors of domestic and intimate partner violence during the Covid-19

pandemic. Abusers took to social media to express their frustration about personal freedoms or

make instructional videos for putting victims in their place (van Ingen, 2021). This state of

confinement described was like that experienced by Tamar in Genesis 38 (Bekins, 2016).

Isolated by her husband Er who was eventually killed by God for his wickedness, she was given

to his brother Onan. Instead of responding to the cultural custom of continuing their lineage and

restoring her place of honor within the family, Onan dehumanized Tamar as an object of sexual

gratification. This unlawful behavior caused God to kill him as well.

Judah, Onan's father, was obligated to give his only living son Shelah to Tamar once he

became of age. He was fearful because she was *cursed* in his eyes despite having had her

previous marriages to Er and Onan end in their death through no fault of their own. This victim

blaming resulted in Tamar being sent back to her own father's home to live in shame (Bekins,

2016).

Like domestic and intimate partner violence survivors during the Covid-19 pandemic,

Tamar experienced isolation, dehumanization, sexual abuse, deceit, and a loss of identity at the

hands of three different abusers in her life. The long-standing customs of that time were

disregarded by those in authority and none of the abusers' actions were questioned. Tamar was

given consequences by the hands of man. Her abusers were given consequences by the hands of

God with Tamar bearing the brunt of the blame (Bekins, 2016).

During the Covid-19 pandemic, perpetrators of domestic and intimate partner violence

experienced a different type of freedom due to the lack of home and work visitations by parole

and probation officers (Chatterjee, 2022). The lack of supervision also meant perpetrators

increased the use of illegal substances, contact with survivors of domestic and intimate partner

violence in violation of no-contact and restraining orders, and stalking. Domestic violence

shelters were not prepared to manage the influx of survivors–new or returning (Chatterjee,

2022). The World Health Organization estimated that almost 740 million women worldwide

were exposed to domestic and intimate partner violence prior to the pandemic (Wake & Kandula,

2022).

While demands for services made by survivors of domestic and intimate partner violence

increased, calls to law enforcement reporting incidents of domestic and intimate partner violence

did not (Wyckoff et al., 2023). Survivors reported increased incidents of disagreements and

episodes of aggression caused by an increased sense of frustration, which the UN Secretary-

General attributed directly to the lockdown (Bosman, 2021). By April 2020, three billion people

were sheltered in place worldwide without warning or a plan to address their basic needs for

physical safety. Agüero (2021) identified increases in the rates of domestic violence calls made

to hotlines within two months of the start of the shelter-in-place, some as high as 48%. For every

three months the pandemic persisted, the United Nations estimated an additional 15 million

individuals experienced domestic and intimate partner violence (Sri et al., 2021).

The pandemic became weaponized in what Wyckoff et al. (2023) identified as a *shadow*

*pandemic* where existing disparities were reinforced, making it easier for women to be

victimized by their abusers. The Ebola and Zika outbreaks foreshadowed the plight of survivors

of domestic and intimate partner violence in the most vulnerable parts of the world when the

number of domestic violence-related murders tripled in the year after both outbreaks occurred

(Sri et al., 2021). Similarly, Sri et al. (2021) found social media outreach to hotlines replaced

telephone contacts at the same rate.

The YWCA Northeast Kansas Center for Safety and Empowerment responded to the

increased need for shelter of survivors with "safer-at-home" (Marker, 2020a). "Safer" equated to

decreasing the capacity of their shelters and identifying alternate housing solutions to implement

social distancing boundaries. Temporary grant funding allowed survivors of domestic and

intimate partner violence to be housed in hotels while the organization sought more permanent

solutions to the rise in requests for shelter (Marker, 2020a). Marker (2020b) noted the

unpredictability of funding led to priority being given to high-lethality situations, specifically a

total of 32 life-threatening situations in the first month of the Covid-19 pandemic, which

followed the trends noted during the Ebola and Zika outbreaks (Wyckoff et al., 2023). Wyckoff

et al. (2023) also recognized that increased trends of domestic and intimate partner violence did

not decrease following the lifting of restrictions and shelter-in-place orders. Shortages in

supplies, resources, finances, and access to services resulted in further relational challenges (Wyckoff et al., 2023).

## Theoretical Framework

Two distinct themes are identified in the current literature: social connections and systems. The theoretical frameworks associated with each of these themes are social-cognitive theory and Bowen family systems theory, respectively. The primary focus of this study was the faith community culture which permits and supports the abusive behavior of perpetrators of domestic and intimate partner violence. While many faith cultures are discussed in the literature, the Holy Scripture or the Bible and the Christian faith are the foundations by which these frameworks were explored for the purpose of this proposal at Liberty University which is a Christian college. The researcher consulted the Bible (King James Version, 1769/2017) to provide these foundations.

### Social Cognitive Theory

Humans were created for relationships and social interaction. This purpose is validated by God when He created Eve because it was not good for Adam to be alone (Genesis 2:18). God established rules for civil interactions in Galatians 5:13 and Colossians 3:14, for duty towards one another in Ephesians 4:2-3 and Romans 12:10, respect for one another in Ephesians 4:32 and I Peter 3:8, and respect for His laws in Leviticus 19:11 and Exodus 20:7. When these rules are allowed to guide social interactions, the love of Christ creates opportunity for civility, reasoning, and understanding. James et al. (2015) understood that interpersonal influences are key to individual considerations of social functioning.

The desire for individuality within relational interactions can lead to anxiety, which forces a connectedness that is simultaneously being rejected (Katafiasz, 2020). Interpersonal

interactions are often subject to social norms rather than personal principles (James et al., 2015; Schunk, 2012). Eve's creation signaled Adam's completeness from interacting with his environment and is a social construct (Katafiasz, 2020). Katafiasz (2020) identified Eve's presence as triggering the process of distance regulation since she introduced specific standards which made Adam's ability to function more complicated. This struggle between social and mental functioning makes social cognitive theory a critical framework for exploring how the faith community responds to perpetrators of domestic and intimate partner violence (Kazemi et al., 2019).

The collision between personal morals, interactions with the environment, and interactions of others became the foundation of Bandura's pursuit of a more enriching therapeutic experience (Stewart & Krivan, 2021). Prior to the development of social learning theory, now identified as social cognitive theory, Bandura (2007) found no specific methodology to be "highly effective in behavior modification" (p. 61). Bandura (1961) focused on identifying any measure of success, opposite psychotherapy, to explain the lasting phenomenon where external influences result in internal correction. What emerged were methods which challenged the effectiveness of talk therapy, including "discrimination learning, counterconditioning, social imitation, punishment, extinction, and methods of reward" (Bandura, 1961, p. 144).

Bandura (2007) withstood multiple challenges to social cognitive theory that argue humans could be influenced by the behavior of others to the degree they would "mindlessly submit to the will or whim of external suggestion" (p. 64). This position represented the opposite of what Bandura believed and identified in his research. No one individual exercised control to the degree they could manipulate human behavior without significant effort (Bandura 2007). Instead, Bandura (2007) focused on collective effort between individuals which resulted in the

modification of thought and behavior patterns. While this arrangement has the potential for manipulation by one individual over another, any change, exchange of knowledge, or development within the interaction is said to occur mutually.

The degree to which social cognitive theory is applicable to this research was based on Bandura's (2007) exploration of moral agency and "human responses to personal perceptions of what is right and wrong" (p. 72). Further supporting the argument that self-determination has the ability to control behavior outside of mindless control, Bandura (1961) determined moral "nonaccountability and selective disengagement" accounted for the individual choice to judge, determine relevance, or engage in behaviors perceived to be humane or inhumane (p. 154). The function of selective disengagement allows individuals to be morally uninhibited when faced with situations ordinarily perceived as objectionable, like domestic and intimate partner violence. Selective disengagement translates to setting aside common-sense rules and resembles behavior such as gaslighting survivors of domestic and intimate partner violence like the scene played out in Judges 19 where the Levite woman is raped and murdered (Anderson et al., 2014; Bembry, 2018; Roys, 2022).

Bembry (2018) found in the translation of this passage from the original Hebrew significant alteration of the text caused by the miscopying of a letter, which blames the abuse on her sexual sin. The story of Levite woman rarely gains attention for its tragic episode of domestic violence within the faith community. To facilitate a social-cognitive awakening, it is critical to explore the issue of abuse from the perspective of the individuals engaged in domestic and intimate partner violence, specifically, abuser's perception of what encourages them to continue abusive behavior (Chiara, 2020).

**Bowen Family System Theory**

Individual functioning can be influenced by the behavior and perceptions of core relationships in the environment. For this reason, scripture is intentional about what relationships are important in the lives of God's people. Men are repeatedly instructed to separate themselves from their former role as children and become husbands to their wives (I Corinthians 11:3; I Peter 3:7). They are admonished to dedicate themselves to their wives and love them as Christ loved the church and took on its burdens, signifying a key moment where enmeshment is encouraged by the Creator (Genesis 2:24; Proverbs 10:1; Ephesians 5:25).

Bowen identified these relationships as the family unit, which is comprised of individuals living in the home or within close emotional proximity (Katafiasz, 2020). Bowen family system theory was developed by Murray Bowen through his work with families at the Menninger Clinic in Topeka, KS (Haefner, 2014). At its core, Bowen's work refers to the ways in which emotions are passed down through generations within families; Bowen's theory asserted that family dysfunction results from the failure to differentiate oneself from the family system (Priest, 2015). This lack of differentiation leads to emotional fusion, where individuals within the family become overly involved in each other's lives, thoughts, and emotions (Sauerheber et al., 2014). In this state, it can be difficult to maintain a clear sense of self, as individuals often feel responsible for the emotions and actions of others in the family (Sauerheber et al., 2014).

Bowen identified eight interlocking concepts that are central to understanding the emotional system (Haefner, 2014, p. 836):

*Differentiation of self:* Bowen proposed that individuals develop a sense of self that is separate from the emotional experiences of their family. The more differentiated an individual is, the better able they are to manage their own emotions and to think clearly in stressful situations.

*Triangles:* A triangle is a three-person relationship system, which Bowen considered to be the

basic building block of all emotional systems. When anxiety arises between two individuals, a third person can be drawn in to help stabilize the relationship.

*Nuclear family emotional system:* This refers to the emotional processes that are present within a family, including the ways in which parents interact with one another and with their children.

*Family projection process:* Bowen believed that parents often project their own emotional issues onto their children. For example, a parent who is anxious may unconsciously transfer their anxiety onto their child.

*Multigenerational transmission process:* Emotional patterns are passed down through generations, with children learning emotional patterns from their parents and grandparents.

*Emotional cutoff:* Emotional cutoff occurs when individuals distance themselves from their family of origin to avoid emotional pain. However, Bowen believed that this often leads to problems in other areas of life, as individuals may find it difficult to form close relationships with others.

*Sibling position:* Bowen believed that the position that an individual occupies within their family, such as being the oldest or youngest child, can have an impact on their personality development.

*Societal emotional process:* This refers to the ways in which emotional processes operate on a larger scale within society, such as within religious or political groups (Haefner, 2014, p. 836).

Katafiasz (2020) recognized the significance of Bowen's theory to domestic and intimate partner violence. Domestic and intimate partner violence is a pervasive problem in many societies, and it often occurs within the context of family systems (Westenberg, 2017). Bowen emphasized the importance of understanding the emotional processes that are present within families as well as how these processes can contribute to violence and abuse. For example,

individuals who have experienced violence or abuse within their family of origin may be more likely to engage in violent behavior in their own intimate relationships (Priest, 2015). Patterns of emotional cutoff, where individuals distance themselves from their family of origin, make it difficult to for individuals to develop healthy relationships and seek help when abuse occurs, which Priest (2015) attributed to poor management of chronic anxiety.

McCarry and Lombard (2016) found a culture which emphasized the importance of male dominance within the family, suggesting that women should submit to their husbands regardless of the situation. These beliefs contributed to a culture of violence and abuse and made it difficult for individuals to seek help or leave abusive relationships (Storer et al., 2021). Internal triangulation occurred when family members who were in conflict involved a third family member in their dispute; this created an unstable emotional environment, leading to the reinforcement of abusive behavior and long-term dysfunction within the family (Sammut-Scerri et al., 2020; Scharp, 2020).

Literature has shown that the Bowen family systems theory can be a valuable tool for understanding the multiple, complex dynamics that contribute to domestic and intimate partner violence episodes (Eppler et al., 2020; Sauerheber et al., 2014). Where it falls short is understanding this issue from the perspective of the abuser and the perpetuation of abuse. This understanding can only be gained if abusers are provided the opportunity to give voice to their own unique lived experiences in a research setting (Calatrava et al., 2022; Usher et al., 2018).

**Related Literature**

The issue of domestic and intimate partner violence has been studied extensively from the perspective of survivors, domestic violence shelters, medical care providers, first responders, faith communities, children of families experiencing domestic violence, and even perpetrators.

Each of these communities has provided detailed insight into their unique experiences and contributions which have led to the development of prevention programs, victim support services, advocacy programs, and abuser treatment programs (Alì & Naylor, 2013; Anderson et al., 2014; Lamb et al., 2021; Slep et al., 2014). While these perspectives have contributed to successful programs to a degree, the issue of domestic and intimate partner violence continues to be a problem.

Prior to the Covid-19 pandemic, many countries were at or close to record highs for domestic violence toward women (Kalyani et al., 2022; Sri et al., 2021). The World Health Organization (2021) estimated 641 million women globally are affected by domestic and intimate partner violence each year. Teaching women to escape domestic and intimate partner violence is a solution, but it is not the only solution. Building domestic violence education programming is also a solution, but it is still not the only solution. Sentencing abusers to jail or prison time is yet another solution, but it is not the only solution. There is still critical work to be done.

## Summary

Domestic and intimate partner violence cannot begin to be addressed if all perspectives are not taken into consideration. Burk (2018) persisted in the belief that the work of addressing domestic and intimate partner violence is the responsibility of the whole community. To include the voices of others means shifting voices from the margin to the center; it also means welcoming what is different, including the possibility of allocating resources to build and then educate natural community support systems before they are needed, rather than after survivors have exhausted all their personal resources (Burk, 2018).

When the intensity of intervention is shifted from the end of the survivor's point of need

to the beginning point before the most significant abuse has occurred, they are prevented from experiencing unnecessary abuse, damage to their self-esteem, and trauma (Burk, 2018). To avoid causing domestic and intimate partner violence and instead solve it, efforts must be intentional. Therefore, it is critical to ask the question of how this violence is permitted in the lives of the abuser.

One topic that has not been studied extensively is the perspective of the abuser, specifically their perspective of interactions with the faith community which support the continuation of abusive behaviors. The voices of abusers, with their lived experiences recorded in detail, are missing from the literature (Creswell & Poth, 2018). The following chapter describes the methodology by which this question was explored using the theoretical frameworks of social connections and systems.

**Chapter Three: Methods**

**Overview**

This qualitative phenomenological study explores the faith community culture's contribution to the acceptance of domestic and intimate partner violence behavior. Research showed that survivors of domestic and intimate partner violence will disclose their experiences of abuse to faith-based communities before seeking help from domestic violence shelters, law enforcement, or even the medical community (Bazargan-Hejazi et al., 2014; Bent-Goodley et al., 2015).

From a relational perspective, faith-based communities provide the cultural understanding survivors of domestic and intimate partner violence need to remain connected to their community of origin despite the violent experiences which often seek to separate them or force them into isolation (Buchbinder, 2018). Buchbinder (2018) recognized that abusers will engage with faith-based communities to seek justification for their behavior as the patriarchal head of the household, or to seek forgiveness or penance for their behavior from their victim and the church.

Collaborative efforts between clergy and mental health professionals must begin with the consideration of the unique perspectives each contributes to the recovery from domestic and intimate partner violence; mutual respect is a necessary relational component, with the survivor as the focus (Dyer, 2016; Streets, 2015). While each agent holds a unique value system, they both maintain resources valuable to the future goals of the survivor, and hopefully the abuser, if they hold steadfast to the authenticity of their professional calling (Dyer, 2016).

When the abuser shared their lived experience in their pursuit of help for their behavior, counselor's value conflicts present a significant challenge in the counseling relationship (Smith,

S.R., 2018). S.R. Smith (2018) found this level of conflict is especially true in instances when the

faith-based counselor shares the same gender as the abuser's victim. The most important aspect

of such a relationship is the need to communicate understanding without acceptance or rejection

of the abuser (Francis & Dugger, 2014; Streets, 2015; Vermaas, 2017).

Research questions, details of the recruitment process including screening procedures,

interview methods, and questions will be provided to explore the existing gap in the literature

and outline methods for the replication of this research (Creswell, J. W. & Creswell, J. D., 2018;

Fusch & Ness, 2015). The method of data collection, interpretation, analysis, and preservation

will be discussed in detail.

### Design

This study was designed to be qualitative. By nature, qualitative research exists on a

continuum of approaches upon which strategies are used to gain an understanding of problems,

experiences, groups, or individuals (Creswell, J. W. & Creswell, J. D., 2018). These strategies

can include several processes such as case study, ethnography, biography, grounded theory, or

phenomenology (Heppner et al., 2015). The challenge recognized by Alase (2017) is identifying

the specific qualitative process which allows a researcher to maintain the integrity necessary to

engage with each research participant's lived experience while collecting, coding, analyzing, and

interpreting the data.

Bracketing isolates the perceptions of the researcher during the interview, allowing the

authentic experiences of each participant to be shared in an unbiased and judgment-free

environment (Alase, 2017). To understand how perpetrators of domestic and intimate partner

violence experience faith community culture, it is necessary to capture detailed accounts of their

experiences from a qualitative perspective. Qualitative research produces data which highlights

individual lived experiences that may contribute to the understanding of the overall research question. Johnson and Vindrola-Padros (2017) used qualitative data to identify how cultural practices during funerals led to Ebola transmission and how interactions among community members contributed to the ineffectiveness of prevention efforts. The richness of this data is captured through a subjective qualitative process and includes feelings so they are not left up for interpretation (Fusch & Ness, 2015). Attitudes detailed within cultural and social constructs give meaning to experiences can only be reflected in qualitative context (Johnson & Vindrola-Padros, 2017; Oswald, 2019). Qualitative research also involves understanding the data from multiple perspectives by considering the influence of the environment on the individual, the individual on the environment, and the people around the individual within the environment (Wertz, 2021).

Qualitative research can give value to perspectives often missing from research. Minority communities such as African Americans, Native Americans, and individuals with disabilities are underrepresented in research unless they are the primary subjects (Zhang et al., 2021). When present, one minority voice is generalized and perceived as the voice of the entire community (Prosek & Gibson, 2021; Wertz, 2021; Zhang et al., 2021). While experiential insight is valuable to research, accuracy is critical to maintaining its validity.

Qualitative research diminishes generalization by subjectively contextualizing the perspectives of individuals into multiple voices and experiences (Larkin et al., 2019; Vega et al., 2021). Multiple voices contribute to the trustworthiness of a study conducted by researchers able to transfer results to other subjects. Timulak and Elliott (2019) also found that the inclusion of the voices and emotions of participants contributed to believability and the reader's connections to individual perceptions related to the phenomenological study (Prosek & Gibson, 2021). A qualitative design is especially important for this study because of the lack of sufficient data

from the lived experiences of perpetrators of domestic and intimate partner violence before, during, and after exposure to faith culture and the faith community.

The philosophy of phenomenology is defined as, "the study of the primal, lived, prereflective, prepredicative meaning of an experience" (Prosek & Gibson, 2021, p. 169). Debuted by Edmund Husserl in 1900, phenomenology was a way of attributing common-sense, natural explanations to individual experiences rather than preconceived categories of belief (Pula, 2022). While Husserl is relatively unknown in relation to phenomenology, and his foundational principles are largely misinterpreted, his focus is notably on biological processes is rooted in the natural order of learning through socialization and human development (DeRobertis, 2021; Smith, D.W., 2019).

When considering the impact of the environment on the individual, DeRobertis (2021) recognized that intrauterine experiences occurred to both the mother and the developing child which further indicates a need for isolation of individual experiences. Thus, Husserl's use of bracketing was highly effective in creating a sense of intentionality to avoid convergence of science and development and also focused on individuality from both perspectives (DeRobertis, 2021).

### Research Questions

R1- How do perpetrators describe their lived experience of domestic and intimate partner violence?

R2- How do perpetrators of domestic and intimate partner violence describe their relationship and interactions with faith-based counselors, pastors, or laypersons in response to their role?

R3- How do perpetrators of domestic and intimate partner violence describe their interactions

with those they abused following engagement with faith-based counselors, pastors, and

laypersons?

R4- How do perpetrators of domestic and intimate partner violence describe their lived

experience with the faith community following engagement with faith-based counselors, pastors,

and laypersons?

## Setting

The state of Kansas is the primary residence of the researcher and would represent a

sample of convenience if participants were limited to this one state. Therefore, participants were

recruited from the state of Missouri as well. Heppner et al. (2015) encouraged efforts to develop

more extensive research databases by broadening external validity, which can only be

accomplished when participants more accurately reflect the larger population to which outcomes

will be applied. Participants were interviewed in appropriate settings free of distraction and

interruptions to maintain subject integrity (Creswell, J. W. & Creswell, J. D., 2018). Interviews

were conducted face-to-face, lasting one and a half hours to two hours.

## Participants

Limitations to age were identified due to the sensitive nature of the topic and the potential

for harm and legal ramifications for participants, as the researcher is a mandated reporter. No

limitations for race were identified for the purposes of this study. The researchers' uses English

as their primary written and spoken language. Given the cultural and linguistic nuances with

which many individuals communicate around sensitive topics like relationships, the likelihood

that technology can respectfully capture the sentiments being expressed in its translation was

questionable. Therefore, this study has been limited in scope to the English language.

The anticipated number of participants was four to six in order to reach data saturation,

which is represented by the point at which no new themes are emerging (Fusch & Ness, 2015).

Participation was voluntary and based on the submission of an email requesting responses to

solicitation of current or former perpetrators of domestic and intimate partner violence living

within a driving distance of four hours to the researcher. The email statement is found in

Appendix B.

Participants volunteered to share their lived experience of participating in counseling

with faith-based counselors, pastors, and laypersons in response to a domestic or intimate partner

violence situation where they were clearly identified as the abuser. To mitigate discrepancies in

what constitutes domestic and intimate partner violence and counseling with faith-based

counselors, pastors, and laypersons, definitions were provided in the recruitment materials, found

in Appendix B.

A general description of the conceptual mapping task was provided to help participants

understand the time commitment needed to contribute to the research process. Participants were

also provided with detailed information regarding interviews and their labeling, storage, and

confidentiality. An example of the conceptual mapping task and a detailed explanation of the

interview process is found in Appendix E and H, respectively. This information provided

participants the opportunity to ask questions such as what compensation was available to

participants or what level of confidentiality was afforded to responses to other components of the

study (Creswell, J. W. & Creswell, J. D., 2018).

**Procedures**

This qualitative phenomenological study of the permissive faith culture supporting

domestic and intimate partner abusers followed the process consistent with the conceptual

mapping task (CMT) method of research. The first step in the process was to obtain approval

from the Institutional Review Board (IRB) at Liberty University to ensure the research followed all institutional and federal regulations. Upon receipt of approval from the IRB, recruitment of eligible participants began through the identified resources. Recruitment information included details about phase one of the conceptual mapping task. This information is found in Appendix D.

Semi-structured interviews were conducted, representing phase one of the conceptual mapping task (CMT). The interviews were recorded using the researcher's iPad® and computer for backup. The interviews were transcribed using Otter.ai transcription. Manual transcription also occurred by the researcher during which the participant confirmed data collection of their experience for organization in phase two. The CMT preserved the integrity of the detailed accounts while also making sense of the enormous amount of data collected during interviews. Aggregation is simplified by the member's participation in the process as the interview occurs, rather than after time has passed, which can result in loss or distortion of data (Kerpedjiev & Roth, 2001).

Impellizzeri et al. (2017) suggested using the relational aspect or rapport building to reduce the negative effects of subjects retelling details related to sensitive topics. This step is accomplished by involving the subject in the process of contextualizing segments of their experience (Impellizzeri et al., 2017). Notes were made by the researcher to capture segments of the lived experience which were then clustered on a larger sheet by the participant and labeled. Cathartic in nature, this effort created a firsthand account of the lived experience in a manner that was least harmful, while being genuinely saturated with the voice of the participant instead of the researcher (Laustsen et al., 2021).

**The Screening Procedure**

This study used a combination of snowball and criterion sampling to identify abusers who have engaged in domestic and intimate partner violence followed by participation in counseling with faith-based counselors, pastors, and laypersons (Acharyya & Bhattacharya, 2020). Qualifying participants were at least 18 years of age and had to have engaged in counseling as a direct result of their domestic and intimate partner violence experience (Creswell, J. W. & Creswell, J. D., 2018).

Once approved by IRB, the researcher contacted the 142 churches, 366 mental health treatment providers, 14 colleges and universities, 4 domestic violence treatment providers, and 3 drug and alcohol treatment providers to request distribution of recruitment material to clients who met inclusionary requirements for participation. Directors of the respective organizations were provided with details of the proposed research.

Once confirmed, distribution included a recruitment letter indicating the purpose of the study. An example is found in Appendix B. Additionally, the email included a brief introduction to the researcher and an explanation of the study and its requirements. A full explanation of study requirements, compensation, and method of withdrawing can be found in Appendix D.

Participants meeting initial screening criteria were asked to complete the male marital violence against women (MMW) scale, which is used to measure the severity of relational violence between couples. An example of the questionnaire is found in Appendix C Part III. The MMW scores for participants were saved to ATLAS.ti for coding and subsequent analysis as part of the research process (Alase, 2017; Woods et al., 2021).

Individuals meeting the criteria for participation were contacted to schedule confidential interviews lasting between one and a half to two hours. A script detailing the confidential interview is found in Appendix E. Participants were informed that participation is voluntary, and

each participant who completed the conceptual mapping task received an Amazon e-card with the understanding that Amazon does not endorse or support any portion of the study. Participants were advised they may withdraw at any time (Acharyya & Bhattacharya, 2020; Słysz et al., 2020). Individuals agreeing to participate in the interview process received an email and appointment confirming their interview. The email confirmation and notification examples are in Appendix F.

Historically, the literature identified domestic and intimate partner violence abusers as male. The researcher did not expect a lack of female abusers in the screening process (Harden et al., 2022). However, for the purposes of this study, males 18-years-old and older having engaged in domestic and intimate partner violence followed by participation in counseling with faith-based counselors, pastors, and laypersons was interviewed.

**The Interview Procedure**

Participants were interviewed during the data collection process using the conceptual mapping task procedure. Guidelines for the interview process are found in Appendix E. The interviews were recorded on the researcher's iPad® and computer and saved to password protected files labeled by date and initials. These identifiers were then assigned a unique code generated by LastPass. These recordings were imported into ATLAS.ti for transcription and analysis. This application also assisted the researcher in analyzing the conceptual map developed by the participants in phase three of the CMT process. The participants were given Post-it notes® hand-recorded by the researcher which were used to verify details of participants' lived experience. The details were placed on a larger page, clustered according to the participant's perception of conceptual relativity (Berry, 2020; King, J.A., 2013).

**Conceptual Mapping Task**

The conceptual mapping task (CMT) process represents a combination of methods developed by multiple authors which, when combined, give research participants an increased level of control over data as a result of their involvement in the research process (Laustsen et al., 2021). This collaborative method shortens the interview or data collection process from multiple sessions to a single interview. The exploratory approach of concept mapping was originally developed in 1972 to understand student learning in sciences (Impellizzeri et al., 2017).

Concept mapping task in its original form was developed by Martin in 1986 and was eventually adapted by Leitch-Alford into its current format of a four-phase process (Impellizzeri et al., 2017; Kerpedjiev & Roth, 2001; Laustsen et al., 2021). For perpetrators of domestic and intimate partner violence, these phases are represented by a single session interview rather than multiple interviews during which their lived experience is shared.

### The Researcher's Role

The researcher's relationship with individuals who have experienced domestic and intimate partner violence is the impetus for this research. As such, these relationships have the potential to influence the quality of data obtained during a research process about domestic and intimate partner violence. Experiences of counseling families that have experienced domestic and intimate partner violence creates empathy and understanding needed to connect on a human level with perpetrators of domestic and intimate partner violence who will be interviewed for this study (Creswell & Poth, 2018).

The ability to connect with individuals on a human level does not preclude the researcher from emotional or mental reactions to the experiences described by participants in this study. Therefore, it was necessary to implement safeguards to prevent the data from being compromised by the personal biases of the researcher. To do so, the researcher isolated personal

feelings and experiences by bracketing them within the CMT process to allow perpetrators of domestic and intimate partner violence freedom to share and reflect upon their lived experience in the moment without bias or undue influence on those experiences (DeRobertis, 2021).

A phenomenological perspective was used in the analysis of visualizations created by participants' responses to questions exploring their individual lived experiences and the development of clusters of concepts or themes (Bird, 2018; Impellizzeri et al., 2017). The CMT then created a visual mapping tool directly from the lived experiences of participants, from which analysis occurred (Impellizzeri et al., 2017). When analyzing visual representations, Bird (2018) identified placement to be significant to participant processing as it indicates individual awareness of episodes on the individual's life. Using this knowledge, it was important to use open-ended, reflective questions about placement: *You put this theme right in the middle of your paper. Please take a moment to share about this placement.* (Appendix E)

The researcher's use of a hermeneutic phenomenological qualitative approach sought to understand descriptive details of a lived experience from the perspective of individuals living the experience as well as those impacted by the experiences of the individual (Jones et al., 2019). Albert and Simpson (2015) found that individuals receiving care during a crisis described their experience as negative. Lack of support and isolation were also reported by caregivers in the same study (Albert & Simpson, 2015).

Impressions of the experiences of survivors were also shared as participants reflected upon their interactions and experiences in the CMT process and the reflection questions asked based on their responses (Chiara, 2020; Creswell & Poth, 2018). Sharing deep, personal details requires trust, safety, and vulnerability by the participant. The researcher made this connection with an introduction during the recruitment process and being transparent about what is involved

in the study. This information is identified in Appendix D.

## Data Collection

## The Conceptual Mapping Task

This study used the four phases of the conceptual mapping task (CMT) to process data

generated by this study. Once the participants completed the account of their lived experience of

counseling with faith-based counselors in response to a domestic and intimate partner violence

episode, they were asked to verify the accuracy of each note.

Participants were asked to arrange the notes on a larger piece of paper. The participants

clustered notes based on emerging themes they noticed. They were asked to label each cluster

after reflecting on questions about their experience doing the CMT. These responses were

recorded as part of the CMT to fully capture the participant's lived experience of processing their

experience of counseling led by counselors, pastors, and laypersons (Impellizzeri, 2017; King,

J.A., 2013).

### Phase One: Rapport Building and Gathering Information

During phase one, a rapport was built with participants and information was gathered.

Phase one was a key part of the research process because it set the tone for the building of the

relationship between the researcher and participants. When established properly, a rapport

provides opportunity for the participant to realize trust, experience personal safety, and

authentically share their lived experience–thus enriching the data collection process (Impellizzeri

et al., 2017). It is also necessary to establish safety and trust during the data collection process

because of the power and control perceived by research participants despite the narrative created

by the language in the consents and disclosures (See Appendix D) (Vagle, 2018).

The researcher also established a rapport with participants by attempting to connect with

directors and program coordinators from the organizations facilitating the connection to research

participants. The willingness of leadership from programs and organizations to connect with the

researcher served as the connecting point between the researcher and potential subjects which

relayed credibility and trust in the researcher. Considerable effort was made to build these

relationships prior to IRB approval of this proposal. This work was necessary because of the

study's potential to damage the relationship between the participant and the referring

organization after it has been conducted (Heppner et al., 2015). The elevated level of comfort

experienced by the participant created space for them to communicate any discomfort with the

process when they were unsure of the process or no longer desired to participate in the process.

Just as survivors of domestic and intimate partner violence experience vulnerabilities in their

relationships, there exists the potential for abusers to feel a sense of obligation when asked by

authority figures who are connected to their treatment programs (Heppner et al., 2015).

Additional information gathering and rapport building took place with the use of the male

marital violence against women (MMW) scale, which is used to measure relational violence

between couples (Karim & Swahnberg, 2021). This 14-item self-assessment determined a

participant's fitness for the study and allowed them the opportunity to understand the depth of

domestic and intimate partner violence being explored by this research.

The MMW scale was developed by a team from the World Health Organization who

adapted questions from a previous multi-country study addressing violence against women

(Karim & Swahnberg, 2021). The MMW included aspects of psychological assault, physical

attack, and sexual coercion, all of which may be factors in episodes of domestic and intimate

partner violence. Participants completed the MMW scale as a follow-up to their response to a

solicitation to determine if they met criteria for the study. Questions were scored on a 5-point

scale ranging from 0 to 4 with 4 representing 7 occurrences or more and 0 representing the absence of any behaviors. Higher scores represented significant occurrence of MMW behavior. An example of the MMW is found in Appendix C, Part III (Karim & Swahnberg, 2021).

**Phase Two: Participant Storying**

During phase two, participants shared their narratives of their experiences seeking counseling for engaging in domestic and intimate partner violence by answering the research questions identified in this study, which were scripted into an interview (See Appendix F). Vagle (2018) advised that phenomenological research should include two to three primary questions followed by one to three secondary questions. J.W. Creswell & JD. Creswell (2018) recommend no more than seven additional sub-questions to maintain focus on the scope of the research topic. The first question was intended to allow the participant to give their narrative without interruption: *Let's take about 15 minutes for this first question. Can you please describe your lived experience of domestic and intimate partner violence during which you were the perpetrator?* (See Appendix E).

As participants shared details of their experiences, the researcher wrote concepts on Post-it notes® to capture the lived experience. Each Post-it note® contained one specific concept from their experience. Additional open-ended questions were used to promote further reflection by the participant. Reflective questions often allowed participants to assess the cause of their actions in hindsight, leading to new insight which was a benefit of the concept mapping task (Creswell, J. W. & Creswell, J. D., 2020; Impellizzeri et al., 2017). *Can you please describe your interactions with those you abused following engagement with faith-based counselors, pastors, and laypersons?* (See Appendix E). This question was repeated with additional probing and reflective questions to fully capture the lived experience of the participants. When the participant

indicated they had completed the recount of their experience, they would be given the Post-it notes® to review for accuracy.

As they reflected on their experience of faith-based counseling in response to domestic and intimate partner violence, they were asked to review the notes and make any changes needed to validate their lived experience (Heppner et al., 2016; Impellizzeri et al., 2017).

*I would now like you to take a look at each of the details I wrote on these Post-it notes® and make sure that these details are an accurate reflection of your experience. Are there any other details you would like to add?* (See Appendix E)

To facilitate an empathic understanding of the participant's lived experience for the researcher, it was necessary to allow the participant to experience multiple reviews of the data in the moment. This level of review was beneficial to the CMT process as it eliminated the errors experienced in recording of data that occur with multiple interview sessions (Acharyya & Bhattacharya, 2020; Impellizzeri et al., 2017).

**Phase Three: Creating the Conceptual Map**

During phase three, a conceptual map was developed from the narrative. While much of this task is the responsibility of the participant, it is collaborative work with the researcher who provides reflective prompts which contribute to the outcomes (Creswell, J. W. & Creswell, J. D., 2018; Impellizzeri et al., 2017). It is critical to assure the participant that the researcher is not expecting a specific outcome, except that they, the participant, feel comfortable with what is being produced through the mapping process.

*Now that you are comfortable with the details of your lived experience that I have recorded. I will give you a pad which can be placed on the table or the wall. I would like you to take each of these Post-it notes® and arrange them on the pad in a way that represents your lived experience of engaging in faith-based counseling in response to a*

*domestic and intimate partner violence episode. Your arrangement will show me how the concepts on these notes relate to each other.* (See Appendix E)

Participants grouped each cluster by drawing a shape or figure around the grouping they had arranged. Grouping facilitated further strengthening of the narrative or a further reflection of the process based on the design, color selection, and placement of notes which created meaning for the participant (Bird, 2018; Impellizzeri et al., 2017). *These shapes should represent the meaning of your cluster of concepts in a way that is important to you. Please feel free to make any comments you like about the process or the concepts as you are working* (See Appendix E). Participants were asked to label the clusters with a word or phrase representing the meaning of each group and were also asked to connect them directionally using lines, arrows, or symbols. *If you could, please connect these concepts by drawing lines or arrows to show relationship and direction of their flow* (See Appendix E).

It is important to recognize the presence of clusters within clusters and the impact of their presence on the lived experience of the participant. Participants may become aware of such patterns and question their validity. Additional notes were made to accommodate details as they continued to emerge, adding to the robustness of the participant's lived experience (Impellizzeri et al., 2017).

**Phase Four: Reflecting on the Concept Map**

In phase four, participants reflected on the conceptual map in order to make meaning of their lived experience. The researcher facilitated further processing of the participant's lived experiences based on the developed conceptual map and its identified clusters, concepts, lines, arrows, and flow of the concepts (Impellizzeri et al., 2017; Laustsen et al., 2021). Internal verification was extremely valuable at this juncture of the study. Bias plays a significant role in

the data collection process of social research (Fusch & Ness, 2015). The researcher used

bracketing to shade their personal lens and prevent it from clouding the data collected as well as

make room for the unhindered voice of the participant (Alase, 2017; Impellizzeri et al., 2017).

> *Now that you have created this conceptual map about your lived experience of*
>
> *engagement with faith-based counseling following domestic and intimate partner*
>
> *violence experiences, take a few minutes to reflect on it.* (See Appendix E)

(Pause until participant indicates they are done reflecting. Continue with additional questions.)

> *What strikes you as you look at your conceptual map?*
>
> *How have things changed for you relationally following counseling with faith-based*
>
> *services?*
>
> *What would you say to the individual going through counseling with the faith-based*
>
> *counselor being given permission to continue domestic and intimate partner violence*
>
> *now that you have lived through it?*
>
> *Where are you now in your story?*
>
> *Is there anything else that you feel compelled to say from this whole experience?* (See
>
> Appendix E)

Allowing the participants to engage in reflection led to additional revelation as

visualization created a place of safety from which the past could be explored (Bird, 2018).

This embodied knowledge then became part of the lived experience in a manner that was

cleansing for the participant (Impellizzeri et al., 2017; Theuring, 2018). The framing of an

experience of domestic and intimate partner violence from the perspective of the abuser was

a difficult topic that required a significant level of sensitivity to their vulnerability. The

CMT presented the most sensitive and logical tool with which to co-construct the

participant's lived experience while allowing them to maintain a sense of autonomy

(Haefner, 2014; Impellizzeri et al., 2017).

Interview sessions were scheduled for up to two hours based on the participants'

responses. The first 60 minutes of the interview was allotted for creating the CMT

conceptual map and additional time was allowed for processing of participants' responses as

they worked through the mapping process. The researcher practiced the CMT process

multiple times prior to interviews with study participants to ensure familiarity with

questions and the recording of responses and equipment (Creswell, J. W. & Creswell, J. D.,

2018). The practice CMT processes were not saved to ATLAS.ti but all subsequent data

generated, including thoughts and ideas, were included in memos.

Following completion of the CMT process, the researcher secured Post-it notes® to

the notepad with tape to prevent movement or loss during transport. Additionally, photos

were taken of the notepad.

**Memoing**

To maintain integrity and transparency, the researcher relied on journaling to integrate

their unique experience of the world which included notes to self, observations, and flow of

interactions which were applied to the data analysis process (Heppner et al., 2015; Woods-Jaeger

et al., 2021). A memo to self included a referral to counselors to discuss CMT processing of the

lived experience of domestic and intimate partner violence as it was supported by the faith

community (Heppner et al., 2015; Impellizzeri et al., 2017). Memoing was saved to ATLAS.ti

for coding and subsequent analysis as part of the research process (Alase, 2017; Woods-Jaeger et

al., 2021).

## Data Analysis

The conceptual mapping task method resulted in the organization of ideas, concepts, and

the relationships between them into clustered themes with specified relational patterns and

connections (Impellizzeri et al., 2017; Laustsen, et al., 2021). Key to the CMT process was the

development of context-specific knowledge about the participants' lived experiences. The

richness of this data contributed significantly to future research because the participant represents

a perspective not often identified as an expert or professional (Laustsen et al., 2021).

This analysis process allowed the researcher to explore the regulation of behavior within

the framework of social systems and influence described by Bandura (2007). In this instance, the

inhibitive form versus the proactive form of man's dual nature or moral agency is what Kohlberg

identified as a challenge to moral reasoning by social norms and personal principles (Bandura,

2007; James et al., 2015).

The analysis also occurred during data collection while the researcher was creating

memos of observations, recognizing details about the conceptual mapping process, and

generating reflective questions to include throughout the CMT process (Heppner et al., 2015).

The flexibility found in qualitative phenomenological research ultimately results in rich data

(Vagle, 2018). In a qualitative process, all data with the potential to influence the research,

thoughts, impressions, suppositions, assumptions, biases, and experiences are subject to analysis

and must therefore be captured (Paulus et al., 2019).

Recordings were made of the interviews using the researcher's iPad® and computer.

Both devices were password protected with iCloud® storage. Interview and recorded data was

analyzed using a software program such as ATLAS.ti., which is designed for qualitative data

analysis. Developed at the Technical University of Berlin, ATLAS.ti is particularly useful to

code and analyze text and audio data when dealing with large volumes of qualitative data

(Woods-Jaeger et al., 2021). Therefore, ATLAS.ti was also used to analyze the recorded

interviews.

Transcription of interviews from the conceptual mapping task processes was simplified by importing recordings into Otter.ai for comparison to the labeling of the lived experiences recorded on Post-it notes® and verified by participants. Atlas.ti's functionality allowed the researcher to systematically analyze the data from a centralized location and visualize multiple aspects of the process outcomes instantaneously (Paulus et al., 2019). Finally, the clusters and themes generated by participants were imported into ATLAS.ti for phenomenological qualitative research (Paulus et al., 2019; Woods-Jaeger et al., 2021).

**Trustworthiness**

The assurance of validity in research is necessary to instill a sense of integrity in the work of the researcher. How that validity is established differs based on the type of research being performed; the stability or applicability of quantitative research differs from the accuracy of qualitative research (Heppner et al., 2015). Accuracy of the concept mapping task was established through the participants' checking and re-checking of generated data and participants' review of the conceptual map through reflection (Impellizzeri et al., 2017).

Participants reviewed the initial data record during the storying phase. A second review occurred during the mapping phase. A third review took place as concepts emerged from the clustering of concepts and finally the last review took place as the participant made sense of the concepts with relationships and interactions (Impellizzeri et al., 2017). By allowing the participant to review, clarify, and adjust the data, it ensured the integrity of the participant's lived experience; their voice was maintained throughout the process (Heppner et al., 2015; Impellizzeri et al., 2017).

**Credibility**

The credibility of this research is attributed to the direct involvement of participants in the data collection process (Impellizzeri et al., 2017). As participants were given liberty to review, strategically place or cluster, reflect upon, and adjust notes in the storying of their lived experiences, the data maps became saturated with credible data (Impellizzeri et al., 2017). Credibility not only refers to the reliability of the research findings, but also addresses the quality of the research methods applied by the researcher (Heppner et al., 2015). The purpose of such standards serves many purposes, including the ethical obligation to protect the participants' story and maintain the accuracy of the data (Creswell, J. W. & Creswell, J. D., 2018; Herlihy et al., 2015; Impellizzeri et al., 2017). As the collected data was imported or entered in ATLAS.ti, the process of sorting allowed for analysis integrity based on themes and data types (Woods-Jaeger et al., 2021).

**Dependability and Confirmability**

Consistent analysis of the data associated with this study lent itself to the dependability and confirmability of the research. ATLAS.ti was the primary source for managing all data generated, except for the male marital violence against women (MMW) scale, the concept mapping task process, and the original recording of participant interviews. All completed MMW assessments were imported into ATLAS.ti. Post-it notes® were manually recorded by the researcher, processed by the participant into clusters for labeling to develop the concept maps, and then photographed. The photographs were imported into ATLAS.ti. All recorded interviews were imported into ATLAS.ti. This documentation and record processing was necessary to maintain an audit trail for future research and replication of this study (Creswell, J. W. & Creswell, J. D., 2018; Nigar, 2019; Woods-Jaeger et al., 2021)

**Transferability**

Transferability is represented in the ability of current research to inform future research (Creswell, J. W. & Creswell, J. D., 2018). While very little research exists addressing the faith culture and its support of domestic and intimate partner violence from the perspective of abusers, the footprints left here created a path to support the meaningful storying of these lived experiences based on the rich data provided by the CMT process and in-depth analysis emerging from the use of ATLAS.ti (Creswell, J. W. & Creswell, J. D., 2018; Impellizzeri et al., 2017; Woods-Jaeger et al., 2021).

**Ethical Considerations**

Ethical considerations required that participants be provided with information related to the nature of the study and pertinent details and that the researcher advised them of the personal impact of their participation and contributions to future research (Creswell, J. W. & Creswell, J. D., 2018; Tarvydas & Ng, 2012). Participants were also assured of privacy related to their participation in that their personal information was changed to protect their identity (See Appendix D). Institutional Review Board information was also provided to participants with details related to research findings and publication.

The subject of this study required special care and consideration be given to participants to avoid harm before, during, and after the study. The researcher had an ethical responsibility to ensure participants were informed of their rights related to participating in the study and the ability to end participation at any point in the study (Appendix D). Additionally, participants were informed of the right to confidentiality and privacy which were provided through anonymity and coding. Data storage of all records was in electronic format using encrypted and password-protected systems.

Participants sharing their lived experiences were provided access to counselors after communication with the researcher to address any feelings such as guilt, shame, or anger arising from connection with this study. Professionals supported participants in addressing their mental and emotional health needs.

## Summary

Several methods were used to conduct this hermeneutic phenomenological study. The purpose of this study was to describe the lived experience of individuals engaged in counseling processes with laypersons, counselors and pastors following episodes of domestic and intimate partner violence. Key to these interactions was the individual's position of abuser in the episode and the counseling experience which supported their abusive behavior. The methods, design, research questions, setting, participants, procedures, data collection, data analysis, and measures to ensure validity and security were accounted for and explained. Efforts were taken to protect survivors of domestic and intimate partner violence while giving voice to abusers and their lived experiences in the hope that the collective issue of relational violence within the faith community becomes a thing of the past.

## Chapter Four: Findings

## Overview

The purpose of this hermeneutic phenomenological qualitative study was to understand the faith culture that supports domestic and intimate partner violence from the perspective of abusers in the states of Kansas and Missouri. Details of the participants, their demographics, and their accounts of lived experiences of faith-based counseling following episodes of domestic and intimate partner violence where they were identified as the abuser are provided. Additionally, insight into the themes emerging from the participants' responses to the proposed research questions are also provided.

The research findings were based on four comprehensive, semi-structed interviews of participants of diverse demographics who experienced faith-based counseling following relational domestic and intimate partner violence episodes where they were identified as the abuser. Interviews involved the completion of a conceptual mapping task (CMT), during which participants were able to share their lived experiences, create a visual depiction of those experiences, and give a descriptive understanding of the CMT journey in a way that is meaningful to them (Impellizzeri, et al., 2017).

Researcher memoing was used to capture the lived experiences of participants during the interview process as well as the mapping and thematic portions of the conceptual mapping task. Open-ended questions were used to engage participants in providing their lived experiences. Closed questions were also used to clarify responses given for the memoing process. Additional memoing was used to record revelations participants received, recall of details by participants, and understanding of themes emerging for participants after visualizing their lived experiences.

**Participants**

The four participants were self-identified males older than 18 years old who engaged in faith-based counseling following episodes of domestic and intimate partner violence where they were identified as abusers. There was no timeline identified for participant identification of domestic and intimate partner violence episodes. Participants ranged from 23 to 60 years of age: among them there were 3 marriages and 2 divorces. The other episodes of intimate partner violence occurred outside of marriage relationships. All participants described experiences associated with previous intimate relationships.

None of the participants were familiar with the CMT process or any aspects of conceptual mapping. Photos of each completed conceptual map were captured (See Appendix H). These maps are included as part of the participants' profiles. All participants were assigned a randomly-generated pseudonym which is associated with their conceptual maps, voice recordings, and Otter.ai transcripts.

**Table 1**

*Participant Demographics*

| Name | William | | Steve | | Duncan | | Andrew |
|---|---|---|---|---|---|---|---|
| Age | 65 | | 32 | | 40 | | 50 |
| | | | | | | | |
| Race | Black | | Black | | Hispanic | | White |
| | | | | | | | |
| Est. # of episodes | 16 | | 10 | | 13 | | 15 |
| | | | | | | | |
| Household Income | 60K | | 18K | | 115K | | 150K |
| | | | | | | | |
| # of marriages | 1 | | 0 | | 1 | | 2 |
| | | | | | | | |
| Location | KS | | MO | | MO | | KS |

**William**

William is a 65-year-old Black male with a history of domestic and intimate partner

violence where he identifies himself as both a survivor and an abuser. William's initial

experience of domestic and intimate partner violence was witnessing physical violence between

his parents. These episodes, primarily initiated by his father, were responded to with violence by

his mother as a means of protecting herself. While he was not directly involved in any of the

episodes, William indicated he received the fallout from them as his mother displaced her anger

towards his father onto him through verbal and emotional abuse. William shared that the

behavior of his father towards his mother as well as his mother's behavior towards him was both

confusing and emotionally disturbing because he was always told, "You don't raise your hand to

hit a woman." The only example he had to follow was his father doing just that. William

determined he would not emulate his father in that respect.

William's interview lasted 98 minutes and was conducted in his dining room. He easily

spoke about his experience with domestic and intimate partner violence, often taking a reflective

tone as he shared details. William was able to communicate an understanding of the CMT as

each component was explained. Throughout the interview, he spoke candidly about the impact of

intimate partner violence on his relationship with his parents, his marriage, his relationship with

his children, and his relationship with the faith community.

William identified one instance when he raised his hand to hit his wife. Factors leading to

this episode included feelings of shame following a public argument at a family gathering. His

father grabbed his arm to stop him. This behavior caused some additional conflict in his marriage

in that his wife looked up to his father as a role model. She was not aware of his father's

behavior towards the women involved in relationships with him.

William discussed his family history of domestic violence with his wife in the hopes of

helping her understand the mental and emotional impact of intimate partner violence on him but

did not receive the intended response. The lack of response from his wife led to mental and emotional disconnect from the environment and close family relationships which contributed to the discord he experienced in his marriage. William also recognized his reaction to be a contributing factor to repeated episodes of infidelity by his wife throughout their marriage. The one time he engaged in infidelity resulted in a child being conceived. This episode triggered further conflict and episodes of intimate partner violence.

Seeking help was not encouraged in his community, especially for men. The expectation to "keep a stiff upper lip and deal with problems" was preached in the same tone as not raising hands to women. When William attempted to receive marital counseling, it only led to more blame and finger-pointing, rather than constructive solutions: "I did not receive the support because he did not know how to handle her verbal aggression." Rather than receiving empathy, William faced stigma of not "being man enough to take charge of the household." Further stigma surrounding mental health prevented him from seeking the support he needed: "I continued to shut down and isolate myself." The emotional strain Willian experienced manifested physically, leading to health issues like panic attacks, mild heart attacks, and Bell's palsy. He said: "My doctor recommended I remove myself from the source of stress." Leaving the marriage seemed daunting for William despite the verbal, mental, and emotional abuse he endured. "I stayed, enduring the pain, because the familiarity of the relationship was easier than facing the unknown."

Further adding to the mental and emotional strain was William's pursuit of his calling to preach. In this he hoped to find spiritual guidance. What William received was the exact opposite.

I found no solace. My spouse's actions, like moving away without consideration for my

feelings, only deepened the emotional wounds. The breakdown of our marriage left me

emotionally scarred, disconnected not only from my spouse but also from my children.

His marital issues resulted in significant damage to William's reputation as a man of God. If he

could not manage his own household, how could he be trusted to manage the house of God?

Because of this, William had struggled to maintain leadership of a church for a significant

period. While he has maintained the trust and support of those who genuinely know his story,

winning the support of others has been a challenge for a multitude of reasons, namely stigma and

societal expectations. "You don't go to counseling. That's what white people do. Black people

don't go to counseling, you deal with it, and you keep it moving."

Conversely, William uses the lessons from his experience with intimate partner violence

and faith-based counseling to inform his work with couples seeking pre-marital counseling. He

focused on helping couples understand their personal histories and the impact of those

experiences on their marital relationship. William also stressed the importance of individuals

finding networks outside of the marriage to support them in becoming better versions of

themselves within the marriage unit. The lack of accountability experienced in William's

counseling session served as a springboard to increased experiences of emotional and mental

abuse, rather than Godly counsel to love and cherish one another within the marriage as ordained

by God.

**William's Conceptual Mapping Task**

William's conceptual map (Figure 1) is grouped in two primary rows of clusters with

some overlapping in the top row of four to indicate what he identified as "interconnectedness."

William labeled these clusters causation, results from the cause, results of bad decisions, and the

church. One additional outlying cluster was labeled, "my perception of what needs to happen,"

indicating William's acceptance that he still experiences fallout from the events detailed in the first four clusters.

The first row identified behavioral and physiological responses to episodes of intimate partner violence whereas the second row of clusters has an emotional theme and includes clusters labeled checking out, losing focus, excuses, societal norms, being comfortable, misconceptions, shame, feeling used, and giving couples what they need. William recognized the limited sense of control he has had over his life due to the perceptions of others. The final cluster represented his effort to prevent a repeat of these outcomes in the lives of others.

**Figure 1**

*William's Conceptual Map*



Especially notable in William's conceptual map is the grouping of clusters as he processed his storying. He grouped the behavioral and physiological under their individual labels and then grouped the collective inside a larger circle. William did not label this larger circle, instead drawing a directional arrow to his cluster response of checking out. When asked, he identified this response as detrimental to the survival of his marriage and the continuation of

emotional and mental intimate partner violence between him and his ex-wife.

> Now, in hindsight, I realize the toll that emotional abuse has taken on me. The fear of being hurt again, the inability to trust, and the reluctance to open up to new relationships weigh heavily on me. Despite longing for companionship, I'm hesitant to pursue it, fearing a repeat of past trauma.

**Figure 2**

*William's Theme Identification*
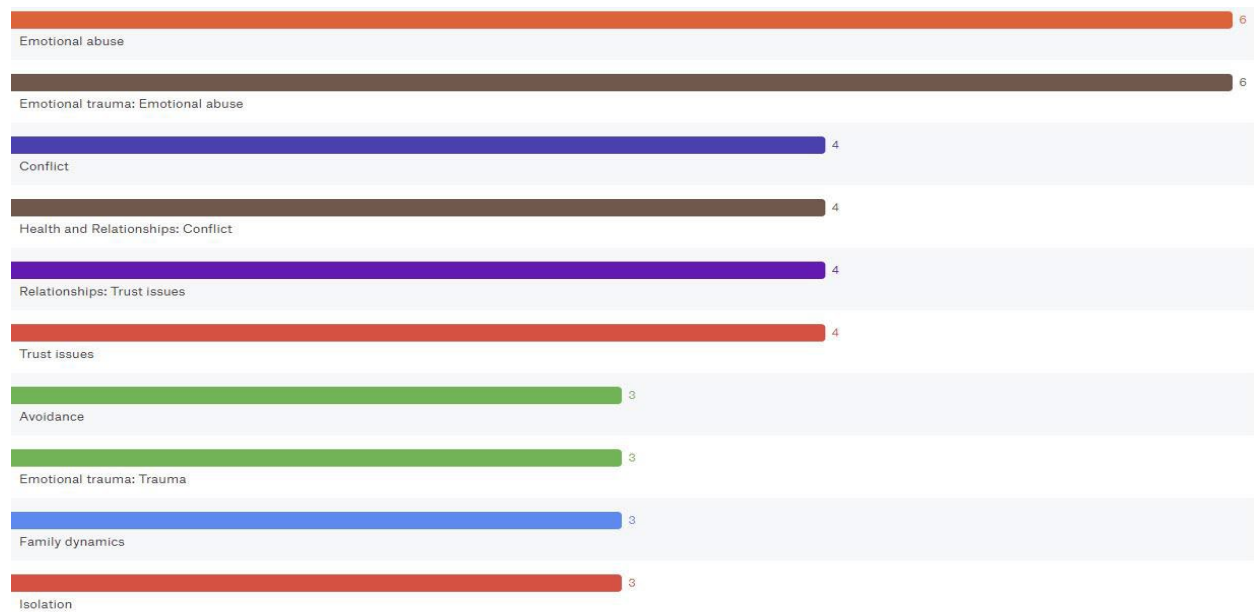


The primary themes emerging for William included emotional abuse, emotional trauma, conflict, health and relationship conflict, relationships with trust issues and trust issues overall. William's storying revealed the interconnectedness of these themes which is what he discussed in his grouping and categorizing of the memos created by the researcher.

William began storying with the personal history of domestic and intimate partner violence experienced because of the conflict in his parents' relationship. William's sense of mistrust was then established at an early age when he found himself the victim of mental and emotional abuse at the hands of his mother who projected her anger towards his father onto

William.

Despite William's desire to be better than his father, he easily found himself engaging in abusive behaviors, although he denies any significant history of physical abuse. William later recalled throwing items at his ex-wife in response to one of their disagreements. He was not able to recall how the disagreement started, only that it ended when he threw something at his ex-wife causing the disagreement to end. The long-term effects of William's original exposure to domestic and intimate abuse admittedly led to a history of mistrust of females, mistrust of faith-based processes for himself, and mistrust of his own ability to recognize safe and healthy interpersonal relationships.

**Steve**

Steve is a 32-year-old Black male with a history of intimate partner violence where he has been identified as the abuser. He did not identify any history of domestic and intimate partner violence growing up. He recalled brief instances of conflict but nothing of significance to him personally. His parents were "polite" in their disagreements. Steve recounted his first instance of violence towards his girlfriend in high school, describing it as a reaction to frustration and disappointment. Initial episodes were reported as yelling or punching walls. Steve eventually escalated to physical aggression, rationalizing his behavior as a normal reaction to anger.

Steve's interview lasted 58 minutes and took place in a private meeting room at the public library. Steve continued processing the conceptual map following the end of the recording. These additional statements were then recorded in memo form and added to his conceptual map within the previously identified clusters. Steve was able to understand the conceptual mapping process as it was described to him. He discussed his relationship partners and the faith community following episodes of intimate partner violence with openness and

clarity of how they influence his existence today.

Steve's relationship with the faith community has been a significant part of his life for some time. The counselor he chose to speak to about his behavior towards his girlfriend is someone with whom he has established a strong level of trust over his life from youth into adulthood. "I feel like, you know how it is with the priests, you know, you tell people stuff, and they can't be talking to nobody about it because it's your business." The depth and duration of their relationship served as the foundation for Steve's acceptance of the counselor's guidance in response to intimate partner violence episodes. "I feel like it's a very good relationship. You know? I feel close to him still, you know because he helped me through a tough time with that situation." Steve's counselor downplayed the severity of his actions and advised him to avoid leaving visible bruises. As a spiritual guide, the counselor represents the unquestionable Word of God according to Steve.

> This is coming right from the book, you know, the good book. I think that helped me . . .
> he knew what the scripture said he knew where to go and open the book, show me what it
> said. And, I think I'm good with that.

The contrast in his behavior and responses received from others, namely family members of his girlfriend, were significant enough to impact the level of their interactions but not significant enough for Steve to question their reactions.

Steve spoke with a level of bravado while describing his understanding of masculine and feminine relational roles. "I tell her you know, I talked to my counselor, my counselor told me how to handle this all you know. How was she gonna tell me how to be a man, you know. I'm not listening to her over listening to him. She don't understand." This understanding was acutely underscored by a lack of understanding of relational intimacy and the impact of holding

traditional gender roles in biblical interpretation or misinterpretation.

While maintaining patriarchal values, Steve also expressed a need for connection and relationship with others. He focused on an incident where, despite the presence of his ex-girlfriend, he felt completely alone and uncared for in the context of a relationship.

Subsequent relationships had similar outcomes which added to his growing frustration. The conceptual mapping process provided a unique opportunity to delve into the internal conflicts Steve has experienced regarding the outcomes of intimate partner violence and his desire for relationships.

**Steve's Conceptual Mapping Task**

Steve's conceptual map (Figure 3) is organized into three separate clusters, displaying a significant amount of overlapping memos. He labeled the clusters relationship, getting help or guidance, and by myself. Steve later indicated cluster three should be identified as "I need to do something different/This isn't working." Steve elaborated on the need to find help in response to his relational and behavioral struggles. When asked to elaborate on this identification, Steve shared his understanding of the disconnect between guidance from his counselor and feelings of not being supported or only feeling supported by his counselor. In the context of his desire for a relationship, Steve continually verbalized a need for change.

**Figure 3**

*Steve's Conceptual Map*
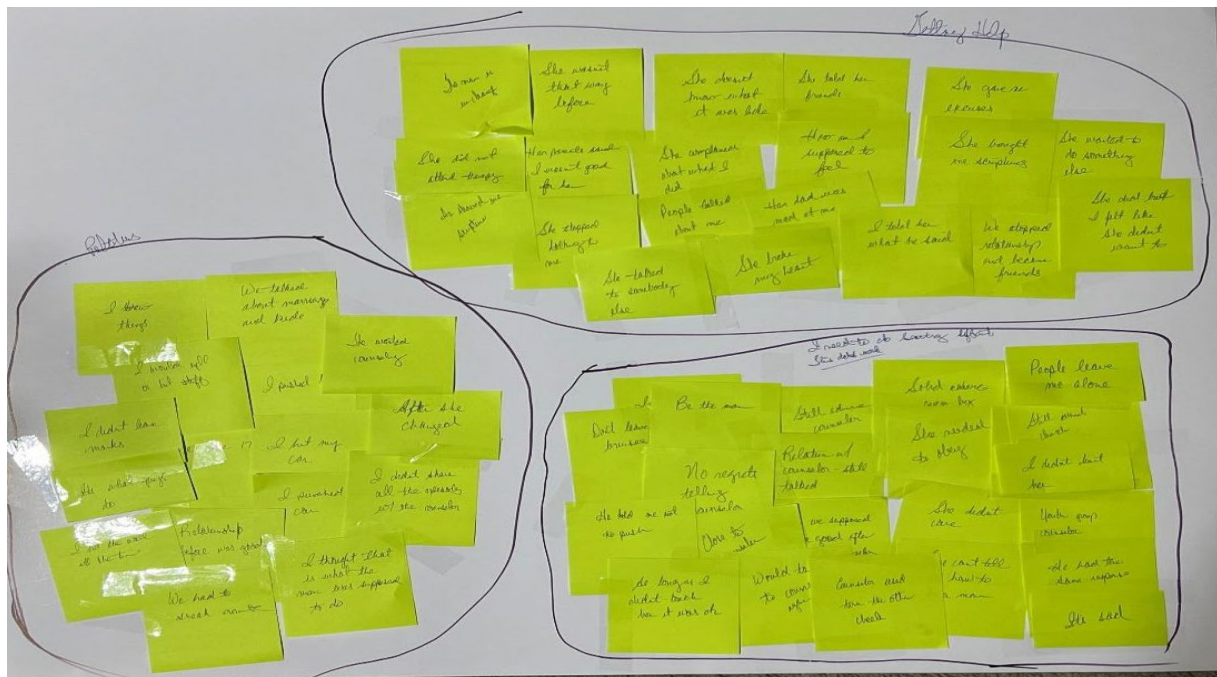


Steve acknowledged the strain his actions put on his intimate partner relationships, leading to isolation and disapproval from his partner's family and peers ". . . we had to sneak around because you know, her dad was mad at me and all that." Despite his attempts to reconcile and adhere to his counselor's advice, he experiences repeated rejection and abandonment, further fueling his feelings of inadequacy and frustration as if fault for his status is solely his responsibility. "I didn't want him thinking, you know, that I wasn't listening or anything like that, but still, you know?"

Reflecting on the map, Steve expressed conflicting emotions between a desire for validation through intimate relationships, and an emerging awareness of the harm he has caused. "Man you know I do the stuff my counselor told me and everybody keeps leaving you know. Like my girl, she left and then I tried to date this one girl and she didn't last long at all." He experienced a renewed sense of betrayal at seeing his efforts to control his anger fail to yield the

desired results, leaving him feeling abandoned and incapable of a small measure of relational

success. "People leave me alone and that's because of me doing what I was told to do and it's not

workin'."

The visual representation Steve created appears tightly clustered and overlapping within

each group which may also reflect his internal struggle, depicting a journey from connection and

hope to increasing isolation and frustration. The circular shape initially symbolized his

relationship and sense of belonging, which transforms into isolation as he experienced rejection

and failure.

> You know, she said, she wanted to do something else with her future. So, let's get
>
> married went out the window. I'm not going to try to talk about little kids and, you know,
>
> just spending time. I guess we were just like friends, it wasn't like relationship stuff, you
>
> know?

Steve ultimately verbalized what he saw as the need for change and acknowledged the

limitations of his current approach. "I keep asking myself how this supposed to work? You

know?" Steve expressed a newfound willingness to seek alternative sources of support and

guidance, recognizing the inadequacy of his counselor's advice and the need for a more suitable

approach to addressing his underlying issues: "So, I need to find somebody that's there for me."

**Figure 4**

*Steve's Theme Identification*
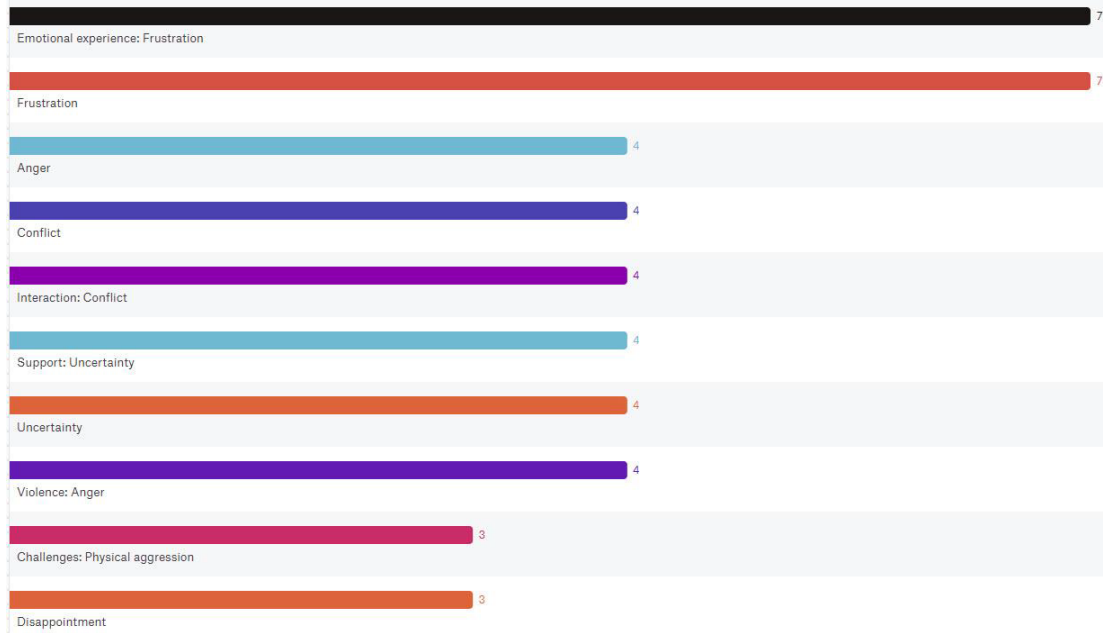


Frustration was the prevailing theme for Steve in response to the reactions of those

around him and the lack of congruency he experienced while following the guidance of his faith-

based counselor. The duration of Steve's relationship with his faith-based counselor represented

a significant history and level of unwavering trust. There was no question in Steve's mind that

what he was told was the right thing to do. Despite the negative responses from his girlfriend and

potential partners, Steve continued the path he was given to no avail. While storying, Steve's

feelings of frustration as well as his internal and external conflict were apparent throughout the

process. His ability to see the source of his frustration served to inspire Steve to consider a new

path and alternate behaviors.

## Duncan

Duncan is a 40-year-old Hispanic male who has experience with domestic and intimate

partner violence. He identifies as both an abuser and survivor throughout his 40 years of life

beginning with his conception as a product of rape. Duncan's story based on a traumatic beginning presents a complex narrative of frustration, anger, and introspection.

Duncan's interview was 78 minutes in duration and took place in the private room of a local restaurant. Duncan's desire to participate was underscored by his desire to process relational issues being expressed in his current individual and group therapy processes. He grasped the conceptual mapping task techniques described without difficulty and used it to gain valuable insight into intimate partner violence that had occurred.

Duncan began by describing episodes involving his ex-wife initiating physical violence. These interactions led to heated exchanges outside of their home, often in the presence of her family, and ultimately a separation. Duncan's resentment towards his ex-wife was fueled by her clearing out their joint bank account at the direction of her father. Family interference also became a springboard for further mental and emotional violence in their relationship. Duncan did not participate in counseling of a faith-based nature or otherwise during this time. He indicated his ex-wife's refusal as the reason for not engaging in such counseling.

Throughout the interview, Duncan repeatedly emphasized his refusal to resort to physical violence against women, pointing out his commitment to setting a positive example for his children. Rather than engage in aggression, Duncan reported disengaging. "I just shut down." Despite the assertion of non-violence, Duncan describes repeated arguments and conflicts with his ex-wife over custody issues and financial matters. These episodes involved a significant amount of verbal, mental, and emotional abuse from both parties. "We got into an argument, and she hit me. And I put her out."

Duncan also described allegations of abuse against his children resulting in his termination of his job and registration as an abuser. Until this interview, he did not recognize

these episodes as instances of intimate partner violence. His perception can be attributed partially

to his strained relationship with his mother, which includes a history of familial trauma and

emotional neglect.

Duncan attributed much of his relational intimate partner violence history to his birth

resulting from the rape of his mother, which was known to several older members of the family,

but not shared with him until adulthood. Duncan believed the deep-seated wounds and

unresolved issues resulting from his conception influenced his interactions with family members

and women in general as an offshoot of the treatment he received from his mother.

> I forgave her, but we're not close. She knows I don't like her but that doesn't mean that
>
> I'm gonna disrespect her right because I'm not. I'm not that with my mom I'm not looking
>
> to disrespect or put it out there in the world.

Duncan acknowledges the lingering effects of secondary trauma. Namely, its effect on his

struggle to navigate interpersonal relationships through feelings of frustration and resentment

coupled with his desire for understanding and acceptance from those he has traumatized due to

intimate partner violence.

**Duncan's Conceptual Mapping Task**

Duncan's visual representation of his lived experience of domestic and intimate partner

violence (Figure 5) is depicted in three unique clusters identified by labels including a fist–later

labeled with a sad face by Duncan, frustration, and calmness. The first cluster included physical,

mental, and emotional episodes of violence both perpetrated and experienced by Duncan. Notes

were placed in a line yet in a random direction to maintain distance from the remaining clusters.

Very little description or processing occurs following the labeling of this cluster except to

identify it as a source of anger, which included his ex-wife and his mother. "She's tense, and

she's a trigger. That will get me to the point to want to punch a wall and want to punch

somebody." Duncan chooses instead to focus on the second cluster and his efforts to move

beyond incidents involving intimate partner violence.

The second cluster, labeled frustration, is where Duncan spent the most time. He

anecdotally shared how he learned about his conception and the impact it had on his approach to

dealing with his ex-wife and mother. His efforts to address this revelation involved seeking out a

faith-based counseling process to reshape his self-perception and the image he projects to others.

Duncan works hard to maintain the gains developed through these processes. He expressed

frustration with his ex-wife's unwillingness to respond to his desire for change. "She's just a

hateful person. And that's where the trigger is." Duncan also expressed a desire for his

relationship with his children to improve based on the work he has done in counseling which

includes the possibility of including them in a session. Duncan's desire for relational change is

hindered by his fear of being vulnerable and making connections at the point of this

vulnerability. He has shared his fears in individual counseling but cannot bring himself to open

that space up to his children. Duncan hopes that engaging in the conceptual mapping task will

provide the insight needed to begin the process.

The final cluster–labeled calmness–is the smallest, most organized, and clearly labeled.

Duncan himself considered this cluster as a work in progress. His journey towards healing and

reconciliation was narrated by Duncan's efforts towards seeking support, fostering self-

awareness, and confronting past traumas to break free from cycles of violence and dysfunction.

He highlighted the support he had found by naming the individuals and resources that have come

to mean the most to him on his journey.

**Figure 5**

*Duncan's Conceptual Map*
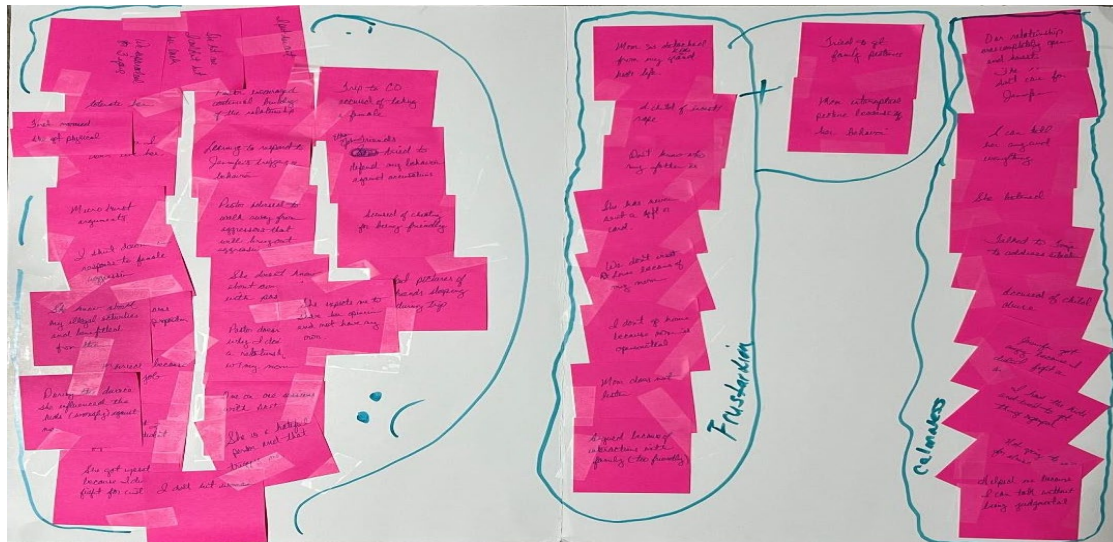


Duncan was regretful that this last cluster was the smallest and desired that this last cluster be larger than the previous two. When asked to identify how this change can occur in his life, Duncan indicated he will know when he is able to communicate with his ex-wife and his mother using many of the skills provided in his sessions with his faith-based counselor. Additionally, his ex-wife and mother's willingness to acknowledge their roles in contributing to the relational conflicts instead of Duncan absorbing the impact of their physical, mental, and emotional abuse would also aid this change.

Throughout the interview and storying, Duncan became energetic when speaking of his relationship with his counselor. His voice held a sense of pride. "It helped me because I can sit there and talk to him without him being judgmental. And it calms me."

**Figure 6**

*Duncan's Theme Identification*
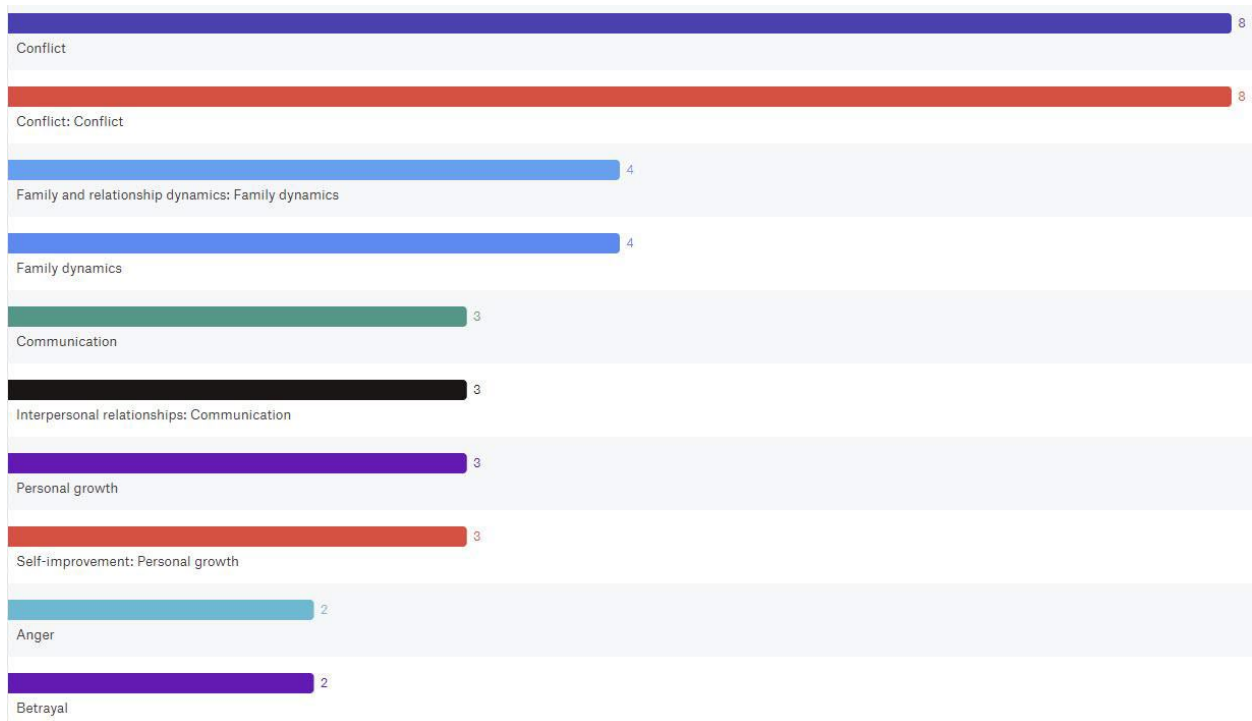


Duncan's primary themes included significant levels of conflict stemming from the original conflict related to his conception. Duncan made the connect with his mother's treatment of him to the fact that he was a child born from the rape of his mother. Throughout his childhood he assumed the conflict between him and his mother to be related to the absence of his father. It was only as an adult that he learned of the circumstances surrounding his mother's rape. He indicated that he had no desire to learn who his father was because of the conflict the situation presented for him and his mother.

Duncan recognized but was not willing to address the aspect of his situation that has influenced the relationship he has with his own children. This situation represented a double conflict for Duncan, born out of the additional fear of doing the work related to how he came to

be. In avoiding the conflict, Ducan remained out of touch with the vulnerability he was desiring from everyone else in his life. This denial was the ultimate conflict that represents a level of power and control displayed by the abuser, common to most domestic and intimate violence relationships.

**Andrew**

Andrew is a 50-year-old white male with a history of intimate partner violence where he identifies as both an abuser and a victim. Andrew's first recollection of intimate partner violence involved his ex-wife and mother of his oldest daughter. In hindsight, Andrew recognized the volatility of their dating relationship as a warning of impending escalation of intimate partner violence. He also related episodes of violence to his inability to manage his emotions partly due to his young age and lack of guidance on how to be a husband and father. In every instance, he sought counseling from faith-based leaders, as the faith community was a significant part of his life growing up.

Andrew's interview lasted 43 minutes and was conducted in his home office. Andrew was thoughtful when sharing his experiences as if seeking understanding of his own while preparing for the conceptual mapping process. He was able to complete the mapping phase with minimal input from the researcher and easily outlined his lived experience based on the memos generated through his storying.

Andrew detailed episodes of intimate partner violence which resulted in verbal and physical aggression shared between him and his ex-wife. His responses to these interactions, on numerous occasions, involved putting his hands through walls and glass windows. Andrew reflected on their mental and emotional immaturity which resulted in childish behavior of throwing objects and fist-fighting. "She was a young mother who never got to live her life and

since she was a parent at 14, she never got to be a teenager or, I was just a casualty of the

relationship."

The couple's use of faith-based marital counseling was short-lived due to their mutual

agreement that it was not effective.

I'm listening to Bishop and I'm doing everything that he said to do. I'm doing the best that

I could do, adhering to all the things he's telling me to do. But she was not doing the

things that she was supposed to do.

Andrew recalled being told his habit of bottling his anger was not helpful, neither was

making his wife angry or allowing her to feel unsupported. These mixed messages result in

Andrew withdrawing from the relationship. "For while doing that, I just shut down. So instead

of, yelling and putting my hands through walls. I would just let her just belittle me because the

arguing and stuff never stopped."

Andrew's relationship with the faith community was also negatively impacted by his

learning of his wife's infidelity, pregnancy, and subsequent miscarriage. The knowledge of these

events was hidden from Andrew until their divorce proceedings. Andrew expressed hurt and

betrayal following the dissolution of his marriage, namely due to the lack of support given to him

by the faith community despite their knowledge of her infidelities and her antagonistic behavior

contributing to their marital conflicts.

I left the church, 'cause I was hurt.  I was very hurt. Um, I thought everybody was against

me and didn't tell me what was going on. And they were not helping me to try to save my

marriage at the time.

Andrew's second marriage took a similar direction, however this time he found support

through a faith-based counseling experience. Andrew's journey toward healing and forgiveness

was marked by a gradual reintegration into his church and the eventual acceptance of his past experiences as lessons in personal growth. The relationship was expedited by his family's support and belief in him as a man called to preach from a very young age.

> At first I was just going through the motions. But, uh, we went to church Monday through Monday.  From Sunday to Sunday. It just became something. More than I knew what I had to do.  You come from a family full of preachers. Um, and knowing no matter what you do, um, you pray consistently, constantly, and your aunties give you nothing but word every day. And they gonna pray for you.  They gonna keep praying for you until you start seeing what's supposed to go on in your life. It's going to seep into your head and seep into your spirit.

Andrew also attributed his daughter as influential in his spiritual growth because of his desire to be a good father despite the lack of role models he had in his own life.

**Andrew's Conceptual Mapping Task**

Andrew's conceptual map (Figure 7) is a spray of clusters in rows, rather than physical groupings. Each cluster is framed by physical borders with straight and jagged lines categorized by his mental and emotional development, indicating a young man who is trying to be a husband and father but doesn't know how, a young man growing up, a young man who matured, and maturity.

Andrew became more reflective in tone recalling additional details which influenced each cluster. The researcher created memos of the additional details which were then added to the clusters. The first row of groupings involved the most physical aspect of Andrew's intimate partner violence experiences. It was random and scattered within the boundaries he drew. Scattering depicted Andrew's understanding of who he was supposed to be in the context of his

relationships, or how he lacked understanding. He described himself as: "Young and immature."

The most expansive area of Andrew's conceptual map involved what he views as his

maturing process. This point in his life is marked by his desire to be present in his daughter's life

and to reconcile with the church. In his reflection, Andrew shared that he was told, prior to the

birth of his daughter, that he was to be a preacher. "She said, it's, it's time for you.  You know

you've been called to preach. When are you, when are you gonna stop?" He chose to ignore that

message by assuming that his relationship struggles with intimate partner violence would deter

him from being accepted by the faith community. "I wasn't nowhere ready to be a preacher."

Instead, Andrew found acceptance and support which allowed him to overcome his previous

negative encounter with faith-based counseling. "My current pastor helped in a way that brought

me closer to him. He saw that I was struggling after a second divorce. He checked in with me."

**Figure 7**

*Andrew's Conceptual Map*



Andrew's reflections on the importance of fatherhood and his dedication to being present

in his daughter's life underscored a sense of remorse and determination to break the cycle of

dysfunction that characterized his own relationships. "That is how I was able to believe people

wouldn't use me."

His journey from an angry young man grappling with insecurity to a more self-aware and

responsible adult is reflected in how carefully he handled the placement of the factors

contributing to growth and redemption. "When I hit my thirties, uh, me and God had a talk, and

He said it's time."

**Figure 8**

*Andrew's Theme Identification*
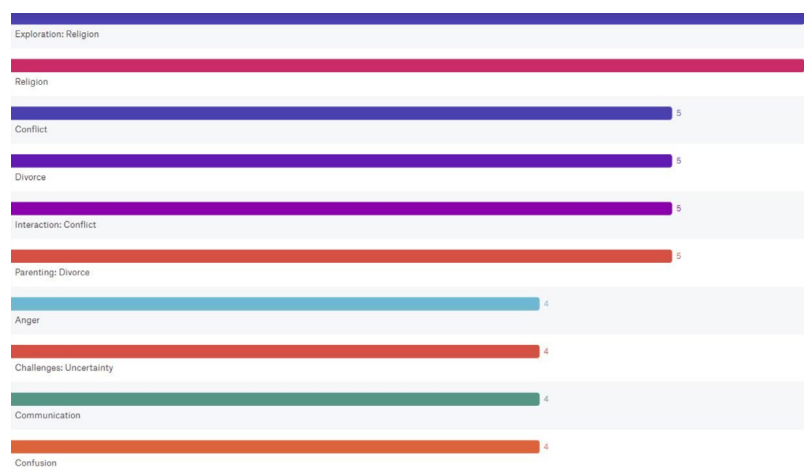


Andrew's themes were primarily focused on his exploration of religion, conflict, divorce,

and interactional conflicts. Religion was a major part of his life which tempered his response to

intimate partner violence episodes. Andrew depended heavily on the response of the faith

community to support him in fixing his relationships. He continued to lean heavily on his faith

and relationships with the faith community despite negative or unsupportive interactions in the

past.

Andrew's good nature allowed this abusive behavior to continue unchecked by the faith-

based counsel he sought and the faith community social support he trusted unrepentantly. As a man of God, Andrew repeatedly turned to the faith community for what he assumed to be a natural offering in response to domestic and intimate partner violence: accountability, correction, and restoration. He soon learned that the element of family, by birth or by choice, was the missing element to create the environment needed to heal from his history of domestic and intimate partner violence as both a survivor and abuser.

## Results

Participant interviews were recorded and transcribed using Otter.ai transcription software. The transcript was reviewed by the researcher to correct transcription errors and then uploaded to ATLAS.ti, an advanced data analysis program. Conceptual maps developed by each participant were photographed and loaded to ATLAS.ti. Photographs of the participant maps can be found in Appendix H. Memos developed for the purpose of bracketing the researcher's thoughts, feelings, and experiences related to the research process were also added to the research documents stored in ATLAS.ti (Paulus et al., 2019).

Initial review of each participant transcript led to the identification of some preliminary themes related to the lived experiences of abusers involved in faith-based counseling following intimate partner violence. Those themes were isolated and subsequent analysis of themes was completed using the entire transcripts from all participants. The outcome of this analysis is depicted in a treemap chart (Figure 9) to maintain perspective between similarly occurring theme presentations (Yasufumi et al., 2021).

**Figure 9**

*Treemap Chart of Themes Connecting Faith Community Culture to Domestic and Intimate*

*Partner Violence*



Treemap charts are most effective when providing a hierarchal perspective of large

amounts of data, evaluating similarities and anomalies between categories, and organizing data

on multiple levels due to space constraints (Yasufumi, et al., 2021). Thematically, the conflict

distribution was collectively an outlier in relation to all other themes present for research

participants (Figure 10).

**Figure 10**

*Themes of Faith Community Culture Contributing to Domestic and Intimate Partner Violence*
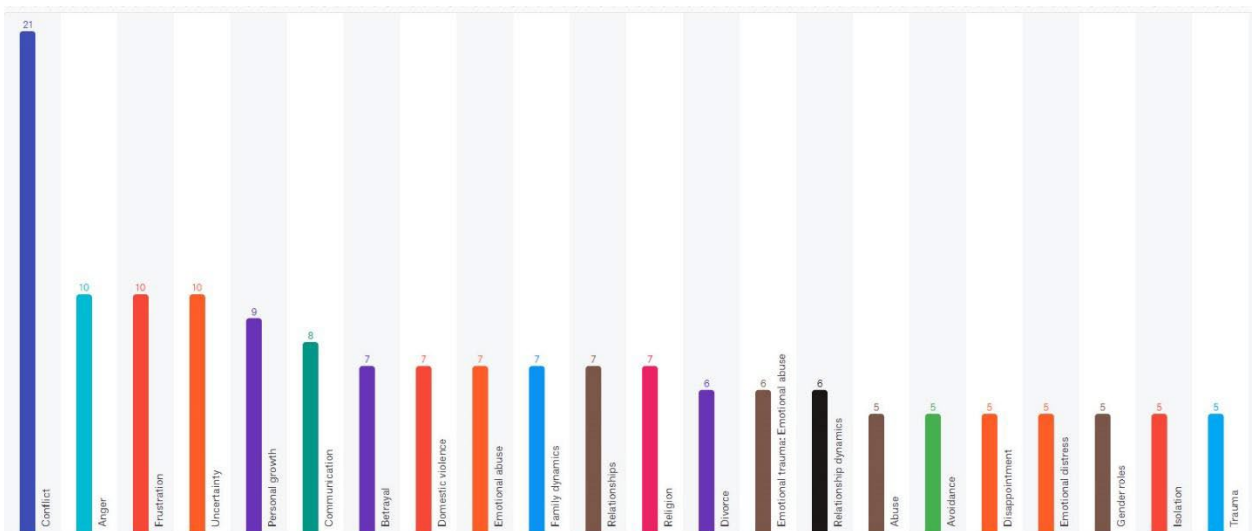
The research methods included the use of Otter.ai to record and transcribe participant interviews as a companion to the memoing offered during the conceptual mapping task. Prior to this step, each participant was asked to include the Male Marital Violence Against Women (MMV) scale to determine their understanding of behaviors identified as falling in the realm of domestic and intimate partner violence as well as their history of engagement in such behaviors. The categories of abuse were identified as psychological abuse, physical violence, and sexual coercion (Karim and Swahnberg, 2021). The threshold for this study was 20 or higher. This data identified candidates who have engaged in at least two of the three categories of violence against women and sought faith-based counseling as a result to address their behavior as an abuser.

**Table 2**

*Male Marital Violence Against Women Scale Results*

| MMW Scores | William | Steve | Duncan | Andrew |
|---|---|---|---|---|
| **Psychological Abuse** | | | | |
| Insulted or swore | 4 | 3 | 4 | 4 |
| Shouted or yelled | 4 | 4 | 4 | 4 |
| Said something spiteful | 4 | 4 | 4 | 4 |
| Threatened to hit/beat | 2 | 3 | 4 | 4 |
| **Physical Violence** | | | | |
| Threw something | 4 | 4 | 4 | 4 |
| Pushed, grabbed, or shoved | 4 | 2 | 2 | 2 |
| Slapped | 0 | 0 | 0 | 0 |
| Kicked | 0 | 0 | 0 | 0 |
| Beat up | 0 | 0 | 0 | 0 |
| Hit with fist or something | 3 | 0 | 0 | 0 |
| **Sexual Coercion** | | | | |
| Insisted on sex when she did not want to | 0 | 0 | 0 | 0 |
| Used physical force to make her have sex | 0 | 0 | 0 | 0 |
| Used threats to make her have sex | 0 | 0 | 0 | 0 |
| **Totals** | 25 | 20 | 22 | 22 |

**Theme Development**

Theme analysis occurred using ATLAS.ti software which served as the storehouse for all screenings, participant consent forms, researcher memos, and interview transcripts related to this research. The identified themes represent data collected from participants retelling of their lived

experiences having received faith-based counseling following episodes of domestic and intimate partner violence where they were the abuser.

One primary theme to emerge in response to the abuser's lived experience with faith-based counseling following domestic and intimate partner violence was conflict. Within each of the stories shared by participants existed a strong internal conflict or an equally strong external conflict, each of which influenced episodes of domestic and intimate partner violence in their lives but also signaled a need or desire for change.

Additional themes included anger resulting from interactions with the identified survivors of intimate partner violence episodes. These episodes often included instances where the abusers were survivors. The theme of frustration emerged in response to participant's interactions with survivors and the faith community where they felt misunderstood or unsupported. Uncertainty emerged as a theme in instances where participants questioned their lack of direction following episodes of intimate partner violence. The theme of personal growth either emerged or was present for participants as an outcome of their interactions with faith-based counselors.

### *Theme One: Conflict*

The theme of conflict was a connecting theme throughout all the participant's storying. Participants spoke of a desire for connection between themselves, their victims, and the faith community, including those who provided counseling and those who represented a sense of community or family, as well as a connection to others deemed important or influential in their lives. Conflicting thoughts, feelings, and opinions about domestic and intimate partner violence disrupted those opportunities for connection and relationship.

#### **Subtheme: Relational Conflicts**

Participants identified numerous relational conflicts that were influential in their overall

interactions. These conflicts seemed to fuel each participant's value for themselves and what they allowed in their lives as a result, often to their detriment. As part of his maturation, Andrew recognized this cycle: "I would just let her just belittle me because the arguing and stuff never stopped." William's response to the conflict in his relationship followed a similar pattern: "I stayed in a bad marriage 10 to 15 years longer than I should have. I had tried to prove to people that that wasn't the kind of person that I was. So, I got to the point where I became hardened." Steven spoke of isolation long before he appeared to make the connection during his storying: "Talking to others you just change, you know, people change and know what to do."

**Subtheme: Internal Conflicts**

Participants with a significant history of intimate partner violence, 10 years or more, spoke of ways unresolved aspects of their experiences prevented them from living the quality of life they desired: Duncan made the determination to choose his battles because of external triggers he experienced throughout the day: "She got upset with me because I didn't argue. She said I should have fought harder." William's pattern of intimate partner violence experiences clouded his ability to reason his own needs: "We slept in the same bed, and it was like nothing else happened in the emotional abuse, I would much rather have been hit than to be emotionally abused by anybody." Initially, William discussed the physical abuse between his parents as being disturbing: "They will fight like people that didn't know each other, and actually, that cause me to be somewhat emotionally disturbed." As a matter of self-preservation, he chose what he perceived as the lesser of evils or least harmful to him.

The researcher recognized that participants felt there were others involved in their intimate partner violence episodes. Those others represented the perceptions and values within the participants' social networks, family members, faith communities, and society at large. In

addition to responding directly to intimate partners, participants bore the burden of considering

that their next steps would make or break how they were accepted or rejected by each of these

entities.

### *Theme Two: Anger*

The theme of anger was at the core of most of the storying provided by participants.

Their intimate partner violence episodes all occurred because of anger being experienced or

expressed by one individual involved in the interaction. Steve's physical expressions occurred

because of intense verbal interactions: "Normally, I would just yell or, or hit stuff or, you know,

punch the wall stuff like that." Andrew knew his triggers and made efforts to head off intimate

partner violence: "She would, um, irritate me. And she would always challenge me and

everything I did, and she would push me, and I told her don't push me.  I said, I do have PTSD.

And she would do things to push my buttons." Duncan's interactions were also psychological in

nature with lingering threats of physical violence directed towards him: "And I told her to leave,

as it was my place. Because she hit me, and I couldn't hit her back." William identified intense

emotional and verbal abuse as the impetus for intimate partner violence: "And she said

something to me, and I flew off the handle, I raised my hand to hit her."

#### Subtheme: Stonewalling

Participants identified shutting down and isolation as a response to intense feelings of

anger. William discussed this with an awareness of other, more harmful coping mechanisms. "I

learned to take things just to cut down on an argument it or walk away or run away. I never did

get involved in drugs or anything or drinking heavily."  Duncan identified another coping

response to anger: "I just went back and laid down." Andrew used a similar response to manage

his anger: "I isolated myself."

The researcher recognized participant's physical responses as a response to feeling overwhelmed rather than an effort to antagonize their partners. Stonewalling is often perceived as an outward and physically aggressive response. In this instance, participants engaged in stonewalling or shutting down to protect themselves and their partners from further episodes of intimate partner violence.

### Theme Three: Frustration

Participants communicated frustration for several reasons, including feeling misunderstood, continued exposure to behaviors and situations they knew to be triggers, and feeling unsupported. Steve's frustration was also an indication of his desire for relationship: "Man I'm alone you know. People leave me alone and that's because of me doing what I was told to do and it's not workin'." Duncan described continually feeling misunderstood in his efforts to avoid conflict: "A friend gave me tickets for a game. I was gonna give her the tickets. And then I wasn't able to. So she was pissed off about that." William's efforts to be understood led to even more feelings of frustration: "Because instead of talking about how to fix things, it was more talk about pointing fingers at me and blaming me for everything. There was nothing in the conversation about fixing anything."

#### Subtheme: Defeat

Participants appeared exhausted by the weight of carrying the load of frustration connected to their experiences of intimate partner violence. Duncan repeatedly felt like he had to verbally walk on eggshells: "Yeah, I'm supposed to debate or just agree with everything that she said there and says I'm not supposed to have my own thoughts. And it's my faults." Steve expressed sadness at the lack of communication in his relationships: "I mean we try and talk about it, but she got mad I got mad. And you know, like I said, he told me not to put my hands

on her." William also experienced internal struggles based on his partners' unwillingness to communicate about their intimate partner violence issues: "It was a blame game. It was worse like this point to finger William and let him deal with it." William was the only participant who identified a physiological response to his experience with intimate partner violence: "My doctor told me that I needed to remove myself from whatever stress that I was in. And I said doc, that would mean that I would have to get out of my marriage."

In summary, participants shared the experience of intense outward displays in response to triggering interactions through their displays of physical violence. They also shared the opposite of these displays which was an extreme internal focus which, over a period of time, weighs on an individual physically, mentally, and emotionally.

### *Theme Four: Uncertainty*

The theme of uncertainty showed a level of vulnerability in each of the participants. It represented turning points in their relationship with their victims. Namely, situations where the participants were not in control of the interactions or the outcomes. Steve shared details of how his relationship changed following intimate partner violence episodes: "I thought we were good. I thought you know; I could go on talking to the counselor you know, and we were gonna be good again. But then you know, we weren't good after that." William's persistence in the relationship led to a perpetual state of confusion: "I was told by her at the time, we don't need help. Which gave me the understanding and the impression that we don't need help, because we are okay, or we don't need help, because I don't really care anymore. So I didn't really know which one it was." For Andrew the experience was unsettling: "Because of my age and not, me not listening to people as they were telling me, well, we didn't know what she was doing. She deceived me as well." William credits the longevity of his marriage to his unwillingness to give

up the certainty offered by his relationship:

> I believe the reason why it got like that, because it was an air of being comfortable. There
> was something familiar about being in that particular relationship that you knew what
> was going to happen. And you just stay there, because it's easier to stay in a relationship
> like that, than it is to start a new one. Because you know what to expect in a relationship
> like that, you know, the end, you know, it's gonna be an antagonistic, you know, what,
> you know, and there were children to deflect.

Uncertainty gave root to feelings of mistrust for the participants. This mistrust led to thinking and behaviors contrary to rational processes, including questioning the motives of those they ordinarily considered safe. They also began seeing the world as untrustworthy and unsafe, representing a shift in the usual power structure seen in intimate partner violence relationships (Westenberg, 2017).

### *Theme Five: Personal Growth*

The theme of personal growth occurred prior to the storying process for all the participants except Steve. The opportunity to visualize an experience he has thought about for a significant period provided an opportunity to see the big picture perspective of his life: "I still admire him. I still, you know, think about stuff he told me. I got a lot from him. I feel like I can use what I need to in my relationship and all that kind of stuff." Duncan also recognized a moment of growth during his storying: "I don't talk about this in group. Not like today but in one-on-one with pastor I do. Group is for laughing and feeling like you're not by yourself. It helps, but not like this. I want to take a picture to share this with pastor." Duncan revealed a sense of freedom in telling his story which he felt makes building upon his relationship with his children and, perhaps, restoring his relationship with his mother a possibility. William and

Andrew included growth themes within their conceptual maps signaling hope for their future. Andrew found purpose in his growth: "At that point in time, we had the kids. But I was not going to have my kids knowing me for hitting a woman. You can say a lot of things about me, but that won't be ever." William found growth that he desired to share with others for the very reason it was missing in his own relationships:

> Male abuse is not physical. Most of the time. Male abuse is more emotional. I'm trying to guess what stats are concerned because I don't know what the statistics are. But from my point of view, from where I sit and from what I had to deal with, male abuse comes in verbal. We're punished with words and we're punished with sex. And when I say punished, it's like it's kind of like if you got a dog, and the dog doesn't do like he's supposed to, and some people don't feed that dog. And with a lot of men, they're punished with the lack of sex, especially with their partner. In a male/female relationship, all the woman has to do is deny him sex, because she's upset that he's upset with her and he has to verbally says what he's upset about. And then he upsets her. She denies him sex. Now, if she wants sex, he's not allowed to deny her. But she can deny him and so what happens with that? It puts us in a position where I got to act like a good boy. So I can have a sexual relationship, which also within itself is a form of abuse. Because now I'm not allowed to express myself. And if I do express myself, then I may not be able to have sex with my wife or my girlfriend.

William reflected numerous times on his desire for relational intimacy. This desire is overshadowed by his unwillingness to trust which has resulted in self-sabotage "more times than I can count." Despite the volatility of his relationship with his ex-wife, Duncan has determined to have a civil relationship: "I want this fist to be as small as a baby fist by the time I'm done. So I

can have a better relationship with my kids' mom no matter what. We are still a family."

**Research Question Responses**

This study responded to research questions regarding the relationship between abusers and faith-based counseling following episodes of domestic and intimate partner violence. The first question was *How do perpetrators describe their lived experience of domestic and intimate partner violence?* The study found that all participants held traditional opinions of what behaviors constituted domestic and intimate partner violence. All participants had personally witnessed or experienced intimate partner violence prior to engaging in episodes themselves. Despite the described episodes of intimate partner violence within their households growing up, most participants were raised with the belief that hitting women was not acceptable. This belief led to participants choosing other, non-physical, forms of intimate partner violence in their relationships.

The second research question was, *How do perpetrators of domestic and intimate partner violence describe their relationship and interactions with faith-based counselors, pastors, or laypersons in response to their role?* This study identified a relatively close relationship between domestic and intimate partner violence abusers and faith-based counselors. All participants considered their counseling relationship to be a leadership or mentoring role with the participant in the position of a learner, not a guide. Participants felt comfortable enough in their roles to bring their situations to the faith-based counselor for guidance without fear of being judged for things like physical aggression towards a female. Where shame or stigma was attached, the connection was with the reactions of others rather than the faith-based counselor directly. Some participants experienced frustration with the faith-based counselor in response to what they perceived to be a lack of progress in addressing the abusive interactions. Two participants

experienced disillusionment with the faith-based counselor but only one resulted in termination of their relationship.

The third research question was *How do perpetrators of domestic and intimate partner violence describe their interactions with those they abused following engagement with faith-based counselors, pastors, and laypersons?* The participants described an increase in intimate partner violence following their sessions with faith-based counselors. Three abusers identified themselves as recipients of increased intimate partner violence following their interactions with faith-based counselors. Three participants described their relationship with their victims as civil or cordial. One continued to experience intimate partner violence in the form of emotional and verbal abuse. The participant reported no longer engaging in intimate partner violence in response to abuse from his former victim.

The fourth research question was *How do perpetrators of domestic and intimate partner violence describe their lived experience with the faith community following engagement with faith-based counselors, pastors, and laypersons?* All participants described having a good relationship with the faith community overall. Each participant's relationship was unique in origin. One participant was raised in a faith-based or religious family environment. One participant was raised in a non-religious family environment within a faith-based social network. One participant was raised in a religious family environment with faith as a component of their social network. One participant was not raised in a faith-based environment and had no religious connections. However, all of the participants used faith to address their personal feelings about intimate partner violence and what they perceived to be underlying factors, influencing their interpersonal interactions. All the participants had what they consider to be a good foundation for their faith-based relationships, even if intimate partner violence was the reason for the

connection being made.

## Summary

This research represented the authentic experiences of abusers as they engaged in faith-based counseling following episodes of domestic and intimate partner violence. The emerging themes were supported by direct quotes from each participant. Participants reflected on the perceptions associated with males engaging in faith-based counseling. The reason for engagement in faith-based counseling, domestic and intimate partner violence, was secondary to their perceived lack of manliness or the inability to control their home environment. Participants identified relationships and situations which contributed to the myriad of emotions associated with their unique lived experiences.

Conflict emerged as a significant theme due to the previously identified issue and layers of additional conflicts experienced by participants both internally and externally. As a result of these conflicts, the themes of anger, frustration, and uncertainty compounded participant's domestic and intimate partner violence experiences. For all participants, the process of questioning their experiences, their support systems, and their personal relationship to their abusive behavior led to a personal growth opportunity which was revealed in the conceptual mapping.

A conceptual map was developed from interviews during which each participant responded to questions regarding their lived experience of faith-based counseling following episodes of domestic and intimate partner violence where they were identified as an abuser. In at least two participants, the desire to protect the reputation of their victims who often engaged in abusive behavior without provocation resulted in personal conflicts that led participants to question themselves, their support systems, and their faith.

## Chapter Five: Conclusion

### Overview

The purpose of this hermeneutic phenomenological qualitative study was to understand the faith culture that supports domestic and intimate partner violence from the perspective of abusers in the states of Kansas and Missouri. This chapter summarizes the findings, incorporates a discussion of the findings, as well as provides limitations and implications for future research.

### Summary of Findings

Participants thoroughly described their lived experiences as abusers seeking faith-based counseling following episodes of domestic and intimate partner violence. Results indicate that participants experience many conflicts prior to and after engaging in faith-based counseling. These conflicts impacted participant's relationships with survivors, their support networks, the faith community, and themselves. Outcomes also led to isolation, issues with self-esteem, and the inability to use healthy coping strategies. Participants presented no specific expectations of how the faith community would respond to their episodes of intimate partner violence. What they experienced was confusion, demasculinization, and increased mistrust of the faith community as a source of restoration.

### Discussion

The findings of this study indicate a need for further exploration of relationships between faith-based communities and abusers in domestic and intimate partner violence relationships. This research provided an unparalleled opportunity for abusers to discuss detailed aspects of their lived experiences with domestic and intimate partner violence and counseling offered by the faith community.

**Confirmation of Previous Research**

This study confirms much of the previous research on domestic and intimate partner violence. Previous research indicated the topic of domestic and intimate partner violence focuses primarily on behavior of the survivor, escape, and recovery (Raymond et al., 2016; Slep et al., 2014). The literature minimally focused on the interplay between abusers and their lived experiences within the framework of domestic and intimate partner violence episodes, interactions with survivors, and interactions with the faith community.

The participants of this study all shared how their interactions with the faith community following intimate partner violence episodes affected their lives and influenced their relationships with survivors and the faith community. Two participants ended relationships with faith community counselors following engagement related to intimate partner violence. These participants replaced those relationships with faith-based interactions they found to be more supportive of their desire for change. One of the participants uses their experience with domestic and intimate partner violence to inform their interactions with couples seeking faith-based counseling for their relationships; however, this same participant remains single due to fears of experiencing further episodes of intimate partner violence. One participant questioned his relationship with the faith community because of the contradictory messages received which appeared harmful to his desire for intimate relationships.

**Divergence from or Extension of Previous Research**

This study diverges from previous research by specifically seeking to understand the lived experiences of abusers as a means of responding to the issue of domestic and intimate partner violence. Previous research looked to the experiences of survivors and treatment providers to develop awareness and prevention programming (Ali & Naylor, 2013; Raymond et

al., 2016). While effective in supporting survivors of domestic and intimate partner violence and preparing providers to respond to their needs, without the voice of all parties involved in intimate partner violence incidents programming only serves to repair what has already occurred (Howard & Adan, 2022; Maiorescu, 2017; van Ingen, 2021).

Previous research identified causes of domestic and intimate partner violence yet fails to follow through the experiences of abusers (Katafiasz, 2020). The current research seeks to understand what interactions are experienced by abusers and then determine the effectiveness of such interactions during and after engagement with faith community counseling related to intimate partner violence. Missing from previous research is the perspective of abusers which indicated continuance of intimate partner violence episodes which are sometimes initiated or perpetuated by survivors (Katafiasz, 2020).

While not a divergent from the current literature, the process of recruiting and interviewing participants for the purpose of this study proved challenging due to the societal perception of what constitutes domestic and intimate partner violence. Recruitment literature posed the question of seeking individuals who had engaged in domestic and intimate partner violence as abusers. The responses ranged from silence to qualifying experiences as mere aggression.

**New Contributions**

The domestic and intimate partner violence issue has been studied extensively from the perspective of survivors, treatment providers, and prevention programs. These perspectives are used to inform the current research questions by determining outcomes for abusers who use a faith-based approach. None of the participants discussed the use of non-faith-based approaches in response to their intimate partner violence episodes, supporting the existing literature which

states that individuals engaged in domestic and intimate partner violence historically resort to faith-based supports in response to violence episodes (Stockly et al., 2020; Theuring, 2018).

Participants described the lack of clarity experienced during their faith-based counseling interactions. This lack of clarity resembles the mixed message issues experienced by survivors of domestic and intimate partner violence which is also a source of confusion and frustration for survivors Clato-Day, 2020; Mena, 2014). Participants experienced additional conflict of a personal and social nature due to their interactions with the faith community. These conflicts served to alter the way participants chose to respond to additional episodes of intimate partner violence.

Responses by anyone outside of the immediate domestic and intimate partner violence episode necessitates a willingness to establish clear outcomes and boundaries to support achievement of those outcomes. Participants expressed increased feelings of isolation within the survivor and faith community relationships due to responses that tended to favor or ignore episodes of aggression from the survivor, despite abusers' efforts to address them. Such messaging blended into social relationships and the larger faith community social network as well.

**Empirical and Theoretical Perspectives**

The theoretical frameworks associated with each of these themes are social cognitive theory and Bowen family systems theory. As previously indicated, social cognitive theory is the foundation of relational interactions (James et al., 2015). Specifically, the need of human beings for connection as a matter of survival. Participants discussed their desire for relational interaction despite the episodes of intimate partner violence. Even in instances where faith-based counseling was engaged unsuccessfully, the desire for relational interaction persisted.

Conversely, relational connections served to escalate the emotional capacity of participants as they struggled to maneuver through the impact of their violence episodes, their pursuit of faith-based counseling to address such episodes, and the stigma associated with their need to pursue support. The perceptions of individuals not directly involved in the intimate violence episodes carried a significant amount of weight for participants desiring to move beyond their incidents. Their efforts to maintain a strong sense of autonomy and self-acceptance as well as the need to be accepted–and therefore connected to others–created multiple conflicts that became paralyzing. This level of conflict was especially true for William.

Bowen family systems, the second theoretical framework for this research, points to the influence of relational connections on human behavior. The level of involvement, either over or under, can be a support or a detriment (Sauerheber et al., 2014). Participants in this research identified key social relationships that either created conflict or provided support for them in response to domestic and intimate partner violence episodes.

Despite efforts to have better relationships, William, Andrew, and Duncan found themselves considering the thoughts and feelings of others aside from their partners. Andrew met success through the influence of his family which was also an extension of his faith-based social support system. William experienced some success but continues to struggle to fully engage in intimate relationships because of trust issues. Duncan's family's overinvolvement in his relationship with his mother represented a source of contention due to their withholding of critical information from him throughout his life. Despite their overinvolvement in one aspect, Duncan's family has not participated in efforts to repair his relationship with his mother.

## Implications

There are theoretical, empirical, and practical implications of the current research on

domestic and intimate partner violence. The following recommendations for key stakeholders

ask them to respond to abusers and survivors of domestic and intimate partner violence in a way

that resolves internal and external conflicts as a method of reducing domestic and intimate

partner violence episodes.

**Theoretical Implications**

This study supports previous studies related to domestic and intimate partner violence

and the impact of relationships on all parties involved. Domestic and intimate partner violence

remains a taboo subject in the faith community for a multitude of reasons which impacts abusers

and survivors in different ways. While the narratives included in this study speak specifically to

the experiences of domestic and intimate partner abusers, the relational component touches upon

the mental and emotional well-being of survivors and their own need for healthy interpersonal

relationships.

Participants in this study revealed how critical healthy relationships and healthy

connection to others can be for individuals seeking to recover from intense, negative interactions.

When accessible to participants and their victims, the result was healthier styles of coping and

improved relationships between abusers and their victims. Research focused on preventing and

reducing episodes of domestic and intimate partner violence should consider the roles of

outsiders who are meant to contribute to this effort.

**Empirical Implications**

Empirical implications of this research involve focusing on the role of faith-based

counselors, other key support systems, and abuser's and survivor's expectation that their

involvement will result in positive outcomes. Participants sought faith-based counseling to

receive spiritual guidance in response to intense, negative interactions in their marriages. The

lack of expressed support in the form of healthy relationships contributed to additional conflict for abusers which resulted in ineffective communication and further relational difficulties.

One participant has adopted the practice of effective counsel to support healthy communication and healthy relationships. Consideration should be given to this individual's ability to recognize healthy relationships in the context of relational conflict which might differ from his unique experiences with domestic and intimate partner violence. Additionally, this individual's inability to recognize other forms of intimate partner violence could prove problematic.

**Practical Implications**

Participant responses identify several practical implications of this research, including focusing on abusers as part of combatting domestic and intimate partner violence. Capturing the lived experience of abusers serves as a means of informing research, educating treatment providers, and creating effective resources to meet the needs expressed by this community of individuals. Frustration was the primary emotion expressed by participants in response to their pursuit of resources to address their behavior.

Evaluating the effectiveness of faith-based counseling involves listening to all parties involved to understand how the interactions helped or hurt the overall outcomes. Part of this process involves creating an environment that supports the abuser's need to be understood and then supported in ways that are helpful to their basic needs for acceptance and connection despite whatever behaviors brought them to the attention of the faith community. Creating a non-judgmental environment of understanding throughout familial and faith-based social environments can also facilitate progress toward repairing the harm caused by domestic and intimate partner violence.

**Recommendations for Stakeholders**

As a primary influence on familial relationships and faith-based social support networks, the faith community plays a key role in the type of environment domestic and intimate partner violence abusers may encounter. When fulfilling its purpose of ministering to the needs of abusers and survivors alike, the faith community has the responsibility and obligation to model love, forgiveness, and redemption according to the examples outlined in scripture.

One method of supporting the needs of abusers and survivors by the faith community is the creation of a curriculum on recognizing all forms of violence, especially non-physical. Partnering with providers of services to abusers and survivors of domestic and intimate partner violence represents an opportunity for professionals to learn from diverse providers. Renewing this education on a yearly basis prepares faith-based counselors for potential encounters with couples not aware of the abusive nature of their interactions. Sharing the curriculum with other service providers creates an opportunity to respond to the needs of abusers and survivors on a larger scale.

Additional recommendations include normalizing conversations about domestic and intimate partner violence to facilitate an understanding of what behaviors are involved. While not the faith community's priority, the topic of domestic and intimate partner violence presents a unique opportunity for the faith community to exercise leadership in a way that supports resolving the issue of relational violence for society at large. One participant used the opportunity of a failed faith-based counseling experience to develop a faith-based program that supports the engagement of couples in healthy communication and relationships.

**Christian Worldview Considerations**

This research focused specifically on the interaction between the faith community and

individuals involved in domestic and intimate partner violence situations. The themes of love, forgiveness, repentance, and redemption are prevalent in the research surrounding domestic and intimate partner violence and the faith community (Buchbinder, 2018; Joubert & Maartens, 2017; Rivera & Fincham, 2015; Smith, S.R., 2018). These themes are only a few of the responses expected to exist within relationships that have experienced domestic and intimate partner violence episodes. However, they appeared minimally in the lives of these participants which was the source of a great deal of conflict for abusers seeking to be forgiven and given an opportunity to do better.

The theoretical frameworks identified for this study fall within the belief systems orchestrated by God (Kazemi, 2019). In Genesis, social cognitive theory defines the relationship of man to his creator God and man to woman (Genesis 2:7; Genesis 2:18; Usher & Schunk, 2018). Bowen family systems theory defines the interactions between each of these entities in the presence and absence of Christ as the foundation of their relationship (Eppler et al., 2020; Genesis 2:25; Genesis 3:7-9).

The conflict and confusion experienced by participants of this study are like the conflict and dysfunction experienced by Adam and Eve when they severed their connection through sin (Genesis 3:23). Because of this disconnect, outside feelings, thoughts, and voices are assigned the same level of weight and consideration as the most important individuals in the relationship. This is not what God intended for marriage relationships (I Corinthians 11:3; I Peter 3:7). It is logical and reasonable for couples experiencing domestic and intimate partner violence to expect the faith community to provide guidance and support as they struggle to address the challenges in their relationships. It is also logical and reasonable to expect that faith-based counselors and the communities under their leadership to be the Godly families that see their needs and then

meet those needs. When this does not happen, the family of Christ as a whole suffers intimate partner abuse.

All the participants in this study were sincere in their desire to use the support of faith-based counselors in response to episodes of domestic and intimate partner violence. Their efforts to change were thwarted, often sabotaged, by the same community that was created to restore them. Spiritual blindness deems domestic and intimate partner violence to be unforgivable. The effect of this response is also a detriment to survivors who are forced to suffer in silence with abusers refusing to acknowledge any kind of abuse.

Domestic and intimate partner violence is the new "Scarlet Letter" of the faith community where abusers are forced to wear the letter 'A' on their reputations (Hawthorn & Bradley, 1978). The church must decide if it will continue elevating itself above the authority of God and condemn abusers to isolation or will it follow the examples shown by Jesus when He repeatedly forgave sinners (Ephesians 2:4-5). God shows His grace and mercy to the sinner and the saint because only He had the ability to pay the ultimate price that represents true forgiveness (Ephesians 2:4-5; I Kings 8:39).

Jeremiah 31:34 assures us that God does not remember our sin when we come to Him repentant. We are afforded renewed manifestations of compassion because God, being infinitely wise, knows that we will struggle in our humanness. He also knows that we will not be perfect even after we repent. The church has the ethical and moral imperative to remember its own humanness. And then it must respond to abusers as it would respond to the individual in the mirror. That response must begin with a right relationship with the Creator and the unction of the Holy Spirit which encourages a response that leads with "The Word of God says . . ."

**Delimitations and Limitations**

This study was limited in scope because it only focused on the faith culture supporting domestic and intimate partner violence from the perspective of abusers in the midwestern states of Kansas and Missouri. Domestic and intimate partner violence is a global phenomenon impacting over 736 million individuals worldwide (Jain, 2021). The population of these states combined, 2,937,150 and 4,019,800, is less than the number of survivors worldwide 347,201,457 (United States Census Bureau, 2022a, 2022b, 2022c), representing only a fraction of individuals who have engaged in domestic and intimate partner violence. Additionally, participants were limited by a two to four hour driving proximity which significantly reduced the sample size available to the researcher.

The study was also limited by regional influence and political belief systems. The identified states are majority Republican with strong, conservative religious belief systems potentially limiting liberal and independent belief systems (Grossmann, 2019). Due to the limited sampling of this phenomenological qualitative study, data saturation was achieved early in the data collection process. Future research should include a substantially larger participant pool than the four to six needed for this study. To improve the work done with survivors of domestic and intimate partner violence it is necessary to understand why it occurs (Andrus, 2020). This study opened the door to the lived experiences of abusers to pursue that understanding.

To explore the topic of domestic and intimate partner violence, this study focused solely on the voice of the abuser. Individuals who engage in domestic and intimate partner violence are a valuable, yet understudied component in the effort to end domestic and intimate partner violence. The decision to focus primarily on abusers was intentional and introduced an element of bias necessary to capture the lived experiences of abusers. Use of the conceptual mapping task

to validate these lived experiences in the moment during storying reduced the potential for

discrepancies in transcribing but was also a limitation for this study.

Having abusers of domestic and intimate partner violence self-identify was necessary to

increase the likelihood of authentic storytelling. This limiting also reduced the sample population

as likely participants had to volunteer rather than be voluntold to participate, which is a violation

of research protocol related to power and control of research participants. This study limited

participants to males while recognizing that females can and do engage in domestic and intimate

partner violence. Females also can and do initiate episodes of domestic and intimate partner

violence where the survivor is also female. These participants shared experiences of domestic

and intimate partner violence that were initiated by their mates who identified as female.

Participants were also limited to age 18 and older due to considerations of abuse

allegations and the researcher's obligation as a mandated reporter. While current research

indicates males under the age of 18 do engage in domestic and intimate partner violence, the use

of such individuals for research purposes brings with it the potential for harm due to the

vulnerability of this population (Naughton et al., 2019).

The conceptual mapping task involves storying and verifying researcher memos of

participant stories. Participant stories are then organized and labeled by participants in a way that

is meaningful to the sharing of their lived experience. This process requires face-to-face contact

between the researcher and participants. Because of this need, recruitment of participants was

limited to the states of Kansas and Missouri to facilitate the in-person requirement. These two

states provided accessibility and safety for the researcher but limited the scope of available

participants.

Lack of acceptable participants necessitated that the researcher explored the use of

technology to potentially increase the recruitment area to surrounding states. The researcher was successful using Zoom and associated apps Otter.ai and Figma using the steps identified in Figure 11. These steps were not needed but allowed for the storying, memoing, organizing, and labeling associated with the face-to-face conceptual mapping task process at a distance based on technological capabilities and the ability of participants to effectively use the programs.

Narrowing geography to Kansas and Missouri limited access to potential participants through referral from agencies and organizations located in Colorado, Oklahoma, and Nebraska. Further limitations include only using English-speaking participants. Language is one component of culture which, as the participants demonstrated, continually influences behavior and interactions within social groups and support networks. The researchers' inability to speak other languages eliminated other ethnic cultures from participation. However, based on the adaptability of the conceptual mapping task procedure, there exists potential for translation technology to be incorporated into the research.

**Figure 11**

*The Conceptual Mapping Task Process Using Zoom and Figma*

**Zoom and Figma in the CMT Process**

1. Researcher opens Figma, labels the session, and identifies the note color for recording lived experience of research participants.

2. Researcher opens Zoom to connect to participants. Researcher begins the recording while using Figma to make notes of the participant's story.

3. After storying is complete, Researcher selects the "Open in Meeting" feature in Figma to move the board to the Zoom meeting. (The researcher can also generate a link to invite the participant to the Figma board.)

4. When the meeting and board are connected, the researcher verifies participants can use the 'resize,' 'move,' 'text,' and 'draw' features. For confidentiality purposes, the participant's name only appears when they are active on the board (actively using the features).

5. Participants arrange the notes according to the best reflection of their lived experience. Researchers provide additional notes as needed. Additional notes may be added as often as needed before the session is completed.

6. When all notes are placed to the participant's satisfaction, they can group using the 'move and resize' features and label using the 'draw' or 'text' features

7. When the CMT process is complete, the whiteboard can be captured in a screenshot and saved as a photo or Adobe file.

8. The researcher stops recording and ends the session. The whiteboard remains in Figma for a set period based on the researcher's account settings.

**Recommendations for Future Research**

The research sample for this study was small, with only four participants considered. Increasing the research sample must be considered for future studies to incorporate varying perspectives. Additionally, participants shared limited aspects of their experiences with each participant recalling one or two incidents. Allowing participants to thoroughly share their stories without limitation would allow for varying perspectives to be incorporated into the research. In this study Caucasian, Black, and Hispanic ethnicities were represented. These experiences cannot be generalized across other ethnicities which provides only a limited picture of the experiences of abusers and their relationships with faith-based counselors.

Over 150 recruitment fliers were distributed to the faith community and over 50 were distributed to domestic violence and drug and alcohol treatment facilities between Kansas and

Missouri. Of those, only two responses from individuals in the faith community, a male pastor and a female pastor, and two treatment facilities provided feedback indicating they would post a recruitment flyer. Language on recruitment materials should be evaluated to increase the potential for participant responses. The researcher engaged in several conversations regarding effective recruitment and responses, especially from the faith community. Consultation with a faith-based mentor and the Interim Executive Director of the North American Association of Christians in Social Work led to the development of flyers bearing friendlier language regarding relationships rather than focusing on domestic and intimate partner violence (North American Association of Christians in Social Work, 2013).

The introduction of technology resources to complete the conceptual mapping task process would provide an opportunity for recruitment to take place worldwide, rather than areas close to the researcher.  Use of technology has the potential to gain responses from varying geographic regions with specific belief systems and practices.

**Summary**

This hermeneutic phenomenological qualitative study focused on the lived experience of individuals who engaged in domestic and intimate partner violence within interpersonal relationships and subsequently engaged in sessions with faith-based counselors to address their abusive behavior. These findings represent the authentic, lived experiences of abusers and the influence of faith-based counselors as they were engaged in addressing abusive behavior. This study revealed the layers of relational and social interactions involved in domestic and intimate partner violence situations including familial and social supports, the faith community and related social support networks, the faith-based counselor, as well as the relationship existing between the abuser, the survivor, and the abuser with themselves.

While conflict is expected to be part of the abusive relationship, the existence of conflicts outside the realm of the immediate relationships challenge support systems implemented to overcome domestic violence episodes. These conflicts add to the layers of intense emotions that both abusers and survivors experience and often delay resolution of any conflicts prevent any resolution at all.

There are no one-size-fits-all formulas for responding to domestic and intimate partner violence episodes. There are, however, basic rules for engaging in healthy and effective communication, even in response to domestic and intimate partner violence episodes. Within the faith community, additional rules also provide a level of forgiveness and redemption which hold individuals accountable without being accusatory or causing further harm. The lesson for stakeholders is that domestic and intimate partner violence must be recognized as issues with layers that require treatment at all levels to address their core. The stability of relationships between abusers and survivors depends on stakeholders identifying and responding to conflicts at every level.

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*North American Association of Christians in Social Work (NACSW) is pleased to*

*announce Kesslyn Brade Stennis, PhD, MDiv, MSW as its Interim Executive Director*

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**Appendices**

**Appendix A**

*Letter to Domestic Violence Program Directors*

Dear Domestic Violence Program Director,

I am conducting research to understand the faith community culture which, from the perspective of perpetrators, supports domestic and intimate partner violence. Your voice should provide valuable information to the faith community and individuals providing services to perpetrators of domestic and intimate partner violence.

As a doctoral student in the School of Behavioral Sciences/Department of Community Care and Counseling at Liberty University, I am conducting research as part of the requirements for an Ed.D. Degree in Community Care and Counseling to better understand the impact of faith community counseling on perpetrators of domestic and intimate partner violence but also on the culture which supports the continuation of domestic and intimate partner violence from the perspective of perpetrators.

As the facilitator of a program for violent offenders, you have a history of working with individuals identified as perpetrators of domestic and intimate partner violence, and therefore would be an excellent source for recommending qualified perpetrators who could participate in this study. In honor of client privacy and HIPAA requirements constraints, I am only requesting that you send the attached email to your client listserv a total of 3 times. Information about the study and researcher is listed on the recruitment email where participants will be directed to make contact through email or phone with the researcher if they are interested.

For the participants, the researcher will conduct only one in-depth, semi-structured interview lasting around 60 -90 minutes in a private setting selected by the participant or in a

therapy office. DV/IPV perpetrators will be screened to maximize diversity.

   **Contacts and Questions:** The researcher conducting this study is Tara D. Wallace,

phone: ███████████, or by email at ██████████████ You may also contact the

researcher's faculty chair, Dr. John King, at ███████████

   If you have any questions or concerns regarding this study and would like to talk to

someone other than the researcher, you are encouraged to contact the Institutional Review Board,

1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at <u>irb@liberty.edu</u>.

   Thank you in advance for your assistance in finding qualified participants for this study.

Your professionalism and care for individuals struggling with addiction is greatly appreciated.

Sincerely,


Tara D. Wallace, MSW, LSCSW
Doctoral Candidate
School of Behavioral Sciences
Department of Community Care and Counseling

**Appendix B**

*Recruitment Letter*

Dear Potential Participant:

The purpose of this study is to understand the faith community culture which supports domestic and intimate partner violence from the perspective of abusers. Domestic and intimate partner violence is defined as," behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including, but not limited to, physical aggression, sexual coercion, psychological abuse, and controlling behavior."

The abuser's voice is one of the essential factors in attempting to understand how the faith community contributes to continued domestic and intimate partner violence episodes. I sincerely hope you will consider participating in this study. As a graduate student in the School of Behavioral Sciences / Department of Community Care and Counseling at Liberty University, I am conducting research as part of the requirements for an Ed.D. in Community Care and Counseling to further our professional understanding of treatment during COVID-19 and beyond.

If you are an individual identified as an abuser or former abuser who has engaged with faith-based counselors, pastors, or laypersons in response to an episode of domestic or intimate partner violence, you will be asked to complete a short demographic questionnaire and potentially be selected to be interviewed. The interview should take approximately 1 to 1.5 hours for you to complete. Your name and other identifying information will be requested as part of your participation, but the information will remain confidential in strict adherence to ethical guidelines.

To participate, contact me via voice or text to schedule an interview at ▮▮▮▮▮▮▮▮ or

email at ███████████████

Sincerely,

Tara D. Wallace, MSW, LSCSW
Doctoral Candidate
School of Behavioral Sciences
Department of Community Care and Counseling

**Appendix C**

*Part I: Participant Screening Instrument*

Hello, and thank you for your time and willingness to participate in this study. My name is Tara D. Wallace, Doctoral Candidate at Liberty University, and I am in the research phase of my dissertation entitled 'A Phenomenological Study of Faith Community Culture Contributing to Domestic and Intimate Partner Violence.' You were selected by professionals in the area of domestic and intimate partner violence and given this phone number to begin the participant process. I have a few follow-up questions to ensure your participation would be a good fit for this study. I am hoping we could take about 10 to 15 minutes to talk now, or if we can schedule another time for me to contact you that would be more convenient.

***If the nominee says they can talk now, then proceed with protocol. If the nominee is not available to talk now, say: "Then let's schedule a time that is convenient." At the conclusion of the conversation, thank the nominee for their time.***

As we begin, I have a few questions I would like to ask you:

1. Have you engaged in domestic and intimate partner violence as an abuser?

    - ***If the nominee answers no to this question, then say, "Thank you for your willingness to talk with me. Being a perpetrator of domestic and intimate partner violence is a qualifying factor for participation in this study. Thank you for your time."***

    - ***If the nominee answers yes to this question, then go on to question #2.***

2. Have you participated in faith-based counseling because of an episode of domestic and intimate partner violence where you were identified as the abuser?

    - ***If the nominee answers no, then say, "Thank you for your willingness to talk with me.***

*Engaging in faith-based counseling because of a domestic violence experience*

*where you were identified as the abuser is a qualifying factor for participation in*

*this study. Thank you for your time.*

*If the nominee answers yes to Question #2, then say, "To make sure that the*

*study includes participants from different social locations, I have a few*

*demographic questions I would like to ask you; would that be okay? What is*

*your age, approximate household income, whether you live in a rural, suburban,*

*or urban area, and the way you describe your race, ethnicity, and sex?*

3. Do you have the ability to complete an online assessment in a fillable Adobe (pdf)

   format?

   - *If the nominee answers no, then, "Thank you for your willingness to talk with me.*

     *Completing an online assessment is a qualifying factor for participation in this*

     *study. Thank you for your time."*

   *If the nominee answers yes to Question #3, then say, "I will provide the*

   *assessment which includes additional screening information. You will not see*

   *the results because they are scored manually. Your information is kept*

   *confidential and only I will have access to the results."*

   *If the nominee is a potential participant, then say, "Thank you for your*

   *information. I will get back to you and let you know if you have been selected to be*

   *a part of the study or not. Various factors are going into who will ultimately be*

   *chosen as participants for my study based on demographic factors. My goal is to*

   *choose people that fit the best for my research, so if you are not chosen, it in no*

   *way reflects on your ability or capabilities. I would like to make sure that I have*

   *your contact information (double check on e-mail and phone number from the*

*nomination form). If you are chosen to be one of the participants, I will be in*

*contact with you when this study is approved by Liberty University. If you have not*

*heard from me, then you can assume that you have not been chosen. Do you have*

*any questions for me? (Answer questions, thank the nominee for their time).*


*Part II: Participant Screening Instrument*

**Initial Phone Screening Report Outcomes**

First Name: _____

Phone Number: _____

Date: _____

Inpatient or Outpatient_____.

Estimated number of DV/IPV experiences_____. Participant's age _____.

Approx. household annual income _____. Geography _____
_____.

Race _____.

Ethnicity _____. Sex _____.


***General Impressions of Nominee:***


***Is this Nominee a participant in study?***

*YES            NO            Maybe (will consider in the*

*future)*


**E-mail (or regular mail) address of Participant:**


*Part III: Participant Screening Instrument*


PsycTESTS®

doi:    http://dx.doi.org/10.1037/t81435-000


### Male Marital Violence Against Women Scale
_____

Psychological Abuse
1. Insulted or swore at wife
2. Shouted or yelled at wife
3. Said something to spite wife
4. Threatened to hit/beat wife

Physical Violence
5. Threw something at wife
6. Pushed, grabbed, or shoved wife
7. Slapped wife
8. Kicked wife
9. Beat wife
10. Hit wife with a fist or something else

Sexual Coercion
11. Insisted on sex when the wife did not want to
12. Used physical force to make wife have sex
13. Used threats to make wife have sex

_____

*Note.*    Items are rated using a 5-point scale, ranging from 0 = no abuse occurred to 4=7 times or more. The summated scores across items yielded a total score, a higher score indicating wife higher exposure to MMV.


(Karim & Swahnberg, 2021)

**Appendix D**

**CONSENT**

**Title of the Project:** *A Phenomenological Study of Faith Community Culture Contributing to Domestic and Intimate Partner Violence*.

**Principle Investigator:** Tara D. Wallace, MSW, LSCSW, and Doctoral Student at Liberty University, School of Behavioral Sciences/ Department of Community Care and Counseling

## Invitation to be Part of a Research Study

You are invited to be in a research study of domestic and intimate partner violence, and the interactions with the faith community which support the continuation of abusive behaviors. To participate, you must be a male of at least 18 years of age or older, live in Kansas or Missouri, and have participated in faith-based counseling due to a domestic and intimate partner violence episode where you were identified an abuser. Taking part in this research project is voluntary.

Please take the time to read this entire form and ask questions before deciding whether to take part in this research.

## What is this study about and why is it being done?

The purpose of this study is to understand how the faith community supports the continuation of domestic and intimate partner violence from the perspective of abusers, to improve treatment of abusers and services to survivors of domestic and intimate partner violence.

## What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Complete a Male Marital Violence (MMW) Against Women Scale. This should take approximately 15 minutes.
2. Participate in an audio-recorded interview which will be conducted with specific questions allowing the participant to tell their story and experience. This should take approximately 30 minutes.
3. Create a Conceptual Map (CM) representing this experience. This step should take approximately 15 minutes. The Conceptual Map will be photographed.
4. Reflect and discuss the symbols and ideas on the map to deepen your description of the experience. Time will be allowed for you to reflect on the map and make corrections or adjustments as needed. This should take approximately 15 minutes.

## How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Additionally, this study may affect the local and state community of providers of domestic and intimate partner violence survivor services by bringing abuser's stories/experiences to them and providing them with concentrated feedback on the impact of their counseling experiences with the faith community and specifically the faith community culture which supports domestic and intimate partner violence. This study could have significant implications for the faith community which is a key source of support for both survivors and perpetrators of domestic and intimate partner violence. Listening to the stories of perpetrators and understanding the implications of how their behavior is supported could significantly impact services made available to them in the future.

## What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. Sharing feelings and memories may be traumatic or have a psychological effect. If this occurs, participants will be provided with a list of resources for counseling if they need assistance. As a mandated reporter, I am required to report any disclosure of child abuse, child neglect, elder abuse, or intent to harm self or others to the proper authorities.

## How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records. Published reports will not include any information that will make it possible to identify a subject.

- Participant responses will be kept confidential through the use of a randomly generated code.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- The researcher may share the data collected from you for use in future research studies or with other researchers; if your data is shared with other research, any information that could identify you, if applicable, will be removed beforehand.
- Data generated by this study will be stored in a cloud-based program identified as ATLAS.ti. The program requires 2-factor authentication to access. Only the researcher has access to the password. Data generated by this study, including the consent forms, conceptual maps and any other documents will be locked under a 3-lock system: 1. Locked in a file cabinet; 2. Locked in the office; 3. Locked in the building. Data in spreadsheet form and audio recordings on the computer and tablet will be encrypted, password-locked and password timed out. After 5 years, all electronic records will be deleted, and all hardcopy records will be destroyed.
- Interviews will be audio-recorded and transcribed. Recordings will be uploaded to ATLAS.ti, stored for five years and shared with the researcher's chair and reader using a secure link.

## How will you be compensated for being part of the study?

Participants will receive a $20 Amazon e-card for completing the Conceptual Mapping Task in its entirety.

**Is the study participation voluntary?**

Participation in this study is voluntary. Your decision to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free not to answer any question or withdraw at any time without affecting those relationships.

**What should you do if you decide to withdraw from the study?**

If you choose to withdraw from the study, please contact the researcher at the email address/phone number in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

**Whom do you contact if you have questions or concerns about the study?**

The researcher conducting this study is Tara Wallace. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at ▮▮▮▮▮▮▮▮ or by email at ▮▮▮▮▮▮▮▮▮▮. You may also contact the researcher's faculty chair, Dr. John King, at ▮▮▮▮▮▮▮▮▮.

**Whom do you contact if you have any questions about your rights as a research participant?**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

**Your Consent**

By signing this document, you agree to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me and photograph my conceptual map as part of my participation in this study.

_____
Printed Subject Name


_____
Signature & Date

**Appendix E**

*Full Interview Protocol*

"Thank you for your willingness to meet with me. As we begin, I would like to share an Informed Consent Document with you. For the next few minutes, we will walk through this document, and I will answer any questions you may have." (Read through Appendix D and answer questions. Sign the consent form and make a copy for the participant and for the researcher.)

"I will now start our audio recording." (Turn on the audio recording. Test the equipment to make sure that it is working properly.) "We are now going to spend roughly the next 45 to 60 minutes in an interview where I will be asking you questions and probing for more information from these initial questions. We will walk through a conceptual mapping exercise, which is simply a very easy visual exercise that will help you organize your story. There are no wrong answers to questions, and you are encouraged to take your time and think deeply about your responses. As a researcher, I am very interested in the story of your experience. I will ask some questions, listen to your answers, and then probe deeper for more information. Are you ready?" (Make sure the participant indicates they are ready and that there are no further questions.)

"During this phase of our interview, I will be recording key ideas, concepts, and events on Post-it notes® while you are sharing your story. I will first give you a statement that I would like you to reflect on for a few moments. When you are ready, please let me know, and you can proceed while I record some of your thoughts."

"Let's take 15 minutes, and in that time, can you please describe your lived experience of domestic and intimate partner violence?"

Once the participant completes answering this question, ask the following question:

"Can you please describe your relationship and interactions with faith-based counselors, pastors, or laypersons in response to your role as a perpetrator of domestic violence?"

Can you please describe your interactions with those you abused following engagement with faith-based counselors, pastors, and laypersons?

Can you please describe your interactions with the faith community following engagement with faith-based counselors, pastors, and laypersons?"

(For each question, pause after asking to allow the participant to gather their thoughts and to ensure you are encouraging them to tell their story. Moreover, while the participant is speaking, be prepared to ask further clarifying questions. When they indicate they are complete, then say, "I would now like you to take a look at each of the details I wrote on these Post-it notes® and make sure that these details are accurate and a proper reflection of your experience."

*Conceptual Mapping Task*

"Now that you are comfortable with the details of your lived experience that I have recorded. I will give you a pad which can be placed on the table or the wall. I would like you to take each of these Post-it notes® and arrange them on the pad in a way that represents your lived experience of engaging in faith-based counseling in response to a domestic and intimate partner violence episode, and how the concepts on these notes relate to each other."

**"**Thanks for doing that. I am now going to give you some colored markers. I would like you to draw a shape around each of the clusters of concepts; it can be a circle, triangle, square, star, heart, tree, etc. These shapes should represent the meaning of your cluster of concepts in a way that is important to you. Please feel free to make any comments you like about the process or the concepts as you are working."

After the CMT has been created, ask the following questions:

- "Now that you have created this conceptual map about your lived experience of engagement with faith-based counseling following domestic and intimate partner violence experiences, take a few minutes to reflect on it. (Pause until participant indicates they are done reflecting.)

- What strikes you as you look at your conceptual map?

- How have things changed for you relationally following counseling with faith-based services?

- What would you say to the individual going through counseling with the faith-based counselor being given permission to continue domestic and intimate partner violence now that you have lived through it?

- "Where are you now in your story?"

- "Is there anything else that you feel compelled to say from this whole experience?"

     (Once the participant has had the opportunity to answer the questions, conclude the interview by saying:)

- "Thank you very much for sharing your experience with me. Your commitment of time to this project is very important, and I am very grateful. As mentioned previously, this interview has been audio recorded, and I want to remind you that this audio recording and your conceptual map will be described in a way that will protect your confidentiality. If there ever comes a time when you have concerns about confidentiality regarding the conceptual map and your audio recording, please feel free to contact me and we can discuss your concerns and take further steps as necessary to ensure your confidentiality. Thank you again for participating and sharing your experiences."

**Appendix F**

*Sample E-Mail to Participant Before First Interview*

Date
Name
Address E-
Mail


Dear _____,

Thank you very much for your willingness to participate in my study entitled *A Phenomenological Study of Faith Community Culture Contributing to Domestic and Intimate Partner Violence.* Based on our recent conversation, we are scheduled to meet at the following place and time:

I will do my best to ensure that our time together is at least ninety minutes for this meeting. A consent document is attached to this letter for your convenience. The consent document contains additional information about my research. You will be asked to sign the consent document during the interview.

Thank you for your time. I look forward to our meeting.

Sincerely,

Tara D. Wallace, MSW, LSCSW
Doctoral Candidate, Department of Community Care and Counseling
Liberty University, School of Behavioral Sciences, Community Care and Counseling

**Appendix G**

*Sample Letter to Participant After Face-to-Face Interview*

Date

Name
Address
E-Mail

Dear _____,

Thank you very much for your willingness and time as a participant in my study entitled *A Phenomenological Study of Faith Community Culture Contributing to Domestic and Intimate Partner Violence*. Your information is precious to this research, and I look forward to reviewing your responses, along with those of other participants in this study. I want to recognize that our conversation may have conjured up complicated feelings for some participants in my study. For that reason, I want to remind you that if you need further care around these issues, I am willing to provide referrals for mental health professionals who can work with you in dealing with these feelings.

As mentioned previously, your interview was audio-recorded. I want to remind you that the audio recording and your conceptual map will be described in my dissertation in a way that will protect your confidentiality. If there ever comes a time when you have concerns about confidentiality regarding the conceptual map and your audio recording, please feel free to contact me, and we can discuss your concerns and take further steps to ensure your confidentiality.

Thank you again for your time.

Sincerely,


Tara D. Wallace, MSW, LSCSW
Doctoral Candidate, Department of Community Care and Counseling
Liberty University, School of Behavioral Sciences, Community Care and Counseling

**Appendix H**

*Pictures of Participant Conceptual Mapping Task*