

THE MEANING OF EMPOWERMENT AMONG WOMEN INTIMATE PARTNER
VIOLENCE VICTIMS: A NARRATIVE-PHOTOVOICE STUDY

A Dissertation

by

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This dissertation meets the standards for scope and quality of
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ABSTRACT

The rising number of atrocities against women by their partners raise a serious need to revisit the way researchers, health practitioners, and educators are approaching this issue. A review of literature regarding protocols used to help victims of intimate partner violence (IPV) revealed the significant role of empowerment theories and frameworks in the work of IPV. However, the review also revealed that the present models of empowerment are based on largely untested theories. I did not find research concerning the meaning of empowerment to women IPV victims. Hence, this study was an initial step to bridge the gap in the literature regarding the meaning of empowerment to the women such models are attempting to serve. I used narrative-photovoice methodology, which features individual narrative interviews and focus group narrative interview to gather data. Inclusion criteria was: (a) women, (b) victims of intimate partner violence, (c) receiving services at the facility, (d) 18 years and above in age, and (e) able to understand and speak English. Twelve women consented to participate; six completed the study. Overarching themes include: Breakthrough, Catalysts in Resilience, Safe Spaces for IPV Victims, Self-Care, Becoming Aware and Developing Skills, Perceived Control and Having a Choice, The Role of Systems, and The Need for Empowering Institutional and Civic Infrastructure. Implications of this research project, including its enriched definition of empowerment, population-specific interventions, and more tangible and concrete evaluation, are discussed.

DEDICATION

This dissertation is near to my heart for a number of reasons, but particularly because it came into action during a rough time of my life when I along with my family was going through emotional and systemic pressures that come with partner violence. This dissertation is a product of months of internal processing through journaling, cooking, and taking breaks; and reading through credible sources about violence. This piece of work is truly valuable to me and I would like to dedicate this dissertation to my sisters, Pallavi Vashisht and Prachi Vashisht, who amaze me with their efforts to take charge and come as warriors after every setback of their lives.

I would like to pay a special feeling of gratitude to my loving parents who were by my side during this long journey and always provided me with a back to fall on. I am obliged to their continuous moral, spiritual, emotional, and financial support.

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connected to all. Thank you so much for being there with me and help me sail through this process.

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CHAPTER I: INTRODUCTION

Violence against Women

The stories of everyday terrorism in the form of violence against women by their partners raise serious concerns about the status of women all over the world, including within the United States (Pain, 2014). During this study, news channels and social media were inundated with stories about cases of violence against women in the United States. On a regular basis, multiple incidences of verbal, physical, emotional, financial, or sexual violence are being broadcasted on social media sites and news channels. One such story was a horrific video of a minor league baseball player beating up his girlfriend released by KRIS 6 News, a news channel in South Texas (Withiam, 2018). The video showed the player hitting and dragging the woman down the stairs by her hair (Withiam, 2018). This incident shed light yet again on the current status of the historical fight of women against physical, emotional, economic torture by men.

It is alarming to see the rising number of atrocities against women by their husbands or boyfriends. Data from research organizations such as Centers for Disease Control and Prevention (CDC) and the Bureau of Justice Statistics (BJS) showed a high prevalence of violence against women in the United State. According to the CDC (2015), one in four women is a victim of partner violence and one in seven women experience extreme fear of being stalked or harmed by their intimate partner. An annual count of physical assault on women is even more shocking; approximately 1.3 million women are physically assaulted by their intimate partners per year in the United States (CDC, 2015). A similar account was reported by the BJS (2016) in the National Crime Victimization Survey report (NCVS). According to the NCVS report, every nine seconds, a woman is assaulted or beaten, more than three women are murdered each day by their

husbands or boyfriends, and almost one-third of female murder victims are killed by an intimate partner (Harell, et al., 2016)

Intimate Partner Violence

Intimate partner violence (IPV) is one of the most common forms of violence against women and it includes physical, sexual, and emotional abuse and controlling behaviors by an intimate partner (WHO, 2013). In a report by WHO (2013) about understanding and addressing violence against women, intimate partner violence is defined as:

Any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Examples of types of behavior are listed below. Acts of physical violence, such as slapping, hitting, kicking and beating. Sexual violence, including forced sexual intercourse and other forms of sexual coercion. Emotional (psychological) abuse, such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, and threats to take away children. Controlling behaviors, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care. (WHO, 2013, p.1)

According to report from WHO, victims of intimate partner violence are considered an at-risk group because they are in partnerships with the abusers who sometimes hold more authority and control over these women (Garcia-Moreno et al., 2005). In addition to the relationship factor, the severity of intimate partner violence depends on social groups and socio-economic factors (CDC, 2015). The struggle of women victims of intimate partner violence becomes complex when combined with adverse circumstances such as poverty, low educational attainment, unemployment, and childhood history (Capaldi, Knoble, Shortt, & Kim, 2012).

Women who face such circumstances and intimate partner violence experience many health and social disparities (Stockman, Hayashi, & Campbell, 2015). Therefore, IPV is viewed as a widespread public health problem which leads to major human rights violations and health issues (WHO, 2013).

Traditionally, organizations such as shelters and supportive agency service networks were designed on the principle of empowering victims to help treat and prevent physical violence in the lives of American women (Wood, 2014). These agencies were built on the empowerment framework, which was the essence of the anti-domestic violence movement (Goodman & Epstein, 2008). Early activists in the women's movement intended to establish a grassroots network dedicated to securing state and federal funding. In addition, these grassroots level organizations expanded the range of services available to these victims. Moreover, they provided shelter and raised awareness. More importantly, they also aimed to identify an overarching structure of patriarchy and systematic oppression of women as a root cause of violence against women (Barner & Carney, 2011). Although much has changed from the early women's movement until now, including the addition of a sprawling social services system, empowerment has remained central to the work of those seeking to support IPV survivors (Wood, 2014). A review of literature demonstrates several studies on empowerment, its approach, and its use in working with intimate partner violence.

However, the present intensifying cases and rising statistics on abuse against women raise several questions about the way we are approaching the issue of intimate partner violence through the present understanding of the construct empowerment for intimate partner violence victims. This research study is an initiative to bridge gaps in the literature of empowerment

construct in relation to intimate partner violence by asking the personal and deep meaning of empowerment for the victims of partner violence.

Statement of the Problem

Despite the continuous organizational use and considerable scholarly attention, there has been less evidence to support the usefulness of the present empowerment approach to protect women victims of IPV and prevent IPV (CDC, 2017). The Empowerment Approach indicates insufficient results and lags in providing the competent interventions to help the victims and foster empowerment of women experiencing violence (Warshaw, Sullivan, & Rivera, 2013). The present empowerment approach is based on a largely untested theory of empowerment (Christens 2012; Holden et al. 2004; Hunter et al. 2013; Woodall et al. 2012). No research has attempted to understand the meaning of empowerment among victims of intimate partner violence (Cattaneo & Goodman, 2015).

Hence, it is important to focus on continued understanding and reconsideration of the definition of empowerment and the process of facilitating empowerment, which is a central aspiration of many programs designed for intimate partner violence victims. Therefore, this study is designed to capture the narratives of victims of IPV to gain a deeper understanding of empowerment as it relates to them. With the present empowerment approach, non-profits can empower victims to protect themselves from harm by providing information that helps women find temporary or permanent shelter, offering financial support and workforce training, and providing legal advocacy (Ofstehage, Sholk, Radday, & Stanzler, 2011). However, this empowerment is meaningful only if victims participate to produce significant changes in power relations (Hayward, 2000). It is a paradox that an empowerment approach does not include meanings from the women victims of intimate partner violence.

Also, several of the studies reviewed further in Chapter 2 described empowerment as a multidimensional process which requires changes in the economic, political and social conditions that reproduce oppression and exclusion (Luttrell & Quiroz, 2009). Empowerment is understood as a process in which one engages through participation (Lamb & Peterson, 2011). It is because of this need for participation that this research design facilitated empowerment among victims in the research process with their participation as co-researchers to collect and analyze rich, unbiased stories of empowerment from victims of intimate partner violence.

Purpose of the Study

The purpose of this study is to understand the meaning of empowerment among women victims of IPV. For this study, a distinctive focus is given towards participants' inclusion and their expressions to understand the meaning of empowerment. Therefore, one objective of this study is to seek narratives from the victims of intimate partner violence vis-à-vis the concept of empowerment.

In addition, this project also focuses on the role of women participants in research to bring about necessary changes in the system. This project provides equal space and participation of the participants in the data collection and data analysis process. Overall, the present research study is designed to capture the meaning of empowerment from the perspective of women victims of intimate partner violence with a special emphasis on the participants' meaning and involvement in the research study process.

Research Question

The key question guiding this inquiry on exploring the experiences of empowerment for the women victims of intimate partner violence is as follows:

- What are the meanings and stories of empowerment from the perspectives of the women victims of intimate partner violence?

Significance of the Study

The premise of the present study is to capture voices of women victims of intimate partner violence regarding their meaning of empowerment through their equal inclusion in the research process. A review of literature revealed a lack of research on a construct empowerment among intimate partner violence, however Kenyon (2016) attempted to understand how women in domestic violence shelters experience empowerment. The study aimed to capture how a shelter stay affects women's sense of empowerment. However, this study falls short to include an overall idea of empowerment and to promote participation of participants. The study by Kenyon (2016) attended the predetermined idea of empowerment used by the shelters to examine the effect of change on women in relation to health, safety, and quality life which is limited to the unclear definition of empowerment as not much research has been done to understand the construct. In addition, Cattaneo and Goodman (2015) attempted to accumulate knowledge base to define empowerment for domestic violence victims and to build and evaluate practices in domestic violence work. They highlighted the centrality of the idea of empowerment, outlined the hindrances to its conceptualization, and developed a comprehensive empowerment model to address the challenges. This theoretical paper had served as a good model to comprehend the empowerment for domestic violence victims on both micro and macro level. But the model was designed based on the previous research done on empowerment which did not focus on finding what empowerment looks like for the women and did not include the voices of women. It is therefore, the present research study is primarily beneficial because first, it fills gaps in the existing literature on empowerment among intimate partner violence victims, and second, it

helps professionals who work in areas of program development, mental health, and advocacy to design relevant programs and services for victims of intimate partner violence based on their shared ideas of empowerment.

The current rising statistics of violence against women, unreported cases of violence by victims, and the choice of victims to stay with abusers raise serious questions on the present conceptualization of empowerment, services provided to the victims based on the definition or model to these victims. Through this study, I aim to fill disparities and inconsistencies among scholars and mental health professionals in regard to conceptualizing and designing programs and services for violence victims. The present empowerment model to empower victims of intimate partner violence needs an updated review. This model has been in use for years by several agencies to provide services and other aid to the victims but not much has been written on the effectiveness of this model.

In all, the contributions of this study will be of interest to students, scholars, and researchers in the field of counseling psychology, as well as to practicing counselors, particularly those working with violence victims.

Methods

Population

The population drawn for this study includes women victims of intimate partner violence who are receiving services at a women's shelter. Participants were all (a) women, (b) victims of intimate partner violence, (c) receiving services at the facility, (d) 18 years and above in age, and (e) able to understand and speak English. Those who did not meet these criteria will be excluded. A specific target is not appropriate for the research design; however, a minimum of five and maximum of eight participants are anticipated.

Setting

The present study is conducted at a shelter for abuse victims who have experienced family violence, intimate partner violence, and sexual abuse. This is a non-profit organization that provides free services to support and empower victims through safe shelter, services (e.g., legal aid, counseling, and support groups), and outreach.

Participant Recruitment

The recruitment of participants will be based on purposive sampling technique. The designated staff members (resident advocates, case-manager, and counselors) of the agency will assist the researcher in identifying five to ten women who were victims of intimate partner violence. The staff members will approach, give flyers (see Appendix C), and utilize script (see Appendix D) to share information about the study with the resident and non-resident clients. The staff then will provide clients who will be interested to participate in the study, with a document authorizing me to contact them (see Appendix F). To follow-up on the given information, I will contact the interested potential participants in accordance with their instructions on the authorization letter. I will meet each interested client in person during their available hours at the shelter to go over the informed consent form (see Appendix G), will ask them if they have any questions, and provide the form for signature.

As an intern at the agency, I will also identify and approach potential participants. Through the support group forum, which I assist as an intern, I will approach potential participants. For this, I will share the information about the opportunity to participate in the research project (see Appendix E) and provide an overview of the research study and timeline to the members of the support group (see Appendix K). I will also share that participation in this study is voluntary and that non-participation will not impact the services they receive at the

shelter. In last, I will share my contact details and my working hours at the shelter with interested clients. They will have the option to contact me via email, text, call, or in person. Only interested women will be approached to sign on the informed consent form (see Appendix G). I will go over the informed consent process with each participant and ask if they have any questions for me, and then hand over the informed consent form for signature.

Procedure

All research activities for this program will receive institutional review board (see Appendix A) approval from Texas A&M University-Corpus Christi. Also, the terms of participant participation will be clarified, and informed consent forms will be signed by the participants. For this research study, I will employ the narrative-photovoice methodology which involves five distinct stages (Simmonds, Cornelia, & Avest, 2015). These five stages are: preparation stage, intermediary stage, stage 1, stage 2, and stage 3. It will take eight weeks to implement these five stages and each phase will ensure the integration and contribution of participants as co-researchers in the research process.

Data Analysis

I will transcribe each individual narrative interview as soon as possible after the interview, using transcription software (*Sonix*®), and assign pseudonyms for each participant. Then, I will review the data for accuracy by listening to the interviews while reading the transcripts. After all corrections will be completed, I will analyze each transcript individually. In the first order coding, codes will be generated using a word or short phrases from participants' interviews. Then, the emerged initial codes from individual narrative interviews will be shared with the participants in the group meeting to refine and amend initial themes as needed. After the

initial codes will be agreed upon both by the researcher and the participants, similar steps of first order coding, using in vivo coding, will be taken with the focus group interview transcript.

In the second stage, I will use focused coding method to organize and group initial codes into a selected list of categories. The codes will be reviewed during second cycle coding in order to associate each code with supporting data and then compared with each other to make note of strong overlap occurrences. Lastly, all categories will be linked with each other to form subcategories in order to form core categories. To value the participants' voices on the construct empowerment, in vivo coding method will be used to enable recurring themes and subthemes to emerge from participants' narratives. Once manually identified, data will be coded and organized in a manageable form using a software called *QDA Miner Lite* ®.

Limitations

There are limitations to the current research. First, participants of this study are recruited from one organization in South Texas; thus, findings from other parts of Texas and other parts of the country may provide different results. Second, results assume that participants provided information true to their experience. It is possible that some participants, for a variety of possible reasons, will not fully disclose their own ideas about their experiences.

Definition of terms

Victim: The United Nations Declaration (1985) defines the term victims as "persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that are in violation of criminal laws operative within member states, including those laws proscribing criminal abuse of power."

Intimate Partner Violence: Domestic violence is sometimes called intimate partner violence. It includes physical, sexual, or emotional abuse, as well as sexual coercion and stalking by a current or former intimate partner. An intimate partner is a person with whom one has or has had a close personal or sexual relationship.

CHAPTER II: REVIEW OF THE LITERATURE

Violence Against Women

Violence against women is conceptualized under the purview of gender-based violence. Gender-based violence is described as violent behaviors towards women or girls based on their sex (Le Heise et al., 2002). A more thorough and inclusive meaning of violence against women is provided by the United Nations (UN). The United Nations (1994) UN defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". (United Nations, 1994, para. 19). The prevalence of violence against women occurs in two forms: violence by an intimate partner and violence by someone other than a partner (WHO, 2013). My focus in the present study is concerned with women who are in partnership or romantically involved with abusers. I will talk about what is IPV, its causes and effects. The main focus will be given to the current protocols to address the issue of IPV through Empowerment Approach.

Intimate Partner Violence

Intimate partner violence is defined as "a self-reported experience of one or more acts of physical and/or sexual violence by a current or former partner since the age of 15 years" (WHO, 2013, p. 6). The definition explains the acts of physical violence including but not limited to slapping, pushing, kicking, dragging, choking or burning on purpose, and having a gun, knife or other weapon used on women. Additionally, the definition explains that sexual violence involves any act of forced sexual intercourse by a partner on a woman (WHO, 2013).

The frequency and severity of physical, sexual, and emotional acts in partner violence vary from one episode to chronic and severe episodes over a period of years (CDC, 2017). The

incidences of IPV occurs in all settings and among all gender, social, religious, and cultural groups but, it is commonly borne by women (Heise, Ellsberg & Gottemoeller, 1999). Among victims, about 11 million women who reported experiencing sexual violence, physical violence, or stalking by an intimate partner in their lifetime also indicated that they first experienced these or other forms of violence by that partner before the age of 18 (Zhang et al., 2018).

Causes of Intimate Partner Violence

Scholars who study intimate partner violence understand it from the socio-ecological framework. According to this framework, multiple factors leads to the prevalence of violence among women by their spouses. These factors operate at four different levels - individual, relationship, community, and societal (WHO, 2010).

Factors which are individual to a woman in relation to increased likelihood of experiencing violence by her partner are low level of education, parental discord, and exposure to sexual violence in childhood (Abramsky et al., 2014; Heise, 2013; WHO, 2010). On relationship level, factors such as conflictual relationship, male dominance in the family, less income, women having a higher level of educational qualification than her partner, and multiple partners are some of the reasons behind perpetration of violence by men against women (Garcia-Moreno et al., 2005; Heise, 2013; Ko, 2009; WHO, 2010). Violence against women is largely affected by community and societal factors. Several factors have been found across studies that results in violent acts against women. These factors are - gender inequity norms (male dominance), poverty, low economic and social status of women, weak legal system against IPV, and lack of women's rights (Heise & Garcia 2002; WHO 2010). Researchers have been examining factors associated with the prevalence of violence against women on each level that is

individual, relationship, community, and society; however, there is still a dearth of research on community and societal influences in IPV (WHO, 2013).

Effects of Intimate Partner Violence

There is a broad range of effects of intimate partner violence on women's overall health and their lives (Bjornberg, 2012; Slabbert, 2014). In terms of health, intimate partner violence has severe and long-term consequences on women's physical and psychological well-being. Physical symptoms consist of chronic pain (headaches and back, pelvic, and abdominal pain) and reproductive health issues such as miscarriages, sexually transmitted diseases, urinary tract infections, unintended pregnancies, and abortions (Breiding, et al., 2011; Taft, Watson, & Lee, 2004). In relation to psychological issues, women who have been abused are more likely to experience depression, anxiety, post-traumatic stress disorder, drinking issues, and eating disorders than those women not abused (Taft, Watson, & Lee, 2004).

In addition to the above symptoms, women may also present with other unexplained symptoms such as self-destructive behaviors, sleep disturbances, difficulty undergoing pelvic exams, and irritable bowel syndrome (Luce, Schrage, & Gilchrist, 2010). Depending upon severity of physical and psychological harm to women victims, these symptoms can lead to some other serious consequences of intimate partner violence including the death of a woman or her unborn child (Campbell 2002; Devries 2010; Heise, 1999; Shamu et al., 2011).

Besides these issues, there are some system-related issues that women victims of intimate partner violence deal with as consequences of their circumstances. For example, if a victim of intimate partner violence takes an action against the violence then she might bear additional consequences such as loss of employment, housing, and income (Bell, 2003). Further, a decision

of ending a relationship with an abuser often has economic implications that add to the issue for women and their children (Anderson & Saunders, 2003).

Although the personal consequences of IPV are devastating, there are also substantial societal costs. The lifetime economic cost associated with medical services for IPV related injuries, lost productivity from paid work, criminal justice and other costs, such as victim property loss or damage was \$3.6 trillion (CDC, 2017). The lifetime per-victim cost was \$103,767 for women and \$23,414 for men (Peterson, et al., 2018).

Interventions for Intimate Partner Violence

There is a plethora of interventions for women who experience violence, ranging from crisis hotlines, to transitional housing, and therapy (Bennett, et al., 2004). The services provided to women victims of violence attend to both micro and macro level needs (Wood, 2014). At the micro level, focus is given to individual concerns that are primarily related to mental health, legal aid, job hunt, and childcare. On the other hand, the macro level interventions aim at prevention of violence through education of dominant cultural norms that perpetrate violence on community and society levels (Davies & Lyon, 2014; Lehrner & Allen, 2009; Pence, 2001).

The facilities provided to women are guided by different theoretical frameworks about service needs and beliefs about the way service needs should be addressed. The most commonly used theoretical perspectives for helping women struggling with IPV are empowerment and strength-based (Wood, 2014). Also, it was noted that several other theories, that are feminist, hope, and cognitive-behavioral theories, overlapped with the empowerment and strength-based approaches that facilitate help to victims of violence (Wood, 2014). A brief review of the above-discussed frameworks is as follows, wherein the major focus is given to the empowerment model.

Empowerment Approach

The review of various protocols designed for intimate partner violence victims indicates a significant role of empowerment in the designing and implementation of programs and campaigns towards violence reduction among women (Grabe, 2011). Through the empowerment approach, women victims of intimate partner violence seek immediate help in terms of housing, food, and legal aid. In addition, they tend to enjoy autonomy over choosing goals as per their choice (Sen & Mukherjee, 2014). The empowerment model shapes programs in domestic violence service agencies by paying special attention to power differences, focusing on clients' needs, creating avenues for women to take decisions, building strength, and creating safe spaces to give survivors the time to make their own choices without punishment or fear (Clevenger & Roe-Sepowitz, 2009; Kallivayalli, 2007; Simon, 1994).

The use of empowerment theory seeks to provide comprehensive assistance to women victims of violence by not only providing basic resources to them but also addressing inequalities faced by women (Sen & Mukherjee, 2014). It serves as a key mechanism for the achievement of outcomes such as mental health, safety, and recovery in intimate partner violence (Cattaneo & Goodman, 2010). It is visible in victims of intimate partner violence who receive services at the shelter, that the empowerment model moderated the relationship between IPV severity and PTSD symptoms, above and beyond just access to resources (Perez, & Johnson, 2008). Further, in a randomized trial, an empowerment-oriented intervention was related to less severe PTSD symptomatology over time and also, low repeat abuse (Johnson, Zlotnick, & Perez, 2011).

There are empirical studies that state the usefulness of implementing empowerment components such as control and voice in the uplifting wellbeing of intimate partner violence victims (Cattaneo & Goodman, 2015). It was found that a victim experienced greater satisfaction

when they had a sense of control over the judicial system and victim services (Cattaneo, 2010; Cattaneo & Goodman, 2010; Zweig & Burt, 2007). Moreover, survivors who reported that they had had more voice in the prosecution of their cases were more likely to report repeat incidents of abuse when they occurred in the next year (Hotaling & Buzawa, 2003).

Feminism

Feminist theories largely talk about experiences of oppression and privilege from a gender perspective (Wood, 2014). The use of feminist theories in developing interventions for victims of domestic violence has been found in several studies (Dominelli, 2002; McNamara, Tamanini, & Pelletier-Walker, 2008; Petrectic-Jackson, Witte, & Jackson, 2002; Tutty & Rothery, 2002). The link between the feminist movement and the increased focus on domestic violence has influenced several theoretical frameworks including shelters (Tutty & Rothery, 2002).

In this approach, IPV agencies place much attention to nonhierarchical structures and consensus-making models to design the interventions for victims of domestic violence (Bennett et al., 2004). Further, Dominelli (2002) and Payne (2005) broke down feminist theories into practice elements for social workers. The major elements of feminist perspectives in practice include analysis of power, personal experience in the public context, the de-emphasis on blame and pathology of women, consciousness raising, reflexivity, egalitarian relationships, and attention to issues of process (Dominelli, 2002; Payne, 2005).

Strength-Based Perspective

A strength-based perspective is often applied in conjunction with empowerment and feminist perspectives (Black, 2003). This perspective asserts strength of women survivors of partner violence rather than treating them as victims. The premise of this approach is based on

shunning the concentration on problems and looks at the possibilities of helping clients find their strengths and resources (Saleeby, 2002). Strength-based practitioners take the empowering approach towards their clients and encourage them towards future orientation to work on their problems (Howe, 2009).

Cognitive-Behavioral Theories

The experience of intimate partner violence among women results in severe trauma (Jackson, Petretic-Jackson, & White, 2002). A meta-analysis of research revealed that up to 80% of female survivors of IPV meet the post-traumatic stress disorder criteria (Wood, 2014). Therefore, several clinical interventions are being used in conjunction with feminist and empowerment theories to help women victims deal with the trauma and stress related to violence.

Cognitive-Behavioral therapy (CBT) is regarded as the most effective clinical intervention to treat trauma among violence victims (Lowery, 2008). The skills in CBT focus on addressing symptoms of PTSD among IPV survivors, which include anger, denial, manipulation, dissociation, self-blame, emotional stress, and trust (Jackson, Petretic-Jackson, & White, 2002). In a study by Iverson and his colleagues (2011), CBT has proved to be useful in preventing future violence among women who have experienced violence.

The literature review revealed the suggested use of empowerment, strengths perspective, CBT, and feminism theories in interventions with IPV victims. Mostly, delivery of services to survivors of IPV in shelters or any other agencies rely on the combination of philosophical approaches to guide a comprehensive working model with the victims of IPV. However, to a large extent, empowerment model was the most used or referenced perspective to help the victims of violence.

Theoretical Construct of Empowerment

The work on empowerment can be traced back to a famous theorist, Paulo Freire, in his theory and philosophy of education (Turner & Maschi, 2015). Paulo Freire was interested in knowing the humanity of marginalized people, and the social and cultural barriers of discrimination that they face in their daily lives (Freire, 2000). Freire argued to design curriculum based on lived experiences of students who faced social and cultural barriers of discrimination in his school (Freire, 2000). Further, Freire's concept of critical consciousness had an impact on understanding a process of empowerment because it implies an awareness of oppression and its ripple effects on certain communities in a society (Freire, 2000; Gutierrez, 1990;; Hipilito-Delgado & Lee, 2007). Gutierrez (1990) drew his conceptualization of empowerment on Freire's argument and explained empowerment as a process of increasing personal, interpersonal, and political power to improve the lives of marginalized populations. Empowerment is also viewed as a goal of achieving social-political freedom in a society (Carr, 2003).

For more than four decades, the construct of empowerment has been increasingly utilized in diverse disciplines such as community psychology, social development psychology, and public health (Rappaport 1987). In community psychology, empowerment is seen as a useful action approach where individuals, organizations, and communities engage in a process of shaping their environment to gain control over their lives and deal with social issues rooted in powerlessness (Peterson & Zimmerman, 2004; Rappaport, 1987). In the social development field, empowerment is understood by the work of Dawn and Batiwala (1994). Dawn and Batiwala (1994) defined empowerment as a means to transform unequal power relations persisting in a society. Dawn and Batiwala (1994) further explained that transformation of

unequal power relations will be achieved when people are able to exercise agency and autonomy to access both internal and external resources. Similarly, public health theorists view empowerment as a process to make people aware of social and material inequities that lead to poor health or health disparities prevailing in a society (LeRoy et al. 2004; Minkler et al. 2001; Ramirez et al. 2006).

In addition to the possession of critical consciousness and awareness of social and political processes, the construct of empowerment has been psychologically conceptualized to entail other sub-components such as perception of control and feelings of efficacy (Speer, Jackson, & Peterson, 2000; Watts et al., 2003; Zimmerman, 1995). In the 1990s, Zimmerman (1995) made the first attempt to go further from the existing definitions of empowerment to theorize empowerment as a process at the individual level. Zimmerman (1995) developed a nomological network of psychological empowerment. Psychological empowerment involves psychological aspects of dynamic, ongoing, and participatory processes by which individuals gain greater mastery and control over their lives and affairs and engage more in democratic participation in their community (Rappaport, 1987; Zimmerman, 1995; Zimmerman & Rappaport, 1988).

In its original formulation, psychological empowerment was theorized to consist of three components: the intrapersonal (e.g., self-efficacy); the interactional (e.g., critical awareness, resource mobilization, and problem solving); and the behavioral (i.e., taking action to eradicate identified power blocks and imbalances) (Lee, 2001; Rappaport, 1987; Zimmerman, 1995). Christens (2012) presented a new addition to Zimmerman's nomological network of psychological empowerment and expanded it by integrating a fourth component which he termed as interpersonal or relational empowerment. He defined it as "interpersonal transactions and

processes that undergird the effective exercise of transformative power in the sociopolitical domain” (Christens, 2012, p.121). This component comprised of collaborative competences, network mobilization, and capabilities to bridge social divisions (Rodrigues, Menezes, & Ferreira, 2015).

Further, empowerment has been understood as both, a process and an outcome (McCarthy & Freeman, 2008; Perkins & Zimmerman, 1995). As a process, empowerment is viewed as “the interpersonal process of providing the resource, tools, and environment to develop, build, and increase ability and effectiveness of others to set and reach goals for individual and social ends” (Hokanson-hawks, 1992, p. 610). On the other hand, empowerment as an outcome is seen to be contingent on three key elements: agency, institutional structure, and resources. The first component, agency, means or represents the capacity for the desired action, to pursue goals, to express voices, and to make decisions free from violence. In the second component, institutional structure consists of social arrangements of formal and informal rules and practices. These institutional structures are easily visible in social systems such as family, community, state, country, and so forth. These social arrangements shape and influence the process of implementing or expressing agency and control over resources. The third and the last component of this model is resources, which are tangible and intangible capital and sources of power that members have and use in the exercise of their agency. This component includes critical consciousness, bodily integrity (health, safety and security) and assets (financial and productive assets, knowledge and skills, time, and social capital).

In 2010, two authors attempted to expand on prior work on the empowerment theory and introduced a model of empowerment which is called the empowerment process model (Cattaneo & Chapman, 2010). In this model, researchers attempted to articulate empowerment as an

iterative process to find components of that process and to present the process in a way that is practically useful to both researchers and practitioners. The components of the model are personally meaningful and power-oriented goals, self-efficacy, knowledge, competence, action, and impact. Individuals move through the process with respect to particular goals, doubling back repeatedly as experience promotes reflection.

Thus far, the development of empowerment theory has been focused on becoming aware of social structures (Christens, 2012), understanding it as a process and an outcome (Perkins 1995; McCarthy & Freeman, 2008), and focusing on core elements of empowerment and then combining them through a process of reflection, aligned with personal goals (Cattaneo & Chapman, 2010).

Problems with Current Empowerment Approach

The major problem with the body of research around the construct of empowerment is that there is no consistent model of empowerment (Christens 2012; Holden et al. 2004; Hunter et al. 2013; Woodall et al. 2012). Researchers such as Swift and Levin (1987) and Goodman and colleagues (2014) have noted that there is a critical lack of agreement regarding how empowerment should be defined and measured.

Recently, there has been a push to put forth a comprehensive definition of the term, along with a clearly specified model of the empowerment process. Cattaneo and Goodman (2015) developed the Empowerment Process Model to work with IPV. Their efforts resulted in a comprehensive framework which enables understanding on the broader processes underlying the victims' empowerment. However, more detailed and community-driven research is needed to expand on empowerment models such as the Empowerment Process Model. The current approach indicates insufficient results and lags behind in providing competent interventions to

help victims and foster full empowerment (Warshaw, Sullivan, & Rivera, 2013). The policies and protocols under this approach were reported as disempowering, coercive, and entrapping to victims (Belknap, 2010; Ford, 2003; McDermott & Garofalo, 2004). Also, there is insufficient evidence to prove the usefulness of the empowerment approach to protect and prevent women victims of intimate partner violence (CDC, 2017).

The empowerment process will likely be different for different populations of women, in different settings, at different points in the recovery process. Additional research is required to develop a richer and deeper understanding of the empowerment experiences of specific sub-groups such as women residing in domestic violence shelters. The present empowerment conceptualization is underdeveloped because it does not give preference to victims' needs (Kulkarni, Herman-Smith, & Ross, 2015). Furthermore, little focus has been given to include women victims' voices in creating programs or treatments for them, or sometimes their needs are either ignored or inadequately addressed (Leung, 2014). To date, no research has attempted to understand the meaning of empowerment to the victims of intimate partner violence.

To provide holistic help to women victims of intimate partner violence, the meaning of empowerment for the victims of violence needs to be redefined by putting critical relevance to their voices. By ignoring women's voices, many development projects have failed to achieve their objective of empowering them (Warshaw, Sullivan, & Rivera, 2013). Hence, it is advisable and recommended to constantly understand and refurbish the definition of empowerment and the process of facilitating empowerment, which is a central aspiration of many programs designed for intimate partner violence victims. Consequently, this study was designed to capture the narratives of victims of intimate partner violence to gain a richer understanding of empowerment by and for them. Unfortunately, while individual-level interventions are relatively easy to assess,

evaluation of comprehensive, multi-level, multi-component programs and institution-wide reforms is more challenging, and therefore, while these approaches are almost certainly the key to long-term prevention, they are also the most under-researched (Heise, 2013).

Several studies also described empowerment as a multidimensional process which requires changes in the economic, political and social conditions that reproduce oppression and exclusion (Luttrell & Quiroz, 2009). It is understood as a process in which one engages in the process of empowerment through participation (Lamb & Peterson, 2011). Without genuine meaningful participation, empowerment can remain an empty and unfulfilled promise (Cornwall & Brock, 2005). Most importantly, efforts should be taken to make these women feel including and contributing in the research processes as their control is considered the core of the empowerment model. Therefore, my research design facilitates empowerment among victims in a research process with their participation as co-researchers to obtain rich and unbiased stories of empowerment from victims of intimate partner violence.

CHAPTER III: METHODOLOGY

The primary objective of the present study is to explore the meanings of empowerment from the perspective of female victims of intimate partner violence. Keeping the stated objective in mind, I will adopt a qualitative approach to conduct this inquiry through personal experiences of the victims.

Qualitative Design Rationale

The exploratory and participative nature of this project is consistent with a qualitative research design (Creswell, 2014). I will seek to gather the meaning of empowerment among women victims of intimate partner violence seeking services from an agency that works for the welfare and prevention of violence against women.

According to Patton (2014), qualitative research aims to understand interactions that are unique from the perspectives of individuals who experience phenomena. Throughout the qualitative research process, the researcher maintains a focus on learning or interpreting the meaning that participants hold about the research problem or question (Creswell, 2014). Also, the emphasis is placed on the co-participation of participants with a researcher to co-create an understanding of the topic to be discussed under investigation (Lincoln, Lynham, & Guba, 2011).

Altogether, qualitative research treats the participants as co-researchers by being inclusive of their experiences, perspectives, opinions, and meanings. This minimizes any imbalance in the dynamics of power discrepancy between the researcher and their participants. This aligns with the subject matter of the study at hand, where the goal is to understand the meanings of empowerment among women victims of intimate partner violence through their experiences and to give them equal participation in the research process.

Design Methodology

The objective of the current study is to capture real-life experiences of intimate partner violence victims through their stories of empowerment. It also aims to amplify voices of victims of intimate partner violence through their co-participation in the data collection and data analysis process. Based on the purpose and research question of this study, I will use narrative-photovoice methodology to collect, reflect, and inquire about the participants' experiences of empowerment.

Narrative-photovoice methodology is rooted in two methodological approaches: narrative inquiry and photovoice research methodology (Simmonds, Cornelia, & Avest, 2015). In this methodology, the narrative inquiry stage focuses on capturing participants' narratives to fill the gap in understanding by accumulating the personal meaning of experiences of empowerment to the community members (Clandinin & Rosiek, 2007). Similarly, photovoice research designates participants as data collectors and through their pictures, allows them an additional platform to share their voices about their experiences, further engaging them as co-researchers in the research process (Walton et al., 2012).

Narrative-Photovoice Methodology Rationale

While narrative-photovoice methodology is drawn from both photo-narratives (Kaplan, 2008) and photovoice (Wang & Burris, 1997), it is explicitly underpinned by narrative inquiry theory. The objective of narrative-photovoice is to give voice to the voiceless because it allows participants to share their stories, on their terms. Thus, participants reveal what is displayed in their photographs in the form of narrative.

This methodology is used for two reasons. First, the present research study will explore participants' narratives as meanings and experiences of empowerment. Second, this project will attempt to bring seldom-heard voices into the public forum.

The Role of the Researcher

In qualitative inquiry, the researcher acts as an instrument to unfold and comprehend a phenomenon of his/her interest (Creswell, 2014). My role in the study will intend to be de-centered, as defined by a narrative approach, in that participants will be viewed as co-researchers and their experiences and meanings, rather than my own or society's meanings about empowerment, will be the focus. I will be a facilitator in the co-participation process, providing prompts for photographs and narratives as participants themselves will identify photographs and narratives that illuminate their own ideas about empowerment. In addition, I will approach this study from a primarily etic, or outsider, perspective. As I will provide prompts and ask questions, I will do so as one who does not share the group members' experiences, even though I provide services at the agency and work directly with this population. I will also serve as collector, analyzer, and interpreter of the data.

Researcher's Lens

For this study, my intentions began with contemplation on my own identity as a woman and my personal experiences dealing with discrimination as a female. My orientation towards this subject was also highly influenced by my sister's personal experience with domestic violence. During this journey, I found myself reflecting on the limited portrayal of equality and empowerment for women, as in it is offered in terms of services like education and employment, but not on larger platforms like social and political empowerment. This is why women are seen excelling in every sphere, but they still lack a prominent place in social and political power roles, which is evident through rising gender-based inequities (Leopold, Ratcheva, & Zahidi, 2017).

Further, my doctoral journey added major points to the emergent nature of this project. I was actively working with women victims of intimate partner violence and sexual abuse as an

intern in an agency established to serve this population. Three forces – my female identity, my sister’s experience of abuse, and my involvement with victims at the shelter – constantly motivated me to consider women’s struggles and look into reasons why some women are abused and lead a life of fear. In this process of contemplation, I realized that the current domestic violence system is not designed properly to take care of women’s rights and health.

It was difficult to see my sister suffer through mental exhaustion due to social constructs around her, like relatives, friends, and colleagues. I could not comprehend continuously living with such abuse and disrespect, thus not seeing a way to help. Being with my sister and witnessing her pain as she repeatedly returned to live in an abusive environment spurred me to think more about empowerment and fed my desire to help programs designed for women victims of IPV. Personally, I could not identify the line between anger and abuse, particularly because the definition of abuse seems to be determined in a historically, politically, and culturally set context.

My involvement with victims of intimate partner violence at the shelter, where I began to work after learning of my sister’s experience, helped me find more information and shape my own ideas about empowerment and freedom for women. As a research scholar and mental health professional, I brought to this study, the belief that current understanding of empowerment was incomplete and that the meaning of empowerment for the women victims of intimate partner violence is poorly understood, at best. I also believe that without understanding what empowerment means for the victim, the efficacy of programming and treatment will not advance. Throughout my experience at the shelter, I understood that there is definitely no single definition of empowerment.

Trustworthiness

In qualitative research, trustworthiness demonstrates credibility of the findings by employing certain procedures. These procedures may include prolonged engagement, triangulation, member-checking, thick description, peer debriefing, use of an external auditor, and maintenance of a reflexive journal (Creswell, 2014). The present study is designed to derive thick descriptions from the participants by collecting data from different sources, including photographs, individual narrative interviews, and a focus group narrative interview. While data collection will take place in a period of eight weeks, I have been engaged with this population for over a year and half. Additionally, in keeping with the methodological perspective of this study, I will engage in checking my ideas about individual initial themes in one of the group meetings, allowing participants to provide context and alternative interpretations (Creswell, 2014).

In narrative inquiry, the researcher is required to show in detail, the procedure of data collection so that in-depth information allows readers to gauge the reliability and validity of the study (Silverman & Marvasti, 2008). In keeping with the foundations of narrative inquiry, I will provide a detailed description of the data collection process. In a well-known text by narrative researchers Connelly and Clandinin (1990), two main criteria were particularly noted as important to the trustworthiness of the research: verisimilitude and transferability. Verisimilitude is defined as “a criterion for a good literary study, in which the writing seems ‘real’ and ‘alive,’ transporting the reader directly into the world of the study” (Creswell, 2014, p. 250). I endeavored to present the findings of the study in a way which allowed said goal to be achieved efficiently.

Transferability will be achieved by being sincere about my personal biases and transparent about the research process to the participants. Self-reflexivity and transparency are two ways by which sincerity is demonstrated in qualitative research (Tracey, 2010). Further,

transparency will be maintained by being honest about the research process (Tracy, 2010). To reduce the potential impact of my biases, I will maintain a reflexive journal (Creswell, 2014) during both, data collection and analysis, and discuss my perceptions with my dissertation chair throughout the research process.

Population and Setting

Sampling Method and Participants

I will use purposive sampling to recruit participants in this study. In purposive sampling, qualitative researchers intentionally recruit individuals who can provide in-depth information about the topic under investigation (Patton, 2014). Information-rich cases provide in-depth data that facilitates insight and understanding which differs from what can be gained from a broader population (Patton, 2014). The sample will also be convenient, in that I provide services in the agency where participants will be recruited.

Participants will be all (a) women, (b) victims of intimate partner violence, (c) receiving services at the facility, (d) 18 years old and above, and (e) able to understand and speak English. Those who will not meet these criteria will not be included in participation. A specific target is not appropriate for the chosen research design, however, a minimum of five and maximum of ten participants is anticipated.

Setting

The present study is conducted at a shelter for abuse victims who have experienced family violence, intimate partner violence, and sexual abuse. It is a non-profit organization that provides free services to support and empower victims through safe shelter, services (e.g., legal aid, counseling, and support groups), and outreach.

Participant Recruitment

To recruit women from the agency, I first will contact the Director of Resident Advocates of the agency and share my ideas with her. I will talk about my interest in understanding the idea of empowerment among intimate partner violence victims in the shelter. I will describe the planned process for collecting the data from the participants. She will then review the agency's privacy and confidentiality process. For this purpose, she will request me to submit the entire data collection process information and plan to secure participants' identification. Subsequently, I will share the data collection process information with her via email; we then will meet to talk about it in further detail before she will bring up the idea with Chief Executive Officer (CEO) of the agency.

After getting the permission letter from the agency, I will submit my application in the Institutional Review Board (IRB) at Texas A&M University-Corpus Christi. With the IRB approval in hand, I will start recruitment of the participants. The recruitment will begin by approaching all the staff members (resident advocates, case-managers, and counselors) and briefly providing them information about my research interest and their role in providing information about the study to clients. Then, staff members (resident advocates, case-managers, and counselors) will be asked to approach appropriate clients and provide them with flyers (Appendix C). The flyer will announce the project's intentions, process (photo assignments, one-on-one narrative individual, and a focus group narrative interview), and contact details of the researcher. Staff members will utilize the script (Appendix D) to share information about the study with potential participants. Staff members will also provide potential participants with a document authorizing me to contact them (Appendix F). I will then contact potential participants in accordance with their instructions on the authorization. I will meet with each interested client

in person during their available hours at the shelter to go over the informed consent form (Appendix G), ask them if they have any questions for me, and give them the form for signature.

I will also recruit participants from the support group forum in which I am a co-facilitator. Flyers (Appendix C) will be handed out and interested potential participants will be asked to contact the researcher via email, text, call, or in person. I will meet with each interested individual during their available hours at the shelter. During these meetings, I will review the informed consent form and answer any questions (Appendix G).

Data Collection Procedure

There are five stages of narrative-photovoice methodology: preparation stage, intermediary stage, stage 1, stage 2, and stage 3 (Simmonds, Cornelia, & Avest, 2015). These stages will provide the opportunity to collect data through three basic types of data collection tools: photographs, interviews, and a focus group. It will take eight weeks to implement these five stages and to get data through photographs, individual narrative interviews, and a focus group narrative interview. The description of each week is as follows:

Week 1 (Group Meeting: 2 hours)

The purpose of the initial group meeting is to introduce myself, discuss the research in more detail, provide handouts that participants will need as they complete the photography projects, and engage participants in activities designed to acquaint them with the concept of the power of photographs and words (Appendices H, I). At the end of this meeting, participants will be provided with a prompt (Appendix L) for photographs to be taken during weeks 2 and 3, direction and assistance as needed regarding use of their phones as cameras (Appendix M), and information about ethics regarding the pictures (Appendix O).

Week 2 and Week 3 (No group meeting -- email, call, or face-to-face meeting)

In weeks 2, participants will be reminded via email, telephone call, or in person about the objectives of weeks 2 and 3. In weeks 2 and 3, the participants will take two rounds of photographs based on the given prompt's handout. The participants will be encouraged to capture the pictures that will represent their meaning of empowerment in the best way possible.

In week 2, participants will be asked to refer to the copy of the prompt handout (Appendix L), steps to take a picture handout (Appendix N), and ethical guidelines handout (Appendix O) in the folder. Then, participants will be encouraged to work on their photo assignment for the entire week. They will be asked to take between one and five pictures based on a given prompt. Participants will be told to keep the prompt in mind while taking the pictures. All the pictures will need to be original. Participants will be cautioned to not show images of substances or activities that are prohibited in the shelter.

The same process will be performed in week 3. Participants will be again asked to refer to the prompt and to capture pictures about the prompt. The finished work of each participant will include at least one picture.

Week 4 (Individual meetings to obtain photographs: anticipated time 5-20 minutes)

In week 4, I will contact the participants using their preferred mode of communication (phone, text, email, or in person) to get the pictures from them. As all the participants will be using their own phones to take pictures, it will be easy and safe to transfer the pictures from participants' phones to my password-encrypted laptop with the use of email, text, or USB cable. After collecting the pictures from each participant and storing each picture on a secured and encrypted laptop, I will print all the photographs so that participants would have the hard copies of the photographs for the next stage.

In addition, I will set up appointments with each participant for an individual narrative interview over the following two weeks. I will send them a reminder email or text prior to the appointment and ask them to contact me if they needed to reschedule.

Week 5 and Week 6 (Individual interviews: time 1-2 hours, depending on participant)

In weeks 5 and 6, I will conduct one-on-one narrative interviews with each participant. Each interview will last between one and two hours. In each interview, I will remind participants that they are free to stop the interview at any time. I will begin the interview by having the participants select the photograph that will be most significant to them. Then, each participant will share the detailed story behind their photographs. During this time, I will facilitate the interview by asking a series of questions using the PHOTO method (Amos, Read, Cobb, & Pabani, 2012), which is attached in Appendix P. The same process will be used for each photo. After the completion of the individual interviews, I will transcribe the data, and use pseudonyms for each transcript. As each transcript will be completed, I will conduct an initial analysis and establish potential themes for each participant in preparation for the next and final stage.

Week 7 (Group meeting: time 1 hours)

This week will be utilized to obtain reflections on the emerged themes by the participants. Herein, I will facilitate interaction among the participants by sharing the emerged themes in the group meeting. In addition, I will ask them to reflect further on their (a) experiences of empowerment, and (b) experiences of taking pictures.

Week 8 (Group meeting: time 1 hours)

A focus group narrative interview will be conducted utilizing the SHOWED model (Appendix P). The SHOWED model is an acronym for a series of questions that are analytical

and action oriented (Larkin et al., 2007). This meeting will enable the participants to share their photographs and narratives with each other.

Data Analysis

I will transcribe each individual narrative interview as soon as it will be possible, after the interview using an audio transcription software (Sonix ®) and will assign pseudonyms for each participant. I will review the data for accuracy by listening to the interviews while reading the transcripts. After all corrections will be completed, I will analyze each transcript individually.

I will utilize in-vivo coding, a common first-round data analysis method (Saldana, 2016). In the first phase of coding, I will manually code the data to analyze the individual interviews.

Manual coding will involve thorough reading of the transcription of all the individual narrative interviews to get a general sense of the information and to reflect on its overall meaning. While reading the data, I will highlight interesting data and repeated phrases and write notes in the margins to capture general thoughts about the data. I will then generate initial codes for each participant, using participants' own language for the codes in order to honor the voices of the participants.

After the first cycle of coding, I will share the initial themes with participants for their comments and reflections. This will allow me to refine and amend initial themes as needed.

I will follow the same process of transcribing the data from the focus group narrative interview, manually first and using a software second (QDA Miner Lite ®). I will read the transcribed focus group narrative interview to get an understanding of the data and will highlight interesting data and repeated phrases. I will again write notes in the margins to capture general thoughts about the data. I will then generate initial codes for the group interview using participants' own language for the codes in order to honor the voices of the participants.

After all initial coding will be completed, I will use focused coding, a second-round data analysis method (Saldana, 2016) to organize and group initial codes into a selected list of categories because of some similar characteristics and condense them further into the study's central themes or concepts (Anfara, 2008). I will re-review all the codes associated with each category and consider whether the data really supports it or not.

In the last phase, I will link categories with sub-categories in order to find relationships among them (Charmaz, 2014). At this time, I will re-organize the core categories/themes.

I will also compose analytic memos (Saldana, 2016) encouraging reflexivity, allowing me to document and reflect on my coding process while wrestling with developing themes. The analytic memos will allow me to reflect on my coding processes and code choices to make connections between myself and the data. In other words, I will track the process of coding, decision-making, and reflecting as I will identify emerging meanings and themes. Analytic memos will also include reflections about participants as well as their experiences of and meanings connected with empowerment.

REFERENCES

- Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., Cundill, B., Francisco, L., Kaye, D., Musuya, T., Michau, L., & Watts, C. (2014). Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk. *BMC Medicine*, 12, 122–139.
- Ambuel, B., Hamberger, L. K., Guse, C. E., Melzer-Lange, M., Phelan, M. B., & Kistner, A. (2013). Healthcare can change from within: sustained improvement in the healthcare response to intimate partner violence. *Journal of Family Violence*, 28, 833-847.
doi:10.1007/s10896-013-9550-9
- Amos, S., Read, K., Cobb, M., & Pabani, N. (2012). Facilitating a photovoice project: what you need to know! *The Nova Scotia Participatory Food Costing Project*. Retrieved from: https://foodarc.ca/makefoodmatter/wpcontent/uploads/sites/3/VOICES_PhotovoiceManual.pdf
- Anczewska, M., Roszczyńska-Michta, J., Waszkiewicz, J., Charzyńska, K., & Czabala, C. (n.d.). Empowering women with domestic violence experience. *Higher Education, Lifelong Learning and Social Inclusion*, 4, 250-254.
- Anderson, D. K., & Saunders, D. G. (2003) Leaving an abusive partner: An empirical review of predictors, the process of leaving, and psychological well-being. *Trauma, Violence, & Abuse* 4, 163–191.
- Anfara, V.A. (2008). Theoretical frameworks. In L. M. Editor (Ed.). *The Sage Encyclopedia of Qualitative Research Methods*, (Vol. 2). Thousand Oaks, CA: Sage.
- Barner, R. J., & Carney, M. M. (2011). Interventions for intimate partner violence: a historical

- review. *Journal of Family Violence*, 26, 10.
- Bay-Cheng, L. Y. (2011). Recovering empowerment: de-personalizing and re-politicizing adolescent female sexuality. *Sex Roles*, 66, 713-717. doi:10.1007/s11199-011-0070-x
- Bell, H. (2003). Strengths and secondary trauma in family violence work. *Social Work*, 48, 513-522.
- Belknap, J. (2010). Offending women: A double entendre. *Journal of Criminal Law & Criminology*, 100, 1061.
- Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. (2004). Effectiveness of hotline, advocacy, counseling, and shelter services for victims of domestic violence: A statewide evaluation. *Journal of Interpersonal Violence*, 19, 815–829.
doi:10.1177/0886260504265687
- Birdsall, N., Kirby, S., & Mcmanus, M. (2016). Police–victim engagement in building a victim empowerment approach to intimate partner violence cases. *Police Practice and Research*, 18, 75-86. doi:10.1080/15614263.2016.1230061
- Bjornberg, K. (2012). Violence against women in South Africa: a cultural and socio-economic issue. Retrieved from: <http://www.genderacrossborders.com/2012/01/12/violence-against-women-in-south-africa-a-cultural-and-socio-economic-issue/>
- Black, C. J. (2003). Translating principles into practice: Implementing the feminist and strengths perspective in work with battered women. *Affilia*, 18, 332–349.
- Breiding, M.J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick. M.T. (2011). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization in the United States. *National Intimate Partner and Sexual Violence Survey*, 1-18.

- Brodsky, A. E., & Cattaneo, L. B. (2013). A Transconceptual model of empowerment and resilience: divergence, convergence and interactions in kindred community concepts. *American Journal of Community Psychology*, 52, 333-346.
doi:10.1007/s10464-013-9599-x
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, 359, 1331–36.
- Capaldi, D. M., Knoble, N. B., Shortt, J., & Kim, H. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse*, 3, 231–280. doi:10.1891/1946-6560.3.2.231
- Carr, E. S. (2003). Rethinking empowerment theory using a feminist lens: the importance of process', *Affilia*, 18, 8 – 20.
- Cattaneo, L. B., & Chapman, A. R. (2010). The process of empowerment: a model for use in research and practice. *American Psychologist*, 65, 646-659. doi:10.1037/a0018854
- Cattaneo, L. B., & Goodman, L. A. (2010). Through the lens of therapeutic jurisprudence: The relationship between empowerment in the court system and well-being for intimate partner violence victims. *Journal of Interpersonal Violence*, 25, 481-502.
doi:http://dx.doi.org/10.1177/0886260509334282
- Cattaneo, L. B. & Goodman, A. L. (2015). What is empowerment anyway? A model for domestic violence practice, research, and evaluation. *Psychology of Violence*, 5, 1-84.
doi: 0.1037/a0035137
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.
- Clandinin, D. J., & Rosiek, J. (2007). Mapping a Landscape of Narrative Inquiry: Borderland Spaces and Tensions. In D. J. Clandinin (Ed.). *Handbook of narrative inquiry: Mapping a methodology* (pp. 35-75). Thousand Oaks, CA, US: Sage.
- Centers for Disease Control and Prevention. (2015). Intimate partner violence: Consequences.

- U.S. Department of Health & Human Services. Retrieved from
<http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>
- Christens, B. D. (2012). Toward relational empowerment. *American Journal of Community Psychology*, 50, 114-128. Doi:10.1007/s10464-011-9483-5.PubMedCrossRef
- Clevenger, B. J., & Roe-Sepowitz, D. (2009). Shelter service utilization of domestic violence victims. *Journal of Human Behavior in the Social Environment*, 19, 359–374.
- Connelly, M. f., & Clandinin, J. D. (1990). Stories of Experience and Narrative Inquiry. *Educational Researcher*, 19, 2-14. doi:<https://doi.org/10.3102/0013189X019005002>
- Cornwall, A. & Brock, K. (2005) What do buzzwords do for development policy? a critical look at ‘participation’, ‘empowerment’ and ‘poverty reduction’, *Third World Quarterly*, 26, 1043-1060, doi:10.1080/01436590500235603
- Coy, M., Scott, E., Tweedale, R., & Perks, K. (2015). ‘It’s like going through the abuse again’: domestic violence and women and childrens (un)safety in private law contact proceedings. *Journal of Social Welfare and Family Law*, 37, 53-69.
doi:10.1080/09649069.2015.1004863
- Creswell, J. W. (2014). Research design: qualitative, quantitative, and mixed methods approaches (4th ed.). Los Angeles, CA Sage.
- Crockett, E. E., Keneski, E., Yeager, K., & Loving, T. J. (2015). Breaking the mold: evaluating a non-punitive domestic violence intervention program. *Journal of Family Violence*, 30, 489-499. doi:10.1007/s10896-015-9706-x
- Currul-Dykeman, K. (2014). Domestic violence case processing: a matter of local legal culture. *Contemporary Justice Review*, 17, 250-272. doi:10.1080/10282580.2014.915144
- Freire, P. (2000). *Pedagogy of the oppressed*. New York, NY: Continuum.

- Davies, J. M., & Lyon, E. (2014). *Domestic violence advocacy: Complex lives/difficult choices* (2nd ed.). Thousand Oaks, CA: Sage
- Devries, K. M. (2010). Intimate partner violence during pregnancy: analysis of prevalence data from 19 countries. *Reproductive Health Matters*, 18, 158-170.
- Dominelli, L. (2002). *Feminist social work theory and practice*. New York, NY: Palgrave.
- Ford, D. A. (2003). Coercing victim participation in domestic violence prosecutions. *Journal of Interpersonal Violence*, 18, 669-684.
- Fuentes, M. J. (2013). Re-framing the subject(s) of gender violence. *Peace Review*, 25, 398-405. doi:10.1080/10402659.2013.816566
- Garcia-Moreno, Claudia., Jansen, A. F. M. H., Ellsberg, M., Heise, L., & Watts, C. (2005) *WHO multi-country study on women's health and domestic violence against women*. Geneva, Switzerland: WHO Press.
- George, J., & Stith, S. M. (2014). An updated feminist view of intimate partner violence. *Family Process*, 53, 179-193. doi:10.1111/famp.12073
- Goodman, L. A., & Epstein, D. (2008). *Listening to battered women: A survivor-centered approach to advocacy, mental health, and justice*. (1st ed.). Washington, DC: American Psychological Association.
- Goodman, L. A., Thomas, K., Cattaneo, L. B., Heimel, D., Woulfe, J., & Chong, S. K. (2014). Survivor-defined practice in domestic violence work. *Journal of Interpersonal Violence*, 31, 163-185. doi:10.1177/0886260514555131
- Grabe, S. (2011). An empirical examination of women's empowerment and transformative change in the context of international development. *Society for Community Research and Actions*, doi:10.1007/s10464-011-9453-y

- Gutiérrez, L. M. (1990). Working with women of color: An empowerment perspective. *Social Work, 35*, 149–153.
- Hackett, S., Mcwhirter, P. T., & Leshner, S. (2015). The therapeutic efficacy of domestic violence victim interventions. *Trauma, Violence, & Abuse, 17*, 123-132.
doi:10.1177/1524838014566720
- Hegarty, K., Tarzia, L., Hooker, L., & Taft, A. (2016). Interventions to support recovery after domestic and sexual violence in primary care. *International Review of Psychiatry, 28*, 519-532. doi:10.1080/09540261.2016.1210103
- Halket, M. M., Gormley, K., Mello, N., Rosenthal, L., & Mirkin, M. P. (2013). Stay with or leave the abuser? the effects of domestic violence victim's decision on attributions made by young adults. *Journal of Family Violence, 29*, 35-49. doi:10.1007/s10896-013-9555-4
- Harell, E., Kena, G., Morgan, R., Oudekerk, B., & Truman, J. (2016). Data collection: national crime victimization survey (NCVS). *Bureau of Justice*. Retrieved from <https://www.bjs.gov/content/pub/pdf/cv16.pdf>
- Hayward, C. R. (2000). *De-facing power*. Cambridge: Cambridge University Press.
- Heise, L. (2013). What works to prevent partner violence? An evidence overview. London: Crown Copyright. Retrieved from:
<https://www.oecd.org/derec/unitedkingdom/49872444.pdf>
- Heise, L., Ellsberg, M. and Gottemoeller, M. (1999) Ending Violence Against Women. *Population Reports, 11*. Retrieved from:
http://www.vawnet.org/assoc_files_vawnet/populationreports.pdf
- Heise, L., & Garcia-Moreno, C. (2002). Violence by intimate partners. In E. Krug, L. L.

- Dahlberg, & J. A. Mercy et al. (Eds.). *World report on violence and health*. Geneva: Switzerland. WHO Press.
- Hipilito-Delgado, C. P., & Lee, Courtland (2007) 'Empowerment theory for the professional school counselor: a manifesto for what really matters', *Professional School Counseling*, 10, 327 – 332.
- Holden, D. J., Crankshaw, E., Nimsch, C., Hinnant, L. W., & Hund, L. (2004). Quantifying the impact of participation in local tobacco control groups on the psychological empowerment of involved youth. *Health Education & Behavior*, 31, 615–628. doi:10.1177/1090198104268678.CrossRefGoogle Scholar
- Hokanson-Hawks, J. (1992). Empowerment in nursing education: concept analysis and application to philosophy, learning and instruction. *Journal of Advanced Nursing*, 17, 609-618.
- Hotaling, G. T., & Buzawa, E. S. (2003). *Forgoing criminal justice assistance: The non-reporting of new incidents of abuse in a court sample of domestic violence victims*. Lowell, MA: Department of Criminal Justice, University of Massachusetts.
- Hou, J., Yu, L., Fang, X., & Epstein, N. B. (2015). The intergenerational transmission of domestic violence: the role that gender plays in attribution and consequent intimate partner violence. *Journal of Family Studies*, 22, 121-139. doi:10.1080/13229400.2015.1045923
- Howe, D. (2009). *A brief introduction to social work theory*. London, England: Palgrave.
- Hunter, B. A., Jason, L. A., & Keys, C. B. (2012). Factors of empowerment for women in recovery from substance use. *American Journal of Community Psychology*, 51, 91-102. doi:10.1007/s10464-012-9499-5

- Iverson, K. M., Gradus, J. L., Resick, P. A., Suvak, M. K., Smith, K. F., & Monson, C. M. (2011). Cognitive-behavioral therapy for PTSD and depression symptoms reduces risk for future intimate partner violence among interpersonal trauma survivors. *Journal of Consulting and Clinical Psychology, 79*, 193–202.
- Jackson, T. L., Petretic-Jackson, P. A., & Witte, T. H. (2002). Mental health assessment tools and techniques for working with battered women. In A. R. Robert's (Ed.). *Handbook of domestic violence intervention strategies* (pp. 278–297). New York, NY: Oxford University Press.
- Johnson, D. M., Zlotnick, C., & Perez, S. (2008). Is PTSD in battered women associated with psychiatric morbidity, social impairment, and resource loss independent of trauma severity? *Behaviour Therapy, 39*, 232-241.
- Kallivayalil, D. (2007). Feminist therapy: Its use and implications for South Asian immigrant survivors of domestic violence. *Women and Therapy, 30*, 109–127.
- Kaplan, I. (2008). Being 'seen' being 'heard': Engaging with students on the margins of education through participatory photography. In P. Thomson (Ed.). *Doing visual research with children and young people* (pp. 175–191). London and New York: Routledge.
- Kelly, L., & Westmarland, N. (2016). Naming and defining 'domestic violence': Lessons from research with violent men. *Feminist Review, 112*, 113-127. doi:10.1057/fr.2015.52
- Kenyon, K. M. (2016). How women in domestic violence shelters experience empowerment (Doctoral dissertation). Retrieved from ProQuest Dissertations.
- Knight, L., & Hester, M. (2016). Domestic violence and mental health in older adults. *International Review of Psychiatry, 28*, 464-474. doi:10.1080/09540261.2016.1215294

- Ko, L. C. (2009). Sexual violence against women and children in Chinese societies. *Trauma, Violence, and Abuse, 10*, 69-85. Doi: <https://doi.org/10.1177/1524838008327260>
- Kulkarni, S., Herman-Smith, R., & Ross, C. R. (2015). Measuring intimate partner violence (IPV) service providers' attitudes: the development of the survivor-defined advocacy scale (SDAS). *Journal of Family Violence, 30*, 911-921.
- Lamb, S., & Peterson, Z. (2011). Adolescent girls' sexual empowerment: Two feminists explore the concept. *Sex Roles*. doi: 10.1007/s11199-011-9995-3.
- Larkin, J., Lombardo, C., Walker, L., Bahreini, R., Tharao, W., Mitchell, C., Dubazane, N. 2007. Taking it global Xpress: Photovoice and HIV & Aids. (In De Lange, N., Mitchell, C., Stuart, J. (Eds.), *Putting people in the picture: visual methodologies for social change* (pp. 31–44). Rotterdam: Sense Publications.
- Lehrner, A., & Allen, N. E. (2009). Still a movement after all these years? Current tensions in the domestic violence movement. *Violence Against Women, 15*, 656–677.
- Leopold, A. T., Ratcheva, V., & Zahidi, S. (2017). The global gender gap report. Retrieved from http://www3.weforum.org/docs/WEF_GGGR_2017.pdf
- Levin, G., & Swift, C. (1987). Empowerment: an emerging mental health technology. *Journal of Primary Prevention, 8*, 71-94.
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). *Paradigmatic controversies, contradictions, and endsmerging confluences*, In N. Denzin and Y. S. Lincoln (Ed). Thousand Oaks, CA: Sage.
- Leung, L. (2013). It's a matter of trust: policing domestic in Hong Kong. *Journal of Interpersonal Violence, 29*, 82-101. doi: <https://doi.org/10.1177/0886260513504645>
- Lowery, F. (2008). Cognitive-behavioral therapy best after trauma. *Pediatric News, 42*.

- Luce, H., Schrager, S., & Gilchrist, V. (2010). Sexual assault of women. *American Family Physician, 81*, 489–495.
- Luttrell, C. & Quiroz, S. (2009). Understanding and operationalizing empowerment. *Overseas Development Institute*. Retrieved from: www.odi.org.uk
- Macy, R. J., Johns, N., Rizo, C. F., Martin, S. L., & Giattina, M. (2011). Domestic violence and sexual assault service goal priorities. *Journal of Interpersonal Violence, 26*, 3361-3382. doi:10.1177/0886260510393003
- Macy, R. J., Rizo, C. F., Guo, S., & Ermentrout, D. M. (2013). Changes in intimate partner violence among women mandated to community services. *Research on Social Work Practice, 23*, 624-638. doi:10.1177/1049731513490810
- Manjoo, R. (2011). *Report of the Special Rapporteur on violence against Women, its causes and consequences (Rep.)*. doi:https://www2.ohchr.org/english/bodies/hrcouncil/docs/17session/A.HRC.17.26.Add.5_AEV.pdf
- McCarthy, V. & Freeman, L. H. (2008). A multidisciplinary concept of analysis of empowerment: implications for nursing. *Journal of Theory Construction & Testing, 12*, 68-74.
- McDermott, J. M., & Garofalo, J. (2004). When advocacy for domestic violence victims backfires: Types and sources of victim disempowerment. *Violence Against Women, 10*, 1245–1266.
- McNamara, J. R., Tamanini, K., & Pelletier-Walker, S. (2008). The impact of short-term counseling at a domestic violence shelter. *Research on Social Work Practice, 18*, 132–136.

- Nancarrow, H. (2009). Restorative justice for domestic and family violence. *Restorative Justice and Violence Against Women*, 123-149.
doi:10.1093/acprof:oso/9780195335484.003.0006
- Ofstehage, A., Sholk, J., Radday, A., & Stanzler, C. (2011). Social issue report. Retrieved from:
<https://rootcause.org/wp-content/uploads/2019/05/Empowering-Victims-of-Domestic-Violence-Social-Issue-Report.pdf>
- Pain, R. (2014). Everyday terrorism: connecting domestic violence and global terrorism. *Progress in Human Geography*, 38, 531-550. doi:
<https://doi.org/10.1177/0309132513512231>
- Patton, Q. P. (2014). *Qualitative research and evaluation methods*. Saint Paul: MN. Sage Publications.
- Pence, E. (2001). Advocacy on behalf of battered women. In C. M. Renzetti, J. L. Edleson, & R. K. Bergen's (Eds.). *Sourcebook on violence against women* (pp. 329–343). Thousand Oaks, CA: Sage.
- Perez, S., & Johnson, D. M. (2008). PTSD compromises battered women's future safety. *Journal of Interpersonal Violence*, 23, 635-651.
- Perkins, D. D. (1995). Speaking truth to power: Empowerment ideology as social intervention and policy. *American Journal of Community Psychology*, 23, 765–794.
doi:<https://doi.org/10.1007/BF02506991>.
- Perkins, D. D., Zimmerman, M. A. (1995). Empowerment theory, research, and application *American Journal of Community Psychology*, 5, 569.
- Peterson, C., Kearns, M. C., McIntosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E.,

- & Florence, C. (2018). Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults. *American Journal of Preventive Medicine*, 55, 433–444.
- Peterson, N. A. (2014). Empowerment Theory: Clarifying the nature of higher order multidimensional constructs. *American Journal of Community Psychology*, 53, 96-108.
doi:10.1007/s10464-013-9624-0
- Petrectic-Jackson, P. A., Witte, T. H., & Jackson, T. L. (2002). Battered women: Treatment goals and treatment planning. In A. R. Robert's (Ed.). *Handbook of domestic violence intervention strategies* (pp. 298–320). New York, NY: Oxford University Press.
- Payne, M. (2005). *Modern social work theory* (3rd ed.). Chicago, IL: Lyceum.
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 15, 121–148.
doi:10.1007/BF00919275
- Rodrigues, M. Menezes, I. & Ferreira, P. D. (2015). The organizational and educational contexts of the Portuguese Catholic Scout Association: Their impact on youth participation. *Italian Journal of Sociology of Education*, 7, 148–175.
- Rodrigues, M., Menezes, I., & Ferreira, P. D. (2017). Validating the formative nature of psychological empowerment construct: Testing cognitive, emotional, behavioral, and relational empowerment components. *Journal of Community Psychology*, 46, 58-78.
doi:10.1002/jcop.21916
- Saleebey, D. (2002). *The strengths perspective in social work practice* (3rd ed.). Boston, MA: Allyn & Bacon.
- Saldana, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Arizona: AZ. Sage Publications.

- Sanders-McDonagh, E., Neville, L., & Nolas, S. (2016). From pillar to post: understanding the victimization of women and children who experience domestic violence in an age of austerity. *Feminist Review*, 112, 60-76. doi:10.1057/fr.2015.51
- Sen, G. & Mukherjee, A. (2014). No empowerment without rights, no rights without politics: gender-equality, MDGs and the post-2015 development agenda. *Journal of Human Development and Capabilities*, 15, 188-202. doi:10.1080/19452829.2014.884057
- Shamu, S., Abrahams, N., Temmerman, M., Musekiwa, A., & Zarowsky, C. (2011) A systematic review of African studies on intimate partner violence against pregnant women: Prevalence and risk factors. *PLoS One*, 6. doi: 10.1371/journal.pone.0017591.
- Silverman, D., & Marvasti, A. (2008). *Doing qualitative research: A comprehensive guide*. Thousand Oaks, CA: Sage Publications
- Slabbert, I. (2016). Domestic violence and poverty. *Research on Social Work Practice*, 27, 223-230. doi:10.1177/1049731516662321
- Simmonds, S., Cornelia, R., & Avest, T., I. (2015). Blurring the boundaries between photovoice and narrative inquiry: A Narrative-Photovoice Methodology for Gender-Based Research. *International Journal of Qualitative Methods*, 14, 132-151.
- Simon, B. L. (1994). *The empowerment tradition in American social work: A history*. New York, NY: Columbia University Press.
- Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Atlanta, Georgia: Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>
- Song, L. (2011). Service Utilization, Perceived changes of self, and life satisfaction among

- women who experienced intimate partner abuse. *Journal of Interpersonal Violence*, 27, 1112-1136. doi:10.1177/0886260511424495
- Speer, P. W., Jackson, C. B., & Peterson, N. A. (2001). The relationship between social cohesion and empowerment: Support and new implications for theory. *Health Education & Behavior*, 28, 716–732. doi:10.1177/109019810102800605
- Speer, P. W., Peterson, N. A., Armstead, T. L., & Allen, C. T. (2012). The influence of participation, gender and organizational sense of community on psychological empowerment: the moderating effects of income. *American Journal of Community Psychology*, 51, 103-113. doi:10.1007/s10464-012-9547-1
- Stein, A. (2013). Intimate partner violence: a psychological diagnosis of social pathology. *The Journal of Psychohistory*, 40.
- Stockman, K. J., Hayashi, H. & Campbell, C. J. (2015). Intimate partner violence and its health impact on disproportionately affected populations, including minorities and impoverished groups. *Journal of Women Health*, 24, 62-79.
- Sulak, T. N., Saxon, T. F., & Fearon, D. (2014). Applying the theory of reasoned action to domestic violence reporting behavior: the role of sex and victimization. *Journal of Family Violence*, 29, 165-173. doi:10.1007/s10896-013-9569-y
- Swanberg, J. E., Ojha, M. U., & Macke, C. (2012). State employment protection statutes for victims of domestic violence. *Journal of Interpersonal Violence*, 27, 587-619. doi:10.1177/0886260511421668
- Taft, A., Watson, L., & Lee, C. (2004). Violence against young Australian women and association with reproductive events: Cross-sectional analysis of a national population

- sample. *Australia & New Zealand Journal of Public Health*, 28, 324–329.
doi:10.1111/j.1467-842X.2004.tb00438.x.
- Tani, F., Peterson, C., & Smorti, M. (2016). The words of violence: autobiographical narratives of abused women. *Journal of Family Violence*, 31, 885-896.
doi:10.1007/s10896-016-9824-0
- Tracey, S. J. (2010). Qualitative quality: eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry*, 16, 837-851. doi: 10.1177/1077800410383121
- Trevillion, K., Corker, E., Capron, L. E., & Oram, S. (2016). Improving mental health service responses to domestic violence and abuse. *International Review of Psychiatry*, 28, 423-432. doi:10.1080/09540261.2016.1201053
- Trevillion, K., Hughes, B., Feder, G., Borschmann, R., Oram, S., & Howard, L. M. (2014). Disclosure of domestic violence in mental health settings: A qualitative meta-synthesis. *International Review of Psychiatry*, 26, 430-444.
doi:10.3109/09540261.2014.924095
- Turner, G. S., & Maschi, M. T. (2015). Feminist and empowerment theory and social work practice. *Journal of Social Work Practice*. 29, 151-162.
doi:http://dx.doi.org/10.1080/02650533.2014.941282
- Tutty, L. M., & Rothery, M. (2002). Beyond shelters: Support groups and community-based advocacy for abused women. In A. R. Robert's (Ed.). *Handbook of domestic violence intervention strategies* (pp. 396–418). New York, NY: Oxford University Press.
- United Nations. (1994). *Declaration on the elimination of violence against women*. New York, NY: United Nations.
- Walton, G., Schleien, S., Brake, L., Trovato, C., & Oakes, T. (2012). Photovoice: A

- collaborative methodology giving voice to understand populations seeking community inclusion. *Therapeutic Recreation Journal*, 3, 168-178. doi:
<https://js.sagamorepub.com/trj/article/view/2797>
- Wang, C., & Burris, A., M. (1997). Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment. *Sage Journals*, 24. 369-387. doi:
<https://doi.org/10.1177/109019819702400309>
- Warshaw, C., Sullivan, M., C., & Rivera, A., E. (2013). A systematic review of trauma-focused interventions for domestic violence survivors. *Center on Domestic Violence, Trauma, and Mental Health*. Retrieved from http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVTMH_EBPLitReview2013.pdf
- World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, and South African Medical Research Council. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Retrieved from <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/index.html>
- Withiam, H. (2018, March 18). Disturbing video shows baseball player beating girlfriend. [New York Post]. Retrieved from <https://nypost.com/2018/03/14/disturbing-video-shows-baseball-player-attacking-girlfriend/>
- Wood, L. (2014). Hoping, empowering, strengthening: theories used in intimate partner violence advocacy. *Journal of Women and Social Work*, 30(3), 1-16.
doi:10.1177/0886109914563157

- Woodall, J. R., Warwick-Booth, L., & Cross, R. (2012). Has empowerment lost its power? *Health Education Research*, 27, 742–745. doi: 10.1093/her/cys064.
- World Health Organization, (2010). Responding to intimate partner violence and sexual violence against women. *World Health Organization*.
- World Health Organization. (2010). Preventing intimate partner and sexual violence against women: Taking action and generating evidence. *International Journal of Child, Youth and Family Studies*, 7, 343–363.
- World Health Organization. (2016). Violence against women [Fact sheet No. 239]. Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/>
- Wozniak, D. F., & Allen, K. N. (2011). Ritual and performance in domestic violence healing: from survivor to thriver through rites of passage. *Culture, Medicine, and Psychiatry*, 36, 80-101. doi:10.1007/s11013-011-9236-9
- Yamawaki, N., Ochoa-Shipp, M., Pulsipher, C., Harlos, A., & Swindler, S. (2012). perceptions of domestic violence. *Journal of Interpersonal Violence*, 27, 3195-3212. doi:10.1177/0886260512441253
- Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations. *American Journal of Community Psychology*, 23, 581 599. doi:<http://dx.doi.org/10.1007/BF02506983>
- Zimmerman, M. A. (2000). *Empowerment theory: Psychological, organizational, and community levels of analysis*. In J. Rappaport & E. Seidman (Eds.), New York, NY: Kluwer Academic/Plenum.
- Zimmerman, M. A., & Rappaport, J. (1988). Citizen participation, perceived

control, and psychological empowerment. *American Journal of Community Psychology*, 16, 725–750. doi:10.1007/BF0093002312344

Zweig, J. M., & Burt, M. R. (2007). Predicting women's perceptions of domestic violence and sexual assault agency helpfulness: What matters to program clients? *Violence Against Women*, 13, 1149–1178. doi:10.1177/1077801207307799

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Appendix A: Institutional Review Board



DATE: February 13, 2019

TO: Marvarene Oliver, College of Education and Human Development

CC: Kriti Vashisht, College of Education and Human Development
College of Graduate Studies (gradcollege@tamucc.edu)

FROM: Office of Research Compliance

SUBJECT: Expedited IRB Approval

On February 13, 2019, the Texas A&M University-Corpus Christi Institutional Review Board IRB reviewed the following submission by expedited review under expedited category: Expedited Category 7, Research on individual or group characteristics or behavior

Type of Review:	Initial Review
Protocol Title:	Meaning of Empowerment among Women Intimate Partner Violence Victims
Investigator:	Marvarene Oliver
IRB ID:	145-18
Funding Source:	None
Documents Reviewed:	145-18_HSRP FINAL_2_13_2019 Attachments A-O 2_13_2019

The IRB has **approved** this submission from February 13, 2019 to February 12, 2020. You may now begin the research project.

Additional Determinations:

None

Reminder of Investigator Responsibilities: As principal investigator, you must ensure:

1. **Informed Consent:** Ensure informed consent processes is followed and information presented ensures individuals can voluntarily decide whether or not to participate in the research project.

Attached is an approved consent form. Use the latest IRB-approved consent forms to consent subjects.

2. **Continuing Review:** Before February 12, 2020, you are to submit a continuing review form. If continuing review approval is not granted before the expiration date, the protocol expires and all research activities must stop.
3. **Amendments:** This approval applies only to the activities described in the IRB submission and does not apply should any changes be made. Any changes requires an amendment to the IRB. The Amendment must be approved before any change is implemented.
4. **Completion Report:** Upon completion of the research project (including data analysis and final written papers), a Completion Report must be submitted.
5. **Reportable Events:** Reportable events must be reported to the Research Compliance Office immediately.



OFFICE OF RESEARCH COMPLIANCE
Division of Research and Innovation
6900 Ocean Drive, Unit 9844
Corpus Christi, Texas 78446
Office 361.825.2497

Human Subjects Protection Program

Institutional Review Board

Please do not hesitate to contact the Office of Research Compliance with any questions at irb@tamucc.edu or 361-825-2497.

Respectfully,

Anissa Ybarra
Digitally signed
by Anissa Ybarra
Date: 2019.02.13
15:01:12 -06'00'

Anissa Ybarra, Ed.D.
Research Compliance Coordinator
Division of Research and Innovation

Appendix B: Permission Letter



PO Box 3368 Corpus Christi, TX 78463 ■ 361-884-2900 ■ 361-884-2006 fax
www.purpledoor.tx.org

Letter of Authorization to Conduct Research at 'The Purple Door' (Corpus Christi)/Site Authorization


Date: 02/02/2018

Dear Ms. Vashisht:

The purpose of this letter is to inform you that you have permission to conduct the research tentatively entitled "Gaps in Domestic Violence Abuse Client Experiences of Empowerment" at 'The Purple Door', Corpus Christi. Specifically, Ms. Vashisht will conduct a series of groups during which she will obtain data from those participants who have given informed consent.

We understand that Kriti Vashisht will obtain informed consent for all participants in the research. Kriti has agreed to provide a copy of the informed consent and other accompanying documents she will submit to Institutional Review Board. We understand that the agency will receive a copy of the manuscript that will include findings and discussion of results. If we have any concerns or require additional information, we will contact the researcher (Kriti Vashisht) or her dissertation chair, Dr. Marvarene Oliver.

The Purple Door



Appendix C: Flyer



**RESEARCH PARTICIPATION
OPPORTUNITY**



*The research is being conducted by Kriti Vashisht, under the direction of Dr. Marvarene Oliver, a professor in the Department of Counseling & Educational Psychology at Texas A&M University – Corpus Christi
Texas A&M University – Corpus Christi (IRB Approved - //2018)*



Trying to Recruit Research Participants?



**We are looking for
women intimate
partner violence
victims to ADD
THEIR VOICES ABOUT
the meaning of
empowerment for
women domestic
violence victims.**

**For more information
contact:**

**Resident Advocates
OR Join us on
Tuesday from 6pm to
7pm in the support
group at The Purple
Door**

THE PURPLE DOOR



Appendix D: Script for Staff

Kriti Vashisht is a graduate student in the department of Counseling and Educational Psychology at Texas A&M University – Corpus Christi. She is doing her dissertation study. She is inviting you to participate in a study on women intimate partner violence victims. Through this study, she would like to understand the experiences and meaning of empowerment to intimate partner violence victims.

Your participation in the study will help her to understand your notion of empowerment and to fill in the gaps in the literature. She assures you that all feedback received will remain confidential.

If you are interested in participating, you may choose to sign an authorization letter to release your name, preferred contact method, and best time to Kriti for allowing her to contact you regarding her research project and your possible interest in participation in the research. Please let advocates/case managers/counselors know if you are interested. If you have any other questions, Kriti can be reached by cell phone at 3619605843 or leave a message at office – The Purple Door.

Sincerely,

Appendix E: Script for Researcher

I (Kriti Vashisht) am a graduate student in the department of Counseling and Educational Psychology, Texas A&M University – Corpus Christi. I am doing my dissertation study. I am inviting you to participate in a study on women intimate partner violence victims. Through this study, I would like to understand the experiences and meaning of empowerment to intimate partner violence victims.

Your participation in the study will help me to understand your notion of empowerment and to fill in the gaps in the literature. I assure you that all feedback received will remain confidential. If you are interested in participating, you may choose to share your preferred contact details with me so that I can send you a confirmation via phone/text/email to meet for one on one meeting and to give an informed consent form to you with more information about the study. Please let me know if you are interested. If you have any questions, I can be reached by cell phone at 3619605843 or leave a message at office – The Purple Door.

Sincerely,
Kriti

Appendix F: Authorization Letter

I, _____, authorize _____ to release my name, preferred contact method, and best time(s) to contact me to Kriti Vashisht for the purpose of allowing Kriti Vashisht to contact me regarding her research project and my possible interest in participation in the research.

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event _____.

I understand I have the right to refuse to sign this form and that I may revoke my consent at any time (except to the extent that the information has already been released). I understand that this authorization does *not* allow any other communication between my clinician and Kriti Vashisht. I also understand that my decision to authorize or not authorize the release of this information does not have any impact on my relationship with my clinician or The Purple Door.

Signature of Client

Date

Tear off below line

Name: _____

I prefer to be contacted via ___phone ___text ___email. My contact information is

_____ at: _____

The best time to contact me is: _____

Signature: _____

Appendix G: Informed Consent Form

The Meaning of Empowerment among Women Intimate Partner Violence Victims: A Narrative-Photovoice Study

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. If you decide to participate in this study, this form will also be used to record your consent.

You have been asked to participate in a research project exploring and understanding the meaning of empowerment to women victims of intimate partner violence. The purpose of this study is to capture the voices of women victims of intimate partner violence as they narrate their meaning of empowerment, add to the literature regarding the needs of intimate partner violence victims, and to help the professionals in the field help the intimate partner violence victims in better way. You were selected to be a possible participant because you are a recipient of services at The Purple Door.

What will I be asked to do?

If you agree to participate in this study, you will be asked to attend individual and group meetings on the scheduled dates and weeks for 2 hours at ‘The Purple Door’. This study will last for a total of 8 weeks and you will be required to meet for initial group meetings, one-on-one narrative interviews, and a focus group narrative interview. In addition, you will be asked to contribute photo assignments to complete the data collection procedures. In week 1, I will introduce activities to familiarize you with the objective, and procedures of the study. You will learn and discuss about the narrative-photovoice method as a data collection method and the concept of an empowerment model. Further, we will spend some time to learn about how to use phone camera, photography tips, and ethical considerations while capturing pictures for the assigned prompts to complete the photo assignments. In 2 week and 3 week, I will ask you to devote time and take two rounds of capturing photographs based on the given prompts handouts. Afterwards in week 4, you will be contacted as per your preferred mode of communication (phone call, text, email, or meet in person) to get the pictures from you. I will transfer the pictures from participants’ phone to my password encrypted laptop with the use of email, text, or usb cable. After this, I will set up individual appointments to conduct one-on-one narrative interview in the next week. In the next stage (week 5 & week 6), you will be asked to appear for one-on-one interview on your scheduled date and time. In this interview, you will be asked to select the photograph that is the most meaningful to you to discuss. Then, you will share the detailed story behind each photograph. Further in week 7, I will share the emerged themes in a group meeting and will ask you to reflect further on your experiences of empowerment and experiences of taking pictures. In the last week (week 8), you will be asked to attend a focus group narrative interview to share your photographs and narratives with other participants.

Your participation will be audio recorded.

What are the risks involved in this study?

As with much research involving human beings, there is some risk of breach of confidentiality. However, a pseudonym of your choosing will be used in any reporting of this research and you will not be identified in any way. In addition, recording equipment will be password-protected and kept in a locked file cabinet until transcriptions are made and verified, at which time the recordings will be erased. Consent documents will be stored separately from the transcriptions and all will be maintained in a locked file cabinet. In addition, there is some risk of psychological distress as a result of participating in the groups; however, that risk is no greater than risks ordinarily involved in treatment activities at The Purple Door. If you experience distress, you are free to withdraw from the research as well as to work with a counselor at The Purple Door.

What are the possible benefits of this study?

You will receive no direct benefit from participating in this study; however, it may be empowering to have your voice represented in the literature concerning women victims of intimate partner violence. In addition, the study may contribute to better understanding of women intimate partner violence victims and how they understand and experience empowerment, thus impacting their treatment and other services available to them.

Do I have to participate?

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with Texas A&M University-Corpus Christi or The Purple Door being affected.

Who will know about my participation in this research study?

This study is confidential, and no identifiers linking you to this study will be included in any sort of report that might be published. Research records will be stored securely and only Kriti Vashisht and her faculty advisor, Dr. Marvarene Oliver, will have access to the records. If you choose to participate in this study, you will be audio/video recorded. Any audio/video recordings will be stored securely and only Kriti Vashisht will have access to the recordings. Any recordings will be kept for three-year period and then these paper and electronic copies will be shredded and erased respectively.

Whom do I contact with questions about the research?

If you have questions regarding this study, you may contact Kriti Vashisht, kvashisht@islander.tamucc.edu or Dr. Marvarene Oliver, marvareneoliver@tamucc.edu

Whom do I contact about my rights as a research participant?

This research study has been reviewed by the Research Compliance Office and/or the Institutional Review Board at Texas A&M University-Corpus Christi. For research-related problems or questions regarding your rights as a research participant, you can contact the Research Compliance Office, at (361) 825-2497 or send an email to “IRB@tamucc.edu”.

Signature

Please be sure you have read the above information, asked questions and received answers to your satisfaction. You will be given a copy of the consent form for your records. By signing

this document, you consent to participate in this study. You also certify that you are 18 years of age or older by signing this form.

Signature of Participant: _____ **Date:** _____

Printed Name: _____

Appendix H: Photographs

* Between two and four photographs will be selected for use from the following:

1.



Thousands gathered to participate in the Women's March in Austin, which began at City Hall and ended at the Texas Capitol on Saturday, Jan. 20, 2018. 📷 Marjorie Kamys Cotera for The Texas Tribune

2. In Dallas, aerial footage showed large crowds



CBSDFW ✓
@CBSDFW



WATCH LIVE: North Texans rallying for women's rights in Dallas
#WomensMarch2018: cbsloc.al/1Tm8aO1

12:03 PM - Jan 20, 2018

3. Women gathered in support of equal rights, holding signs both humorous and serious.



4.



5. In Austin, Lupe Valdez, the former Dallas County sheriff turned Democratic gubernatorial candidate, attended the march alongside Davis.



6. Andrew White, another Democratic candidate for governor, also made an appearance.



7. Women gathered at the Texas Capitol holding protest signs.



kat
@RedkatAustin



Austin Women's March 2019. Great energy, conviction and compassion.

8. At Houston City Hall, Mayor Sylvester Turner was joined by his predecessor Annise Parker and police chief Art Acevedo.



Houston Police ✓
@houstonpolice



Happening now: @SylvesterTurner & @AnniseParker & @ArtAcevedo join thousands at City Hall for #HoustonWomensMarch

12:23 PM - Jan 20, 2018 - Houston, TX

Appendix I: News Article

Description for IRB: The news article and photographs (Attachments G and H) are for a two-part activity that will be conducted in Week 1. KV will first introduce the activity by talking about the power of words and photographs. Then she will read the following story and ask the group to reflect about it aloud. Then she will show participants pictures included on Attachment H that have to do with the same topic as the story and ask them to discuss and reflect aloud about the photographs. She will then ask the group to discuss thoughts and feelings when (a) they heard the story and (b) when they saw the photographs. Last, she will ask the group to discuss which medium was more impactful for them.

The Texas Tribune

For a second year, Women's March draws thousands across Texas
By Edgar Walters January 20th, 2018 (3 PM)

In cities across Texas, thousands marched on Saturday in support of women's rights and to protest President Donald Trump one year after his inauguration.

Dallas and Austin saw particularly large turnouts as crowds gathered at similar events around the country. In Dallas, local news media estimated the crowd to be larger than the one at last year's event. In Austin, Wendy Davis, who unsuccessfully challenged Gov. Greg Abbott in the 2014 gubernatorial election, gave a speech at the Texas Capitol. Wearing a pink hat, Davis said women had been galvanized by Trump's election. "The young high school and college change makers who have joined our efforts were here in the Capitol in the last legislative session exercising their voices," she said, according to a video of the event.

Across the country, thousands turned out for similar demonstrations. Marchers carried signs in support of equal pay for women and in solidarity with the #MeToo movement against sexual violence.

The march was overwhelmingly attended by women opposed to Trump. The president tweeted Saturday that it was the "perfect day for all Women to March."

Appendix J: Narrative-Photovoice Methodology

Narrative-photovoice methodology is based on narrative inquiry theory and combines principals of photovoice and photo-narrative methods. As with photovoice, the aim of narrative-photovoice is to amplify voices of an unheard or underrepresented community. In narrative-photovoice, participants take their own pictures that represent the topic and then display them as a narrative. The photographer provides a detailed narrative for each photograph.

In narrative-photovoice, the researcher and co-researchers (participants) consider both the photographs and narratives when making meaning of the topic being explored. The idea is to amplify their voices through their photographs and narratives and demonstrate personal meanings concerning the topic (Mitchell, 2011). To the extent that the photograph cannot speak for itself, it needs to be accompanied by a narrative.

In all, the aim of this methodology is to capture the participants' meaning in the photographs and their reflections in their accompanying narratives.

Appendix K: Project Steps and Project Timeline

Below is the timeline to show a list of set objectives for each week. In addition, I will provide a visual view of the project to the participants and will give them a clear overview of the project.

Project timeline						
	Week 1	Week 2 Week 3	Week 4	Week 5 Week 6	Week 7	Week 8
Preliminary Stage	<ul style="list-style-type: none"> ❖ Orientation to the study through 2 photo activities ❖ Talk about narrative-photo voice research methodology to the participants and will discuss the advantages of participating in this research project ❖ Talk about why did i choose the topic of empowerment among 	<p>The participants will take two rounds of capturing photographs based on the given prompts handouts for each week. The participants will be encouraged to capture the pictures that would represent their meaning of empowerment in the best possible way. Photo assignment</p> <p>Photo assignment</p>	<p>Meet to share their pictures with me</p> <p>Participants to share their experiences of taking pictures, how did they like the process, what challenges did they face?</p> <p>Reschedule the individual appointments</p> <p>The photographs will be printed and developed so that participants will have the hard copies or the original prints of the photographs for the next stage.</p>		<p>Further reflection on the written data by the participants . Here, i will use the data shared by each participant and will ask them to reflect further on their experiences of empowerment. In this process, i will ask them to come up with themes for each of the photographs</p>	<p>A focus group narrative interviews will be conducted</p>

	<p>domestic violence victims, what is empowerment</p> <ul style="list-style-type: none"> ❖ Share prompts with the participants that will be used to facilitate participants' photo assignment on the meaning of empowerment ❖ Go over the basics of using camera in the phone ❖ Share ethical and safety guidelines for narrative-photovoice method with participants. 					
Intermediary stage				One-on-one interview		

				One-on-one interview		
Stage 1			Printing pictures and scheduling appointment for the next stage			
Stage 2					Metadata narrative	
Stage 3						Focus group interview

Appendix L: Prompt for the Photo Assignment

INSTRUCTIONS:

For your pictures, you will choose and capture pictures of anything that best fit your ideas of empowerment. The broad prompt is given below to help you pick ideas and capture pictures on empowerment for each week. Please take between one to five pictures each week.

“Anything you see as representing empowerment as related to intimate partner violence”

Appendix M: Basics of using a Camera

1. **Start the camera application:** Simply tap open the camera application on your android or iPhone.
2. **Ensure the camera mode:** Make sure the camera is set on single-shot mode.
3. **Hold and point the camera at the subject:** To capture any pictures, you need to hold the phone steady with both hands and point the camera at the subject.
4. **Touch the shutter icon:** Click the picture by touching the shutter icon. Phone makes a noise when the picture is captured.
5. If you are shooting in landscape position, use your thumb to tap the shutter button (camera icon).
6. If you are shooting in portrait position, you can hold the phone with two hands and press the shutter button (camera icon) with your index finger.
7. **After the picture is clicked,** it appears on the screen as a thumbnail. Touch on that thumbnail to review the picture. Or you can view the clicked picture taken by the phone by using the Gallery application.
8. If the picture appears blurry, ensure that the camera lens on the back of the phone is not dirty. Then, try to click the picture again.

Appendix N: Tips for Taking a Photograph

1. **Zoom in/zoom out:** you can zoom in or out by using onscreen controls or by touching the volume key. If you have a touch screen phone, then you can zoom in or out by spreading your fingers on the screen.
2. **Using the flash:** try to take pictures at different times of the day that is early morning, noon, or evening. The light during these times is different and can result in different looking pictures.
3. If you are shooting in low light, you can tap onto the flash icon on phone camera screen, and select auto, or on.
4. **Different Angles:** try to take pictures from various angles that is front, side, eye level, ground level, above, far, close, and reflection.
5. Pay attention to everything in the viewfinder, not just what is in the center.
6. Keep your finger away from the lens of the phone camera.
7. Avoid taking pictures of people and focus on capturing the picture that describe the given prompt in the best possible way.
8. You can click more than a picture to demonstrate a prompt.

Appendix O: Ethical Considerations

Ethical Considerations (from *Blurring the Boundaries between Photovoice and Narrative Inquiry: A Narrative-Photovoice for Gender- Based Research*. *International Journal of Qualitative Methods*)

1. Do not take pictures in such a way that faces of people are easily distinguishable without permission.
2. Do not trespass on anyone's property to gain access and capture pictures for the study.

Appendix P: Individual and Focus-Group Narrative Interview Questions

One on One Narrative Interview

I will use PHOTO method to conduct the interviews (Amos, Read, Cobb, & Pabani, 2012).

P: Describe your **photo**.

H: What is **happening** in the picture?

O: Why did you take a picture **of** this?

T: What does this picture **tell** us about your life?

O: How can this picture provide **opportunities** for us to improve life?

Follow-up questions will be asked to further facilitate the discussion and to meet the needs of the project.

Focus-Group Narrative Interview

To facilitate the interaction among participants about their photographs and narratives in the focus group narrative interview, I employed the SHOWED model (Larkin et al., 2007). The SHOWED model is an acronym for a series of questions, and these are as follow:

S: What do we **See** or how do we name this topic?

H: What is really **happening**?

O: How does the narrative relate to **our** lives?

W: Why does this weakness or strength exist? What are the root causes? **Why** does this happen?

E: How could this image **educate** others? How might we become empowered now that we better understand the problem better?

D: What can we **do** about it?

Appendix Q: Outside Assistance Resources for the Participants

A list of local mental health/counseling services is as follows:

1. Behavioral Health Clinic (Nueces County) - 1546 S. Brownlee, 886-6970
2. BHCNC Mental Health 24/7 Crisis Hotline - 1-888-767-4493
3. Coastal Plains Community Center
4. Coastal Plains Mental Health 24/7 Crisis Hotline - 1-888-767-4493
5. Family Counseling Services - 3833 S. Staples Suite S203. 852 9665
6. Mother Theresa Day Shelter - 513 Sam Rankin, 883-7372

CHAPTER IV: SUMMATIVE PROJECT REPORT

The current study aims to explore the meaning of empowerment among women who are victims of intimate partner violence (IPV). The project report highlights relevant literature related to the studied topic, findings, and discussion. The report is prepared with the intent to submit the manuscript to the *Journal of Interpersonal Violence (JIV)*. In this report, I include five sections about (a) the changes to the project from proposal to defense; (b) the target journal and submission guidelines, along with the discussion on the manuscript's fit with the journal's purpose; (c) the prepared manuscript that depicts the project and meets the reporting requirements of the target journal; (d) all the relevant materials for inclusion in appendices; and (e) the document detailing committee members' comments/suggestions of the defense document and my response in the manuscript.

PREFACE

The following section is the final document after the original proposal content was executed, collected, and analyzed. The content and its implementation process remained similar to those outlined in the dissertation prospectus with an exception of five changes to the document and study protocol. The five changes included: (a) providing one broader photography prompt instead of 21 specific ones, (b) reiterating the empowerment construct during the initial group meeting to help participants understand the photography prompt, (c) increasing the time period for data collection, (d) expanding on empowerment literature, and (e) reporting an unforeseeable event during data collection to the IRB.

Out of these five changes, the first two changes were suggested by the committee members after the proposal defense. First, the committee recommended using a broad prompt instead of 21 specific prompts derived from literature on the empowerment construct. This change allowed the participants to gather their own stories on the construct of empowerment rather than relying on suggested prompts limited by the literature. Second, committee members and I decided to present on the construct of empowerment during the initial meeting to provide an overview to the participants about literature on empowerment and how it relates to the photography prompt.

The third change was made because of the nature of the study. The modification to the study itself involved lengthening the number of weeks for data gathering. This change was important because the research was community-based and involved a vulnerable population. The study required extensive participant involvement in which they had to click pictures and participate in both individual and focus group narrative interviews. Half of the women who consented to participate dropped out of study because they were transferred to a different

location for their safety or were provided living arrangements that precluded continued participation. Therefore, the timeline for data collection was extended from 8 to 12 weeks, but there were no changes in the research protocol, so no amendment was required by the IRB.

Fourth, more information on victims' definition of empowerment was added to the literature review of this project during the data collection process. Fifth, after the data collection process was completed, the agency determined they would not reimburse the promised incentive to research participants. Thus, I paid for the incentives. The event was reported to the IRB.

PLAN FOR DISSEMINATION

The following manuscript has been prepared to meet the reporting requirements for the *Journal of Interpersonal Violence (JIV)*. This journal offers up-to-date information on the study and treatment of victims and perpetrators of physical and sexual violence. In addition to being an excellent resource for the latest research, *JIV* stimulates and informs research by identifying critical issues and offering potential solutions for common methodological problems in violence research. The aim of this journal is to provide a forum for discussion of the concerns and activities of professionals and researchers working in domestic violence, child sexual abuse, rape, sexual assault, physical child abuse, and violent crime. The submission guidelines of *JIV* are as follows: the manuscript (a) should be prepared using APA style guide, (b) should not be longer than 30 double-spaced pages, including references, tables, and figures, (c) should include five major sections (in this order): Title Page, Abstract, Main Body, References, and Author Biographies, and (d) require all submissions to include a discussion of diversity as it applies to the reviewed research.

The Meaning of Empowerment among Women Victims of Intimate Partner Violence Victims: A
Narrative-Photovoice Study

Abstract

The rising number of atrocities against women by their partners raise a serious need to revisit the way researchers, health practitioners, and educators are approaching this issue. A review of literature regarding protocols used to help victims of intimate partner violence (IPV) revealed the significant role of empowerment theories and frameworks in the work of IPV. However, the review also revealed that the present models of empowerment are based on largely untested theories. I did not find research concerning the meaning of empowerment to women IPV victims. Hence, this study was an initial step to bridge the gap in the literature regarding the meaning of empowerment to the women such models are attempting to serve. I used narrative-photovoice methodology, which features individual narrative interviews and focus group narrative interview to gather data. Inclusion criteria was: (a) women, (b) victims of intimate partner violence, (c) receiving services at the facility, (d) 18 years and above in age, and (e) able to understand and speak English. Twelve women consented to participate; six completed the study. Overarching themes include: Breakthrough, Catalysts in Resilience, Safe Spaces for IPV Victims, Self-Care, Becoming Aware and Developing Skills, Perceived Control and Having a Choice, The Role of Systems, and The Need for Empowering Institutional and Civic Infrastructure. Implications of this research project, including its enriched definition of empowerment, population-specific interventions, and more tangible and concrete evaluation, are discussed.

The Meaning of Empowerment among Women Victims of Intimate Partner Violence: A Narrative-Photovoice Study

The stories of everyday terrorism in the form of violence against women by their partners raise serious concerns about the status of women all over the world, including the United States (Pain, 2014). Data from research organizations such as Centers for Disease Control and Prevention (CDC) and the Bureau of Justice Statistics (BJS) showed a high prevalence of violence against women in the United States. The CDC (2015) reported that one in four women is a victim of partner violence and one in seven women experience extreme fear of being stalked or harmed by their intimate partner. An annual incidence of physical assault on women is even more shocking: approximately 1.3 million women are physically assaulted by their intimate partners per year in the United States (CDC, 2015). The National Crime Victimization Survey report (NCVS) in 2016 reported that a woman is assaulted or beaten every nine seconds, more than three women are murdered each day by their husbands or boyfriends, and almost one-third of female murder victims are killed by an intimate partner (Harell, et al., 2016)

Intimate partner violence (IPV) is one of the most common forms of violence against women and it is defined as “a self-reported experience of one or more acts of physical and/or sexual violence by a current or former partner since the age of 15 years” (WHO, 2013, p. 6). The definition explains that acts of physical violence include slapping, pushing, kicking, dragging, choking, burning or using a gun, knife or other weapon on women (WHO, 2013). Sexual violence involves any act of forced sexual intercourse by a partner on a woman (WHO, 2013).

Women who experience IPV struggle with severe physical, sexual, and emotional effects on their health and lives (Bjornberg, 2012; Slabbert, 2016). They report chronic body pains, unintended pregnancies, sexually transmitted infections, urinary infections, depression, anxieties,

and addiction issues (Breiding, et al., 2011; Taft, Watson, & Lee, 2004). Along with physical, sexual, and emotional consequences, women victims of IPV face day-to-day hindrances on communal, societal, and political levels. They lose their jobs, houses, and incomes as consequences of their actions against violence (Bell, 2003). Further, the struggle of women victims of IPV becomes complex when combined with adverse circumstances such as poverty, low educational attainment, unemployment, and childhood history (Capaldi, Knoble, Shortt, & Kim, 2012). Also, there are many health and social disparities among women who are victims of IPV (Stockman, Hayashi, & Campbell, 2015). Therefore, IPV is viewed as a widespread public health problem which leads to major human rights violations and health issues (WHO, 2013). Much of the recovery, support, and intervention is delivered to victims via local shelters and agencies. Counselors and counselor educators provide a variety of services in these agencies in terms of counseling both individuals and groups, facilitating support groups, organizing public awareness campaigns, and conducting research and training, all of which use an approach of empowerment.

Empowerment Approach

Traditionally, organizations such as shelters and supportive agency service networks were designed on the principle of empowering victims to help treat and prevent physical violence in the U.S. (Wood, 2014). The Anti-Domestic Violence Movement, also known as the Women's Movement, provided these agencies with the empowerment framework (Goodman & Epstein, 2008). Early activists in the Women's Movement intended to establish a network dedicated to identifying an overarching structure of patriarchy and systematic oppression as a root cause of violence (Barner & Carney, 2011). Activists also aimed to secure state and federal funds to provide services to victims beyond shelters (Barner & Carney, 2011). From the perspective of

the empowerment framework, women victims of IPV seek immediate help in terms of housing, food, therapy, and legal aid (Barner & Carney, 2011). In addition, they tend to enjoy autonomy over choosing goals as per their choices (Sen & Mukherjee, 2014). Although much has changed from the early women's movement until now, including the addition of a sprawling social services system, empowerment has remained central to the work of those seeking to support IPV survivors (Wood, 2014).

Despite continuous organizational application and considerable scholarly attention, reviews indicate ineffectiveness of the empowerment approach in providing competent interventions to help and empower women victims of violence (Warshaw, Sullivan, & Rivera, 2013). It has been reported that empowerment is meaningful only when victims participate to produce significant changes in power relations (Hayward, 2000). The current definition of empowerment is not entirely based off of the perspectives of the victims, even though it aims to increase their power on personal, interpersonal, social, and political levels (Cattaneo & Goodman 2015; Goodman & Epstein 2008). This study addressed gaps in the literature concerning the construct of empowerment by providing space and power to victims of IPV who receive services based on an empowerment model.

Purpose of the Study and Research Question

The purpose of the current study was to gather the meaning of empowerment among women victims of IPV. A special emphasis was given to the participants' voices through equal space and participation in data collection and data analysis process. The key question guiding this inquiry on exploring the experiences of empowerment for women who were victims of IPV was: What are the meanings and stories of empowerment from the perspectives of the women victims of IPV?

Method

Participant Sampling and Characteristics

I utilized a purposive sampling technique to recruit individuals from a non-profit organization that provided services to the victims of IPV. I set out to recruit people fitting the following inclusion criteria: (a) women, (b) victims of IPV, (c) receiving services at the facility, (d) 18 years and above in age, and (e) able to understand and speak English. Those who did not meet these criteria were excluded.

I recruited participants in two ways: (a) I approached designated staff members (resident advocates, case-managers, and counselors) and provided them with authorization letters for potential participants so that interested participants can share their names and preferred contact information with the staff members for me, and (b) I identified and approached potential participants through the support group forum. I recruited participants on three occasions during the course of the study, since it was difficult to retain participants until the end of the study, given its duration and demand of sensitive participants. Out of the 11 potential participants who attended the first initial orientation meeting, three completed the study. The others either declined to participate once they realized they were not comfortable with the use of personal pictures, dropped out of the study when they were relocated to other shelters, or were removed from the shelter due to behavioral issues. Six and four participants, respectively, attended the second and third orientation meetings. Of those, three remained throughout the whole research process. Overall, a total of 21 women attended one of the three orientation meetings; 12 enrolled in the study and provided consent, and six completed the study. I did not collect demographic information of women who participated in this study because of the concerns about elevating risk to participants' privacy.

Procedure

Upon completion of the recruitment process, I contacted all the participants to have them attend the initial group meeting to discuss the idea of empowerment and the steps needed to complete the research project, which were: photography prompt, individual narrative interview, and focus group narrative interview. I schedule two weeks during which the participants would take pictures based on the following broad prompt: “Anything you see as representing empowerment as related to intimate partner violence”. After the completion of the photography project, I contacted the participants using their preferred mode of communication (phone, text, email, or in person) to get the pictures from them and to schedule individual narrative interviews with each participant, who provided the photographs to me. Since all participants used their own phones to take pictures, it was easy and safe to transfer the pictures from their phones to my password-encrypted laptop with the use of email and text. After storing each picture securely, I printed all the photographs so that participants would have hard copies of the photographs for the next stage.

Next, I invited each participant to participate in an individual narrative interview. In total, six individual narrative interviews were arranged at the convenience of the participants. I conducted the interviews at the shelter. The aim of each interview was to facilitate the participants’ stories and collect the details behind each photograph. During this stage, questions were asked using the PHOTO method to facilitate the interviews (Amos, Read, Cobb, & Pabani, 2012). PHOTO stands for:

1. P: Describe your photo.
2. H: What is happening in the picture?
3. O: Why did you take a picture of this?

4. T: What does this picture tell us about your life?
5. O: How can this picture provide opportunities for us to improve life?

Upon completion of the individual interviews, I transcribed the data using a software called *Sonix* ® and assigned pseudonyms for each transcript. As each transcript was completed, I conducted an initial analysis and established potential themes for each participant's individual narrative interview for the next and final stage.

Next, the group meeting was conducted to obtain participants' reflections on the emerged themes and to understand their perspectives on the design of the study. The following week, the focus group narrative interview was conducted to allow and enable the participants to share their photographs and narratives with all other participants. To facilitate the interaction among participants on their photographs and narratives in the focus group interview, I employed the SHOWED model (Larkin et al., 2007). The SHOWED model is an acronym for a series of questions, and these are as follow:

1. S: What do we See or how do we name this topic?
2. H: What is really happening?
3. O: How does the narrative relate to our lives?
4. W: Why does this weakness or strength exist? What are the root causes? Why does this happen?
5. E: How could this image educate others? How might we become empowered now that we better understand the problem better?
6. D: What can we do about it?

Data Analysis

I analyzed the data using coding methods to identify themes and patterns in the texts. In the first stage of data analysis, I transcribed the audio files using *Sonix* ®. I then read the 6 transcribed individual narrative interviews multiple times to get familiar with the data. Afterwards, I started generating the first-order codes using a word or short phrase from participants' individual narrative interviews. Then, I shared the emerged initial codes from individual narrative interviews with the participants during the group meeting to refine and amend initial themes as needed. After the initial codes were finalized, I utilized in vivo coding to perform first order coding again for the focus group narrative interview transcript (Saldana, 2016).

In the second stage, I used the focused coding method to organize and group initial codes into a selected list of categories (Saldana, 2016). I reviewed the codes four times during second cycle coding in order to associate each code with supporting data and then compared codes with each other to make note of strong overlap occurrences. Lastly, I linked all categories with each other to form subcategories in order to create core categories. To value the participants' voices on the construct of empowerment, I used in vivo coding method to enable recurring themes and subthemes to emerge from their narratives. Once manually identified, I coded the data and organized it in a manageable form using a software called *QDA Miner Lite* ®.

Findings

The analysis of the narratives from the six participants' individual narrative interviews and two focus group narrative interviews resulted in 8 themes. The major themes identified in the qualitative data analysis and excerpts from the interviews are presented below.

Theme 1: Breakthrough

This theme incorporates discussion about the reasons why participants took steps to break a continuous cycle of violence. It also covers the small steps the participants took when they had enough of violent behavior. For most of the participants, they decided to leave the abusive relationship for their children's safety and future.

Participant 4 shared that "Running away was the only thing I could do for my son. It is because he was bouncing from place to place and having anger issues. He had no structure". She (participant 4) then described how she overcame a fear of doing her thing alone. She stated:

All my life I was told buses are not safe for us. It never made sense to me. Now, I take bus to go where I need to get to find job, son daycare, and grocery store. It empowering to break that cycle of fear.

In similar way, participant 2, participant 3, and participant 6 also left their abusive partner for their children. Participant 2 added, "There was a lot of hitting in my previous relation, but I constantly wanted to fix my situation. I had a drive to be a better mother for my children."

According to participant 3:

I wanted to be strong for my kids. So, this time when I came here (to the shelter) I knew what I was and what I wanted when I got here. I decided I would not leave until I got everything done.

Participant 6 made the first call to the police when she realized it was an unsafe space for her child. She said, "He used to instill fear in my son."

While some participants understood that they had to change for their children, Participant 1 realized that the abuse was getting worse and her basic needs were not being met, including the need for food. She reported that "One day he bought something for the apartment,

and I had nothing for lunch left. That day I told him how wrong it was because I was going to work without eating”

Theme 2: Catalysts in Resilience

Participants described catalysts in resilience, including religious faith, positivity, and maternal bonding. All the participants called on their faith when they did not know what they should be doing to feel better or to move out of the bitter relationship. Participant 2 reported, “Between the domestic violence and my physical health, I was just a mess. I ended up going straight to my religion. I took a 10-week course and that where my healing started.” Participant 1 also discussed putting her trust in God and her religion to gather strength to leave her abusive relationship. She said:

One time my ex suffocated me in Illinois. I had defecated myself and was about to die. I woke up on the ground really dizzy and confused. I took a few minutes to realize what had happened, but I knew God was with me or else I would not have made it. I just prayed to God.

In addition to faith in religion, positivity, and maternal bonding were found to be catalysts for resilience. Five of the participants described different ways that they sought to feel positive during their tough times. Participant 1 emphasized “taking steps towards starting over in my (her) life after every downfall.” For participant 5, she experienced positivity after helping her husband to get treatment to let go of his pain.

Participant 1 turned to her natural surroundings to be positive. She specifically indicated the ocean as important and said, “Oh! My gosh, I love ocean; I love it, just looking at it gives me empowerment like there is future, life ahead, something beautiful. It gives me more hope.”

Moreover, participants expressed how their maternal bond with their children brought connection to their lives. For example, participant 1 added that the news of her pregnancy brought connection back in her life. She stated:

I was a single mom before I met him. Being mother is something that I know but our kids got taken to the domestic violence. After that I never dreamt that I would have kids again. Now, when I am pregnant it gives me hope that I am capable of nurturing one child. It brings connection back in my life.

Similarly, participant 4 stated, “There is something about mother and children relationship. I believe that I would not be in a good spot if I did not have him. It is like misery likes company.”

Theme 3: Safe Spaces for IPV Victims

Participants talked about the importance of safe spaces in their empowerment journeys. They described safe and stable places that provide structure and do not have any violence. Participants reported that the shelter played an important role in providing them safe and stable housing. For example, participant 4 shared:

I ran from my marriage for my child’s safety. My son was bouncing from place to place. He had no structure and he was having anger issues. He could barely talk, and he should be talking by his age. Since he has been here at the shelter, he is good with other kids. He is polite. He has more structure now.

Participant 6 chose to live at the shelter because she wanted to be in a safe place for her child. She said:

I wanted to be safe, so I called police to protect me from him. I gave him chances for months, but I realized that I should leave the house. That was not safe place for my baby. He used to instill fear in my child.

The idea of safe spaces was also extended beyond the shelter. Participant 2 talked about “extending the stay at the shelter or designing hope house as an extension of shelters so that they can learn how to be safe.”

Similarly, participant 3 and participant 5 appreciated the help they got from the shelter but also emphasized problems associated with living in the shelter. Participant 3 stressed the attitudes of staff members towards the residents and their effects on women’s health and decision whether to stay or not in the shelter. Participant 5 reported:

Shelter are good, but they are not the same as our own place. It is a struggle to live with different people with different temperament and demeanors. It will be nice if women at the shelter listen to each other and do not give opinion.

Theme 4: Self Care

Participants discussed personal ways they began to understand and prioritize their needs in taking care of their bodies and minds. Participants shared different mechanisms by which they took care of themselves.

First, all six participants voiced making conscious efforts towards connecting and listening to their bodies. Participants shared narratives of prioritizing their body when in pain and getting help in form of medicines or therapy to let go of their pain. For example, participant 2 stated that she started paying attention to her body through journaling and taking actions to unlearn the attitudes and behaviors that were harmful for her. She reported:

I hated my body because it was burning due to reactions. But I was lucky to get two years break by myself to be able to help myself heal. That was when I got tested and everything. The doctor told me about my allergies and suggested me to notice and write about my body changes. When I got vegan, my face started clearing up and my asthma went away. It was empowering because I knew my body. I was not sitting and saying I hate my body because of allergies.

Participant 2 stressed the need to have a dietitian who understands the dietary requirements of women and children at the shelter. She added that, “having a dietitian is important because safe food will give a healthy body to the women, enabling them to hold a job instead of staying home sick.” Participant 3 added that “Women should be taught how to maintain health food choices through a snack program at the shelter.”

Other participants spoke self-care in terms of being able to heal and regulate their emotions. For participant 5, “Healing” and “moving on from (her) past relationship” were crucial steps towards her empowerment in her life. She said, “I just had to learn to dig deep inside and I had to be able to forgive him in order to heal and move on. I worked with my counselor, family, and friends.” Participant 3 talked about emotional regulation. She stated that “I had to manage my aggression to raise my children without being physical.” Similarly, participant 4 said, “I wanted to be more stable and regulated for my child and his better life.”

For Participant 1, self-care was about doing things that make her feel good about herself. She narrated:

He always had a way of talking to me and making me stop doing things for myself like getting my nails painted and all of that. I did not do anything for myself so now being able to do anything for myself makes me feel good.

Participants 3 and 4 viewed self-care as practicing healthy outlets to take out their aggression or trauma from their body and mind. Participant 3 said:

I went to the gym and worked out instead of fighting. I had to take out aggression. I started to sweat, and I started to feel good I started to feel like man. I always say I am going to do this, and I never do it.

Similarly, Participant 5 stressed having healthy coping mechanisms and not relying on drugs to make her a better person or to heal. She reported:

A way of being able to cope up with life and not to have depend on chemicals to get through the day. There are always other things that can help like exercising. I do a lot of walking and things outside the house instead of staying at home and thinking about my next hook up.

Theme 5: Becoming Aware and Developing Skills

Participants discussed illustrations of becoming acutely aware of circumstances or lack of skills in their lives that had to be addressed in order to move forward. For example, participant 4 shared that “My parents and school set me up to be not able to move past the survival point”. She explained:

My parents and school taught me pointless things which I really do not need unless I am going to be an aerospace executive. They did not teach me how to get along or how to do my taxes or what stuff is available to me if these types of abuses happen. I had a friend who taught me that men only want one thing.

She then described how she realized that her husband was abusive to her and that her basic needs were not being met. She stated:

I remember when I had my first son, I was going to school, and I was working. I would leave to go to school at 6 a.m. in the morning and came back at 2 p.m. Then, I used to leave for work, and I did not leave work until 11 p.m. I was the only person working because my husband was not working at that time. I was so retarded or ignorant to the point that I did not realize that this man was not doing nothing for me.

The process of awareness occurred differently in participant 3 and participant 6 lives. Participant 3 said, “We need to get out of denial and selfish attitude to move forward.” For participant 6, awareness happened when she started going to the public library. She said:

I saw this picture in the library. It is about men and women having an argument. This picture made her realize that men and women are different. Women keep on forgiving the men when they sorry after an argument.

Next, participants shared the skills that were useful for them facilitate the process of awareness in their lives. For participant 2, “Organization and downsizing were important skills and she thought successful women organize and downsize to succeed.” She further elaborated that “organization helped me move out of her depression, teach my children about space, and build her confidence.” She emphasized, “using pictures of folding clothes as to teach an organization skill to women at the shelter.” Participant 2 called for a class on using computer to sort and plan things out by using google calendar.

In relation to communication skills, participants reported that most of the women who seek services at the shelter did not know how to talk properly and communicate well. Hence, they stressed having classes on communication to help women learn ways to maintain healthy relationship with themselves, their partners, and children. Participant 2 mentioned, “we did not have the skills to be not abusive to our children or to be in a healthy relationship.” In addition,

participant 3 emphasized that women at the shelter are victims of violence, sometimes, they have history of sex trafficking. that women at the shelter do not able to comprehend expectations of staff members from them and they need communication that comes out of love and compassion like these pictures. She said:

Staff members could use pictures to communicate with residents to help them visualize what they are required to do instead of posting task list on the door. Staff members lack in teaching new girls. I wish if they can hold a class and actually use these pictures and say this is what needs to be done.

In addition to communication classes, participants realized the importance of parenting and psychoeducation classes in their journey of empowerment. Participant 2 said that she learned a lot in the parenting class about “raising kids,” “promoting equality between girl and boy child,” and “teamwork.” She said:

I believe in dividing household chores among three of us. In my eyes, if your mother does your laundry whether you are a girl or a boy then you are spoiled. If your mother is not there and you are going to be messy then that is not a good shape.

Participants also found psycho-educational class helpful. Participant 3 stated, “I learned about fight and flight response, and that our emotions have connection with body; I want to tell women that emotions are not in our heart.” Next, participant 3 pointed towards a critical role of financial management skills in the lives of victims of IPV. She illustrated that financial management skills improved her life by giving her insights about how to spend money wisely, save money, and use coupons for better future.” She believed that “A lot of empowered women know how to use a coupon and do know how to manage their money right.”

Theme 6: Perceived Control and Having a Choice

In the present study, control symbolized participants having a charge over their decisions related to body, money, and relationship. In terms of taking decisions related to body, participant 2 stated, “My food allergies were so severe that I could not eat food served at the shelter, so I decided to go hungry. I did not eat food till I got accommodated with food that I could eat and stay healthy.” She added that her decision to prioritize her body increased her drive to take more control in her life than before. Similarly, participant 6 felt strong and confident as a result of having more power to say no if she does not feel like doing something. She stated, “Saying no and having more control over my body and my decisions makes me feel more beautiful.”

In addition, participant 1 talked about financial stability and autonomy to make decisions on where to spend her money as something that demonstrated her control in her life. She reported:

I got pregnant with the twins; he talked me into it would be best and cheaper for us if only he worked, and I quit to stay home with the twins. It made me feel worse as a mother not to have my own money. Earlier, I was still getting up and going to work instead of staying home all day.

She added, “My ex-husband used to take my money and I never got to do anything for myself. So, getting my nails painted made me feel empowered because I was allowed to spend money in ways I she wanted to.”

Participant 1 and participant 3 described control as being able to move out of an unhealthy relationship. Participant 1 felt “a sense of control in my life because I can now come out of any unhealthy relationship at any time I want to.” She added that “having a stable job and close family gave me confidence to not maintain an unhealthy abusive relationship.” In a similar

way, participant 3 perceived control in her life when she reduced her expectations from her ex and made her decision to move out of an unhealthy relationship. According to her, “A lot of the women here say, ‘he needs to change’ but I want to tell them that they have to change, and they have control over nobody but themselves.”

The second component of self-efficacy theme was about having a choice. Some of the choices, participants enjoyed included food, fun, and transport choices. In her excerpts, participant 1 stated:

My ex would make me wait for him until he was ready to eat. I used to feel sick in the morning if I did not eat. Now, doing just little things like to eat when I want to, go for a walk, and go for a car ride. Just doing what I want is empowering.

Participant 3 noted, “How I did not mix up what were fun times and what were not fun times for me.” She reported, “I enjoyed my fun choices such as spending time with my children instead of smoking weed or drinking beer or hugging up all night.” Participant 4 explained the significance of her riding a bus in her life. She said:

To most people traveling in bus is downgrade. For me, I was never exposed to bus. I had limited knowledge and had no choice to choose between car or bus. I was just given a car. Now, the idea of choosing my own thing is something very courageous for me.

Four participants discussed the role of education, other informative resources such as community-led research projects, and mentors. First, education was viewed as a resource that could help participants get more stable lives and confidence. Participant 6 pointed out that formal education matters. She said, “A degree is important; it can get you a good job and increase your chance to meet good people.”

Theme 7: The Role of Systems

Healthy relationships were a vital part of critical systems and included participants' experience of strong and positive social structures, including family members, friends, colleagues, and others who care about victims of IPV. Out of six participants, five participants talked about how a strong, close, and healthy network of family and friends pushed them through their difficult times. Participant 3 shared, "My whole family has been always really close." She further added good friends provided support when she needed it. She stated:

Sometimes, it is not just close-knit family but if you have a friend who is that close to you that you know you can call in regardless of what time of day. You know that you have a support.

Some participants spoke about new, healthy relationships serving as an important social structure. Healthy relationship was described as relationship which has love and respect for each other, equal responsibilities, boundaries, and freedom of choice. Participant 1 stated, "Getting into a new is empowering for me. It shows me that other people do care about me." Participant 4, when talking about a romantic relationship, said "When you actually find somebody that genuinely gives you that love and affection that actually cares about your well-being. It's different. It was very refreshing."

Participants also talked about the importance of reaching out and asking for help from friends and community organizations. Participant 5 stressed taking the first step to ask for help to being able to cope with life and not to depend on unhealthy habits such as chemicals. She narrated:

A really good friend of mine up in Idaho. When I got put in the hospital because of my ex-husband with six broken ribs and a punctured leg. He told me about resources and help that I needed at that time.”

Participant 4 also emphasized the importance of community. She said,

When women associate themselves with someone saying like a support group, you know you sit down and you talk to people that are going through the same thing that you are going to and you feel a little better you are able to express yourself of what is going on.

Participant 3 stated that “there is always somebody who did give them idea or tell them where they can go for help.” She further said, “Churches or Catholic Charities contributed a lot in the empowerment of women who deal with violence by providing clothes, and medicines.”

In addition, participants shared the role of mentors in their lives to know what routes they needed to take to succeed. They viewed counselors, resident advocates, and legal-aid advisors as mentors. According to participant 2, mentors are those who are not abusive and work to help the victims get to their normal lives. Participant 3 and 4 viewed resident advocates and counselors at the shelter as mentors. Further, participants reflected on the importance of community-engaged research because it provided an opportunity to community members to get involved and contribute in the studied area. It also helped them to fund their needs. For example, participant 2 narrated her story of participating in a research started by a state university about unhealthy cities in Texas. As a part of this study, she got free diagnosis and free medications. In addition, she emphasized funding research for violence prevention as it would help women with better resources.

Theme 8: The Need for Empowering Institutional and Civic Infrastructure

Participants discussed the importance of supporting institutional and social structures in dealing with IPV. Participants expressed both positive and negative experiences with state-level policies and the enforcers of those policies. Participant 1 described how strict policies in Texas state on domestic violence had helped her to file charges against her abuser and get her two years of protective order from her abuser. She stated:

Texas is a non-extraditing state. It helped me so much to get away from him. In Illinois, no one took it seriously and he used to escape from jail. I went to state's attorney and they too did not take me seriously. But here (in Texas), they took it very seriously. They charged him to the fullest with the domestic violence case in Texas and all the domestic violence case from the past.

She further added that “getting a protective order against him was empowering for me because it helped me know that I was strong enough to get the report against him and everything did not scare me.”

Participant 2 brought a narrative about the impact of healthcare policies on victims of IPV:

Arkansas has expanded Medicaid. I got expanded Medicaid. I was able to get the allergy medicines and testing costs over ten thousand dollars. I was able to receive the services with my Medicaid and that's not available here in Texas.

In addition to strict policies, participants 5 and 6 reflected on insufficient services provided to the perpetrator and victims of violence respectively. Participant 5 noted that “Help for offenders should be properly provided because if there is no proper mental health system for them then they are not able to control their anger which turned into violence.” According to

participant 6, “Shelter helped me a lot, but I did not see my case-manager, legal advisor, and counselor for a month. First, I forgot about the appointments and second time, they did not have time.”

Moreover, in supportive civic infrastructure, participant 4 emphasized on the role of childcare in the lives of victims of IPV. She said:

It would be good if employers instead of offering dental care they offer childcare. It may help women who are single mother with children because they are trying to help their children. There are a lot of unnecessary offers for these women such as dental care and medical care. Most of the people have Medicare.

Discussion

The construct of empowerment was the theoretical grounding for this study. An empowerment model is widely used as the basis for interventions with victims of IPV (Grabe, 2011). This research project aimed to expand understanding of empowerment by adding the perspective of women IPV victims via a studying utilizing narrative photovoice methodology. The findings of the present study provided a detailed understanding of empowerment from the women who dealt with partner violence in their lives. Participants highlighted their consistent efforts and determinations to improve their mental and physical health and raise their children safely. This is consistent with Hokanson-Hawks’ (1992) description of empowerment as the process of seeking resources to develop, build, and increase abilities to improve health and safety.

In addition to health and safety, women participants appreciated being able to seek community services through platforms such as the shelter, churches, and government organizations. Rodrigues, Menezes, and Ferreira (2015) found that collaborative skills and active

networking aimed at seeking support or availing resources are pivotal in the empowerment process. McCarthy & Freeman (2008) pointed out how social arrangements can shape and influence the process of expressing agency in terms of better infrastructure and policies. Participants in this study also noted the benefits of having better civic infrastructure and policies in practice in support of the victims.

Participants in the current study also noted that empowerment for them extends beyond just housing, food, legal aid, and platforms to achieve their selected goals. They mentioned how the shelter supported their transition over the three-month-stay and stated the importance of having a supportive and respectful environment among residents and staff members of the shelter. Sen and Mukherjee (2004) stated that the empowerment approach, among other things, provides autonomy and respect to choose their goals as per their choice.

Critical awareness is an eminent component of empowerment (Christens, 2012; Lee, 2001; Rappaport, 1987; Zimmerman, 1995). In support of this, participants shared how unhealthy romantic relationships gave them insights about unequal practices in their relationships; for example, no financial control. They also talked about developing skills such as courses in organization, downsizing, team-work, and financial management. Lastly, when women were vocal about their needs and sought more control over their lives, they felt empowered. This aligned with the useful component of empowerment in uplifting IPV victims (Cattaneo & Goodman, 2015).

Implications for Practice

The study added to the understanding of empowerment and its meaning for IPV victims by seeking out women's narratives about what it means for them. The findings of this study addressed some of the gaps in the existing understanding of empowerment used in models for

working with IPV victims. Researchers can utilize the findings from the current research to enhance programs and evidence-based practices for working with family and interpersonal relationships, particularly those where there is IPV as well as models used for victims of IPV. Research could also focus on the role of hope and positive outlook in empowerment, particularly as it relates to interventions and outcomes for women victims of violence. In addition, more research concerning the meaning of empowerment for this population is critical, particularly in terms of expanding the demographics and location of those included as participants.

Understanding what empowerment means to those served is a critical part of helping IPV victims to establish meaningful goals. It is also important in planning and providing services that will enhance outcomes for those impacted by intimate partner violence. Results of this study may give providers, program planners, and program evaluators insight about ways to enhance programs as well as evaluate those programs, particularly in terms of finding out what is meaningful to IPV victims they serve.

Perhaps most important, results of this study provide students, mental health providers, counselor educators, and supervisors with narratives directly from women victims of IPV that require specific advocacy work. Those involved in training and supervision of individuals who will work with IPV victims as well as students and clinicians in the field can use the findings of this study as a basis for advocacy in their local, state, and national communities.

Limitations and Recommendations for Future Research

Although the findings of the present research study provided a broader understanding of the construct of empowerment and its meaning among women IPV victims, there are limitations that must be acknowledged. For all the advantages of the narrative-photovoice methodology as a tool in addressing the issue of power dynamics in the research process, there was one

disadvantage. Some potential participants were doubtful and uncomfortable about using their phones to capture pictures based on the given prompt. Taking pictures raised safety concerns for some women and they chose to opt out of the study. Future researchers may consider longer-term research projects that provide opportunities for participants to participate in ways that do not feel unsafe (e.g., group excursions) or that provide training in ways to use tools such as photographs and artwork.

The reality of the daily lives of participants was, in some ways, a limitation of the study. The study was conducted with a sensitive population that struggles with basic amenities, high trauma, safety issues, addictions, and financial issues, making it difficult for many participants to commit 8 to 10 weeks of time to complete the research study. Lives of women at the shelter changed every week. Future researchers should carefully consider the circumstances and typical cycles of life for those in shelters to ensure the research design best accommodates the realities for those in particular settings.

Another limitation of the current research is that the research took place in a single shelter facility located in a city in South Texas. Research conducted in different parts of the state as well as in different parts of the country might result in different findings. It also included also women victims of IPV. Future research with larger populations, including men who are victims of IPV, should be conducted.

Finally, the researcher spent two years organizing and conducting this research. While the length of time in many ways strengthens credibility of the study due to prolonged engagement with the topic and with the participants, there is the risk that the perspective from a single viewpoint can impact results. While the researcher consulted another qualitative researcher extensively throughout the project, it might prove beneficial to conduct a similar project using a

consensual approach to community-engaged research. An integration of multiple viewpoints might provide rich perspectives; however, a research team should be careful to ensure that such research continues to center the people who are the participant researchers.

Summary

This qualitative study focused on exploring the meaning of empowerment among women victims of IPV. My intention in the design and conduct of the study was not limited to finding what empowerment means for IPV victims but extended towards participants' involvement in the research process. For this purpose, I used a non-traditional participative methodology called narrative-photovoice.

The findings from the study portrayed a definition of empowerment and what it entails for the victims of IPV. The women's narratives of empowerment provided information about their needs, ranging from basic amenities to inclusive civic infrastructures and policies. The findings will be useful for educators, researchers, professionals, and students in understanding the nature and meaning of empowerment for IPV victims. In addition, this information may be helpful in designing relevant protocols, advocacy campaigns, and evaluation projects to improve the interventions used to help IPV victims.

REFERENCES

- Amos, S., Read, K., Cobb, M., & Pabani, N. (2012). Facilitating a photovoice project: what you need to know! *The Nova Scotia Participatory Food Costing Project*. Retrieved from: https://foodarc.ca/makefoodmatter/wpcontent/uploads/sites/3/VOICES_PhotovoiceManual.pdf
- Barner, R. J., & Carney, M. M. (2011). Interventions for intimate partner violence: a historical review. *Journal of Family Violence*, 26, 10.
- Bell, H. (2003). Strengths and secondary trauma in family violence work. *Social Work*, 48, 513-522.
- Bjornberg, K. (2012). Violence against women in South Africa: a cultural and socio-economic issue. Retrieved from: <http://www.genderacrossborders.com/2012/01/12/violence-against-women-in-south-africa-a-cultural-and-socio-economic-issue/>
- Breiding, M.J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M.T. (2011). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization in the United States. *National Intimate Partner and Sexual Violence Survey*, 1-18.
- Capaldi, D. M., Knoble, N. B., Shortt, J., & Kim, H. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse*, 3, 231–280. doi:10.1891/1946-6560.3.2.231
- Centers for Disease Control and Prevention. (2015). Intimate partner violence: Consequences. *U.S. Department of Health & Human Services*. Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>
- Goodman, L. A., & Epstein, D. (2008). *Listening to battered women: A survivor-centered*

- approach to advocacy, mental health, and justice*. (1st ed.). Washington, DC: American Psychological Association.
- Grabe, S. (2011). An empirical examination of women's empowerment and transformative change in the context of international development. *Society for Community Research and Actions*, doi:10.1007/s10464-011-9453-y
- Harell, E., Kena, G., Morgan, R., Oudekerk, B., & Truman, J. (2016). Data collection: national crime victimization survey (NCVS). *Bureau of Justice*. Retrieved from <https://www.bjs.gov/content/pub/pdf/cv16.pdf>
- Hayward, C. R. (2000). *De-facing power*. Cambridge: Cambridge University Press.
- Heise, L. (2013). What works to prevent partner violence? An evidence overview. London: Crown Copyright. Retrieved from: <https://www.oecd.org/derec/unitedkingdom/49872444.pdf>
- Hokanson-Hawks, J. (1992). Empowerment in nursing education: concept analysis and application to philosophy, learning and instruction. *Journal of Advanced Nursing*, 17, 609-618.
- Larkin, J., Lombardo, C., Walker, L., Bahreini, R., Tharao, W., Mitchell, C., Dubazane, N. 2007. Taking it global Xpress: Photovoice and HIV & Aids. (In De Lange, N., Mitchell, C., Stuart, J. (Eds.), *Putting people in the picture: Visual methodologies for social change* (pp. 31–44). Rotterdam: Sense Publications.
- McCarthy, V. & Freeman, L. H. (2008). A multidisciplinary concept of analysis of empowerment: implications for nursing. *Journal of Theory Construction & Testing*, 12, 68-74.
- Pain, R. (2014). Everyday terrorism: connecting domestic violence and global terrorism.

- Progress in Human Geography*, 38, 531-550. doi:
<https://doi.org/10.1177/0309132513512231>
- Rodrigues, M., Menezes, I., & Ferreira, P. D. (2017). Validating the formative nature of psychological empowerment construct: Testing cognitive, emotional, behavioral, and relational empowerment components. *Journal of Community Psychology*, 46, 58-78. doi:10.1002/jcop.21916
- Saldana, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Arizona: AZ. Sage Publications.
- Sen, G. & Mukherjee, A. (2014). No empowerment without rights, no rights without politics: gender-equality, MDGs and the post-2015 development agenda. *Journal of Human Development and Capabilities*, 15, 188-202. doi:10.1080/19452829.2014.884057
- Slabbert, I. (2016). Domestic violence and poverty. *Research on Social Work Practice*, 27, 223-230. doi:10.1177/1049731516662321
- Stockman, K. J., Hayashi, H. & Campbell, C. J. (2015). Intimate partner violence and its health impact on disproportionately affected populations, including minorities and impoverished groups. *Journal of Women Health*, 24, 62-79.
- Taft, A., Watson, L., & Lee, C. (2004). Violence against young Australian women and association with reproductive events: Cross-sectional analysis of a national population sample. *Australia & New Zealand Journal of Public Health*, 28, 324–329. doi:10.1111/j.1467-842X.2004.tb00438.x.
- Warshaw, C., Sullivan, M., C., & Rivera, A., E. (2013). A systematic review of trauma-focused

- interventions for domestic violence survivors. *Center on Domestic Violence, Trauma, and Mental Health*. Retrieved from http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVTMH_EBPLitReview2013.pdf
- World Health Organization, (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Retrieved from <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/index.html>
- Wood, L. (2014). Hoping, empowering, strengthening: theories used in intimate partner violence advocacy. *Journal of Women and Social Work*, 1-16. doi:10.1177/0886109914563157
- Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations. *American Journal of Community Psychology*, 23, 581-599. doi:<http://dx.doi.org/10.1007/BF02506983>