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The Impact of Psychological Abuse on a Female's Engagement in Subsequent Relationships and
How They Heal from the Abuse

A DISSERTATION

SUBMITTED TO THE COLLEGE OF PROFESSIONAL STUDIES AND ADVANCEMENT

PROGRAM IN EDD: COUNSELOR EDUCATION AND SUPERVISION

AND THE COMMITTEE ON GRADUATE STUDIES

OF NATIONAL LOUIS UNIVERSITY

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

DOCTOR OF EDUCATION: COUNSELOR EDUCATION AND SUPERVISION

NICOLE M. KRATIMENOS

JUNE 2022

**THE IMPACT OF PSYCHOLOGICAL ABUSE ON A FEMALE’S ENGAGEMENT IN
SUBSEQUENT RELATIONSHIPS AND HOW THEY HEAL AND BUILD HEALTHY
SUBSEQUENT RELATIONSHIPS**

Submitted to the Graduate Faculty of

National Louis University, Tampa, Florida

College of Professional Studies and Advancement

Dissertation Submitted in Partial Fulfillment

of the Requirement for the Degree of

Doctor in Education

Counseling Education and Supervision

by



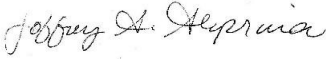
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ABSTRACT

Objective: This study examined (a) the impact of psychological abuse on a female's subsequent intimate relationships, and (b) what assisted the female victims of such abuse to heal and build subsequent healthy relationships. Psychological intimate partner abuse is connected to various long-term negative consequences, such as anxiety, posttraumatic stress disorder, self-esteem struggles and trust issues. However, no studies have investigated how these negative consequences affect the female victim's subsequent intimate relationships, nor what helps the victim heal enough to move on to engaging in healthy subsequent relationships. This study is the first to examine both of these aspects of psychological intimate partner violence.

Methods: Fourteen participants were recruited for the study. Ten participants completed the semi-structured interview and four were a part of the focus group. All participants were over the age of 18 and their primary language was English. They all experienced intimate partner psychological abuse within 5 years of the interview, and all participants were in at least one intimate relationship post abuse. The study was conducted using a phenomenological qualitative approach to ensure an accurate recount of the participants' experiences on the topic.

Results: The results of the study included various themes regarding the effects of intimate partner psychological abuse, with the key findings being that it caused a negative impact on the victims while in subsequent relationships. The key behaviors found were communication struggles and low self-esteem that contributed to other unhealthy behaviors within the relationships.

Conclusion: In terms of counseling, it would be beneficial for clinicians to use strategies to uncover the potential existence of psychological abuse earlier on in the counseling process. Recommendations for future research include investigating how psychological intimate partner

violence impacts the subsequent relationships of male victims, how length of time between the abusive relationship and subsequent relationship can alter the severity of the consequences, and how receiving professional therapeutic services can assist in recovery from the psychological intimate partner violence.

Keywords: Intimate partner violence (IPV), abuse, coercive control, attachment, depression

DEDICATION

I dedicate my work to the loves of my life, my sons Georgio, Niko, and Themio. They watched me study hard while working for 3.5 years and were patient throughout the process. My boys: “Shoot for the moon, even if you miss, you’ll land among the stars.” —Les Brown. Don’t ever stop reaching for your goals, no matter what you think might try to stop you. You can accomplish anything you put your minds to, and I hope my studies serve as just one example of that for you. I love you with all my heart and I am beyond happy to know that you will be there to watch your Mama graduate. You are everything to me and always will be no matter what. Always remember that!

Next, I thank my Mom, sister, and brother-in-law for their continued support and admiration of my accomplishments. Though living far apart, you have always believed in me and loved me no matter what. All three of you serve as the best examples of hard work, dedication, perseverance, and strength. You have shown me how to get things done, no matter what the surrounding circumstances may be. I am also sending a big shout out to my new nephew/godson Lucas for adding a fourth bright baby star into our family’s universe through his existence in our lives. I love you all and am proud to call you my family.

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CHAPTER ONE: INTRODUCTION

This study explored how women heal from psychological abuse and how this abuse impacts women's engagement in subsequent relationships. This chapter presents the statement of the problem, need and purpose for the study, the research question, position and assumptions of the study, the definition of the terms, and a chapter summary.

Intimate partner violence (IPV) is physical, sexual, or psychological violence that is perpetrated by an intimate partner (Renzetti et al., 2018). Renzetti et al. (2018) posited that IPV can include rape, physical violence, and stalking, or the use of coercive control, intimidation, or isolation during which an individual's autonomy is compromised.

Hacıaliefendioğlu et al. (2021) reported that psychological IPV focuses on controlling, punishing, and isolating the victim via the use of manipulation, humiliation, and fear, and that physical abuse often occurs in conjunction with psychological abuse. According to Hui and Constantino (2021), in the United States, approximately 24 individuals are physically, sexually, or psychologically abused by an intimate partner every minute. Hui and Constantino found that abuse can result in serious consequences on the victim's psychological and physical health, with 30% of female victims reporting a detrimental impact on their daily functioning. According to Cronin (2021), there is an increased risk of IPV occurrence among individuals of color or marginalized groups, and certain factors such as long-term stress, poverty, extreme levels of partner conflict, and differences in gender roles increase one's risk of IPV. Cronin also reported that 25% of female victims of IPV only report the most serious incident, and 75% of them never report the abuse.

Takebe (2021) asserted that any kind of IPV occurrences against women leads to worsened mental health conditions such as depression, in addition to worsened social

functioning. Takebe further asserted that the Duluth model, specifically the Power and Control Wheel, is one method to educate male perpetrators of abuse on how to change their patriarchal attitudes and correct their violent and controlling behaviors. Furthermore, Takebe stated that cognitive-behavioral therapy is another method used to focus on the cognitive factors affecting the perpetrators of IPV. In addition to attempting to treat IPV perpetration, Renzetti et al. (2018) discussed the significance of IPV prevention because IPV is a persistent public health concern. Figure 1 demonstrates the steps in IPV prevention, which include increasing individual knowledge and skills, educating the community, educating providers, promoting networks, changing organizational practices, and influencing legislation.

Figure 1

The Spectrum of Prevention

Influencing policy and legislation
Changing organizational practices
Fostering coalitions and networks
Educating providers
Promoting community education
Strengthening individual knowledge and skills

Note. Retrieved from Cohen L, Swift S. “The spectrum of prevention: developing a comprehensive approach to injury prevention”. *Inj Prev.* 1999 Sep;5(3):203-7. doi: 10.1136/ip.5.3.203. PMID: 10518268; PMCID: PMC1730534. Reprinted with permission.

Statement of the Problem

Based on Maiuro's (2015) investigations in the United States, approximately 50% of women have experienced psychological IPV. Maiuro proposed that psychological IPV is often hard to recognize because it is invisible, and thus is difficult to pinpoint. Additionally, psychological abuse often leads to more detrimental consequences compared to physical abuse because psychological IPV victims often blame themselves. These consequences impact the victim's personal and professional life including causing mood related issues, self-esteem struggles and lack of productivity. Though research has been done on IPV, there is a need to further investigate the consequences of psychological IPV on women's subsequent relationships.

Need for the Study

According to Pico-Alfonso (2005), IPV has become a global public health problem that impacts women's mental and physical well-being. Additionally, Pico-Alfonso proposed that psychological IPV consists of the victim's lack of control; this lack of control results in psychological symptoms such as posttraumatic stress disorder (PTSD), cognitive impact such as a change in attitude, and relationship-related dysfunction such as affected relationship skills.

Intimate relationships can greatly impact identity exploration and development, especially in young adults (Rodenhizer et al., 2021). Rodenhizer et al. (2021) postulated that within intimate relationships, individuals learn about themselves and what they want from their partners. Additionally, Rodenhizer et al. found that 1 in 4 women, which is approximately 29.2 million women in the United States, have experienced some form of IPV in their lifetime and have experienced some type of IPV-related consequences, such as feeling afraid, worrying about their safety, or being injured. The researchers found that 71% of females are victimized, and 26%

are victimized prior to the age of 18. Long-term impacts of this victimization include psychological, physical, social, and academic effects (Rodenhizer et al., 2021).

M. E. Bell et al. (2008) suggested that the presence of psychological abuse in an intimate relationship is an indication of the general quality of that intimate relationship. Moreover, M. E. Bell et al. also suggested that psychological abuse occurs more frequently than physical abuse, and that it is imperative to recognize that both types of abuse are intertwined.

This study contributes to the counseling profession by informing clinicians of the struggles that female victims of psychological IPV face, therefore better guiding clinicians' work and making their treatments more effective. According to M. E. Bell et al. (2008), one of clinicians' major struggles can be learning how to balance their own knowledge and expertise with victims' knowledge and expertise. Furthermore, M. E. Bell et al. proposed that therapists struggle with how much to rely on victims' perceptions of risk in order for them to help these individuals with an intervention plan.

Purpose of the Study

Radell et al. (2021) proposed that IPV can lead to possible or actual harm to a person; the effects of IPV range from mental and physical harmful consequences to negative effects on IPV victims' future relationships. Radell et al. further postulated that it is important to differentiate between the types of abuse because the consequences of abuse can differ. For example, psychological abuse is strongly associated with depression in comparison to physical or sexual abuse. This information is especially significant for clinicians working with various clients who have experienced abuse, as the type of abuse a client has experienced will influence the type of treatment that clinicians provide. According to Maiuro (2015), psychological abuse comes in many forms, including criticism, sighing, speaking in a condescending tone, making disgusted

looks, and giving the cold shoulder. Although a plethora of research on physical IPV exists, there is very little information on the subtle occurrences of violence that occur during psychological, emotional, and verbal abuse (Maiuro, 2015).

The purpose of this study was to further investigate the long-term effects of psychological IPV in women, specifically the effects of psychological IPV on subsequent relationships. This study was completed using qualitative, phenomenological research. The long-term consequences of psychological IPV on subsequent intimate relationships were explored via individual and focus group interviews with female victims of psychological IPV. Participants included IPV victims who (a) identify as a female, (b) were above 18 years old, (c) were fluent in the English language in order to properly comprehend the interview and what it entailed, (d) had experienced psychological IPV within a heterosexual intimate relationship, and (e) had been in at least one intimate relationship within 5 years of the IPV-related trauma. The interview process included questions relating to the victims' experiences in the aftermath of the abuse. The questions focused on subsequent intimate relationships, and the impact that psychological IPV had on participants' emotional state, attachment, and sense of self. The study results provided insight into a topic that had yet to be explored, thus resulting in information for counselors to use when working with abuse victims.

Research Questions

This study's first research question was: "What is the impact of psychological abuse on a female's engagement in subsequent intimate relationships?" The second research question was: "What helps female victims of intimate partner psychological abuse heal and build a subsequent healthy relationship?"

Research Methodology

The study was conducted using a descriptive qualitative phenomenological approach to explore (a) the long-term consequences of psychological IPV on subsequent relationships, and (b) what helps the victims heal and build healthy relationships. The interview participants consisted of 10 females. After the demographic questionnaire and informed consent process, the data were collected using semi-structured interviews that included open-ended questions, thus allowing the participants to actively discuss their experiences. In addition to the interview participants, five other participants were recruited for the focus group, and four participated in the group.

Researcher Position in the Study

The study was conducted as objectively as possible, with the expectation for the researcher to examine participants' experiences and how they interconnect to formulate a clearer understanding of the long-term consequences of psychological IPV on subsequent relationships. Possible biases impacting this study were this researcher's cultural background, which influences her own perspective of psychological IPV, and personal and professional experiences with IPV, which impact her personal investment and opinions on the subject. The study was conducted from a social constructivist worldview.

According to Creswell (2009), researchers with a social constructivist worldview focus on understanding the world around them. Creswell further asserted that people formulate complex meanings of the world around them. This researcher aimed to investigate the depth and complexity of those meanings by relying on the participants' perspectives on the situations examined. In this study, broad questions were utilized to provide the participants space to verbalize their own meanings of events influenced by their interaction with intimate partners

while monitoring the impact of social and cultural norms on their experiences (Creswell, 2009). Finally, as per Creswell’s suggestion, the researcher used inductive reasoning to investigate a pattern of meaning. Figure 2 outlines the four worldviews according to Creswell.

Figure 2

Four Worldviews

Table 1.1 Four Worldviews	
Postpositivism	Constructivism
<ul style="list-style-type: none"> • Determination • Reductionism • Empirical observation and measurement • Theory verification 	<ul style="list-style-type: none"> • Understanding • Multiple participant meanings • Social and historical construction • Theory generation
Advocacy/Participatory	Pragmatism
<ul style="list-style-type: none"> • Political • Empowerment Issue-oriented • Collaborative • Change-oriented 	<ul style="list-style-type: none"> • Consequences of actions • Problem-centered • Pluralistic • Real-world practice oriented

Note. Retrieved from “Research Design: Qualitative, Quantitative, and Mixed Methods Approaches,” by J. W. Creswell, 2009, p. 45. Copyright 2009 by Sage. Reprinted with permission.

Assumptions of the Study

Three assumptions guided this study. First, it was assumed that there are long-term negative consequences of psychological IPV and that some of those negative consequences can have a detrimental impact on females’ subsequent intimate relationships. Furthermore, in this study, there was an assumption that psychological abuse is often less recognized and therefore undertreated, leading to even more serious consequences. Lastly, it was assumed that receiving

therapeutic services posttrauma can lessen the impact of such abuse, therefore leading to a healthier individual and better subsequent relationships.

Definition of Terms

IPV: IPV includes any physical, sexual, or psychological abuse perpetrated by a spouse, ex-spouse, or current partner (boyfriend, girlfriend, or dating partner). IPV includes physical aggression, rape, stalking behaviors, coercive control and reproductive coercion (Renzetti et al., 2018). This definition of IPV was utilized in this study.

Abuse: Abuse is a behavior that purposely harms, injures, or debilitates another individual physically, sexually, psychologically, or socially (Radell et al., 2021).

Coercive control: Coercive control is the intentional and systematic use of aggression, intimidation, isolation, and other types of control to rid the victim to their independence and coerce them into obeying the perpetrator (Renzetti et al., 2018).

Attachment: Attachment is any form of behavior that an individual partakes in to attain or maintain closeness to another individual. This behavior is seen in individuals from birth until death (Barnett, 2010).

Depression: Depression, or major depressive disorder, is a mood disorder characterized by persistent feelings of sadness and despair. An individual who suffers from depression can lose interest in activities they used to enjoy and even develop physical symptoms such as chronic pain and headaches (Radell et al., 2021).

Summary

This chapter outlined the introduction to the study, the need for the study, and the purpose of the study, along with the study assumptions and definitions of key terms. Chapter Two describes the literature review on the topic, including the theoretical conceptual framework

of the study and the concepts and theories related to it. Chapter Three reviews the research questions, study methodology, and study design. Chapter Three will also delineate details of the study, including the study participants, sampling and data collection procedure, and data analysis procedure. Chapter Four discusses the results of the study and provides a descriptive analysis of the data. Finally, in Chapter Five, the study findings and implications for the counseling profession are discussed. Additionally, Chapter Five describes any limitations as well as suggestions for future research.

CHAPTER TWO: LITERATURE REVIEW

Introduction to Literature Review

This chapter describes the theoretical conceptual framework for this study and reviews past literature on the topic, providing a summary of the findings from that research. Discussion of the theoretical conceptual framework begins with a description of the power or control theory, which emphasizes triggers that lead to the male partner seeking dominance over his female counterpart via the perpetrated abuse. Next, the Duluth model of power and control is described as a means to dissect the methods perpetrators use to psychologically abuse their victims. Additionally, the attachment trauma theory and betrayal trauma theory are explored. Furthermore, through the literature review, this chapter describes what is known and unknown about psychological abuse, and ends with a summary of that information.

The literature review focuses on psychological abuse and its various effects on a victim's life, including the effects of psychological IPV on communication patterns, PTSD, anxiety, depression, self-esteem, physical impairments, relationship perception, trust issues, and substance abuse. This review also details how psychological IPV impacts intimate relationships, self-esteem, communication patterns post abuse, daily functioning within a subsequent relationship, and life functioning. Lastly, the review describes how past relationships affect future relationships, protective factors, coping and recovery, attachment theories and their role in coping, and treatment. The first research question explored in this study was: "What is the impact of psychological abuse on a female's engagement in subsequent intimate relationships?" The second research question was: "What helps female victims of intimate partner psychological abuse heal and build a subsequent healthy relationship?"

Statement of the Problem

The consequences of IPV can be extensive and long lasting. Due to the severity of those consequences, exploring how the female victim of intimate partner psychological abuse can be affected in her subsequent intimate relationships is important. Some consequences of psychological IPV could include self-esteem struggles, PTSD, depression, anxiety, and substance abuse. These issues can impact a victim's future relationships, as well as create new problems. This study investigated the extent to which intimate partner psychological abuse can impact a woman's subsequent intimate relationships.

Theoretical Conceptual Framework

This study was guided by the conceptual framework of the power or control theory, developed by John Hagan in 1985. This theory posits that the interaction of various concepts, such as familial conflict, social acceptance of violence, and gender inequality, lead to partner abuse (K. M. Bell & Naugle, 2008). According to K. M. Bell and Naugle (2008), resolving conflict with the use of aggression is believed to be a result of childhood experiences of witnessing or experiencing similar abuse. K. M. Bell and Naugle stated that couples can experience many stressors that may lead to potential abuse. For example, common stressors such as financial problems and emotional concerns can lead to an increase in the likelihood that abuse will occur. The foundation of the power or control theory is the idea that the power imbalance between the male and the female in a heterosexual relationship can increase the level of tension within the relationship, therefore increasing the likelihood of intimate partner aggression.

The power or control theory stems from the larger social theory of abuse. The social theory of abuse is based on the concept that the conflict in the abusive relationship stems from the abuser's need to have and maintain power and control within the relationship, and this

concept is the foundation for the abuser's motivation to abuse (K. M. Bell & Naugle, 2008). According to Hyde-Nolan and Juliao (2012), the social theory of abuse also focuses on individuals learning through imitating others. The authors also postulated that perpetrators of IPV often learn abusive behavior through childhood experiences, which they either imitate as adults or experience as victims of IPV.

The social theory of abuse also focuses on the interaction patterns within a family unit and how these patterns can foster an environment of violence (Rakovec-Felser, 2014). Ultimately, the "aggressive behavior is adopted as a response because direct and indirect experience suggests that the desired rewards, not negative sanctions, will be the anticipated outcome or reaction from others," thus creating the learned aggressive behavior as a result of modeling and reinforcement (p. 1021). Furthermore, according to K. M. Bell and Naugle (2008), the person with the perceived power uses threat or violence to force the individual with the perceived lower power into compliance. Those researchers claimed that the victim may fight back against this dynamic, but will often give up the fight to avoid continued abuse, which often occurs in the form of intimidation, coercion, social isolation, financial abuse, blaming, and denial.

Hyde-Nolan and Juliao (2012) asserted that one investigated safeguard against preventing men from abusing their female partners is men forming a strong attachment to others. This attachment increases men's fear of negative consequences stemming from their abuse. Those attachments can be to other family members, people and institutions, and the general community. Thornberg and Lyvers (2010) postulated that attachment is correlated with the individual being able to recognize and express emotions. This concept relates to the male's attachment to others as a safeguard against IPV, in addition to the female's attachment to the perpetrator of IPV.

Attachment-related issues often lead to struggles maintaining a healthy level of control within an intimate relationship.

Duluth Model of Power and Control

Many models describe the topic of control, two of them being the theory of power or control and the Duluth model of power and control developed by Ellen Pence in 2006. Cotti et al. (2020) asserted that the Duluth model stemmed from feminist theories addressing patriarchal concepts that encourage men to dominate women using any means possible, including violence. According to Bohall et al. (2016), the Duluth model focuses on Edwin Megargee's (1982) four types of violence—instigation, inhibition, habit strength, and situation—in addition to two types of violence, affective vs. predatory. Megargee asserted that the foundation for the Duluth model is that IPV is a way for male partners to prove their power over their female partners. It shows how men use their privilege to maintain control over women via the use of psychological abuse, which involves multiple facets, such as emotional and financial abuse. The Duluth model of power and control further shows examples of specific ways the male perpetrator commits his abuse (see Figure 3).

Figure 3

The Power and Control Wheel



Note. Retrieved from “Domestic Abuse Intervention Programs: Home of the Duluth Model,” by Wheel Library, n.d. (<https://www.theduluthmodel.org/wheel-gallery/>). In the public domain.

The Duluth model was created for the purpose of protecting domestic violence victims from continued abuse by creating a systems reform that holds perpetrators of abuse accountable for their actions (Taylor & Sullivan, 2007). According to Taylor and Sullivan (2007), the Duluth

model is one of the most well-known and successful programs that is used internationally. The model uses five principles and eight activities, all focusing on protecting victims of IPV and putting an end to the violence they are suffering. Taylor and Sullivan explained that the Duluth model of power and control is divided into eight sections that describe ways a perpetrator psychologically abuses the victim. These sections include using coercion and threats, intimidation, emotional abuse, isolation, minimizing, denying and blaming, using children, male privilege, and economic abuse. However, one of the criticisms of the Duluth Model is that it can be used to focus on a single incident of abuse rather than looking at the context of the abuse and examining it in conjunction with prior acts of IPV.

Attachment Theory

IPV can also involve betrayal within an intimate relationship, and various attachment theories describe the effects such a betrayal can have on an individual. John Bowlby pioneered the first attachment theory in 1958. Levendosky et al. (2012) investigated Bowlby's research and the concept of betrayal on an individual, and established that the betrayal that takes place within the relationship damages the internal working model of the female survivor. That betrayal can affect the woman in many ways, ranging from pregnancy to parenting behaviors. In turn, these behaviors affect the child's development in terms of emotional and behavioral regulation. These types of effects demonstrate the consequences of IPV crossing generations, affecting women and children socially and emotionally. Levendosky et al. also theorized that in terms of parenting behaviors, IPV can cause the mother to become overwhelmed and filled with fear, thus parenting her child with either projective identification where the child is helpless, or using projection where the child is perceived as aggressive similarly to the abuser. The mother parenting in such a way can lead to the child developing insecure attachment, which then feeds the cycle of abuse.

Furthermore, Levendosky et al. (2012) contended that IPV can deeply impact the female's attachment within the romantic relationship. This effect occurs because the stress in the relationship compromises the role of the individual within that relationship, thus impacting the attachment bond. That stress can also be associated with negative effects on the woman's psychological functioning, and cause severe forms of psychological symptoms such as mood dysregulation and physiological hyperarousal. Levendosky et al. found that, for women whose internal working models entail an expectation for a relationship with a loving and nurturant partner, there is a sense of loss when this expectation is replaced with the reality of an abusive partner.

Velotti et al.'s (2018) research revealed that, as a result of this sense of loss, women's attachment becomes avoidant or anxiety ridden with insecure-dismissing, insecure-preoccupied, or disorganized qualities. Furthermore, Velotti et al. stated that abuse often occurs because of the abusers attempt to stay close to their partner when attachment needs are compromised. According to those researchers, one's compromise of their attachment needs explains why people with anxious attachment are ambivalent toward power and domination even though they desire having control, whereas individuals with avoidant attachment lean toward autonomy and distance due to becoming concerned about others' criticism and their need to satisfy them.

Stavropoulos et al. (2018) found that avoidant attachment focuses on the individual's fears of getting closer to the other person to avoid becoming dependent on them. In addition, Stavropoulos et al. postulated that individuals with avoidant attachment tendencies tend to avoid seeking help due to (a) their belief that showing vulnerability to other people is unfathomable, and (b) fearing the rejection of the person they seek help from.

Betrayal Trauma Theory

Another theoretical approach that connects with the attachment theory is the betrayal trauma theory developed by Jennifer Freyd in 1991. According to Velotti et al. (2018) betrayal trauma theory focuses on the long-lasting consequences that occur when a trusted individual betrays the person they are supposed to protect. Those researchers stated that betrayal trauma theory is often used in the study of child abuse; however, similar abuse occurs with IPV, specifically when a trusted partner who is supposed to be encouraging ends up inflicting abuse. Edwards et al. (2012) asserted that abuse perpetrated by someone close to the victim leads to the victim having worse mental health struggles than when the violence is perpetrated by an outsider. Attachment and betrayal trauma theories connect through their mutual emphasis on the consequences intimate partner betrayal through abuse can have on the victim's emotional state.

Betrayal trauma theory discusses amnesia as a possible outcome of abuse, particularly with child sexual abuse (McNally, 2007). McNally (2007) suggested that dissociative amnesia can be a result of acquired dissociative cognitive avoidance skills that victims use to emotionally empower themselves to cope. Furthermore, abuse victims attempt to attach to the perpetrator in order to survive and thrive. That researcher further postulated that human beings have the tendency to detect betrayal from intimate partners as a form of a cheater detector. McNally's theory relates to Freyd's approach (1991) that argued that people suppress this detection skill to survive through continued attachment to their caretaker, and also proposed that this need for attachment prevents the victim from recognizing the betrayal. Furthermore, Freyd postulated that the level of betrayal changes based on the type of abuse or trauma and its severity. For example, Goldberg and Freyd (2003) stated that child sexual abuse results in high betrayal, whereas a natural disaster would be classified as low betrayal. IPV falls in the middle of this

continuum. Additionally, betrayal trauma theory focuses on the impacts that this betrayal has on the female victim's attachment due to her reliance on the perpetrator for the fulfillment of her physical and emotional needs.

Betrayal trauma theory holds that certain traumas, such as incest, should be uniquely categorized as betrayal trauma, which is a subcategory of trauma in which the violation of trust within a close relationship occurs in the context of a traumatic event. According to betrayal trauma theory, betrayal trauma results in either partial or complete traumatic amnesia because repression is adaptive when a victim depends on a perpetrator for physical or emotional needs. McNally (2004) defined traumatic amnesia as either a partial or complete inability to recall traumatic events while recall of other events remains unaffected. Traumatic amnesia is also believed to be reversible, such that trauma memories may be recovered. However, theories of traumatic amnesia are often developed with little consideration given to factors known to impair all memories. According to Lindblom and Gray (2010), information on such factors is particularly important because theories of traumatic amnesia are superfluous if normal processes of forgetting are sufficient to explain trauma memory deficits. Lindblom and Gray also suggested that, through amnesia, the victim is unable to properly process the trauma and thus recover from it.

Summary of Theories

By understanding possible causes of psychological abuse in intimate relationships, researchers can find correlations that lead to specific outcomes of IPV, such as the ones explored in this study. The Duluth model of power and control, attachment theory, and betrayal trauma theory all focus on foundational reasons why IPV can occur. These three concepts are significant

to this study because they provide insight into the inner workings of the female's psychological state post abuse.

Review of the Literature

Psychological abuse is a subject that has been studied for many years. Its causes, symptoms, and long-term negative effects have been the root of a plethora of research. Psychological IPV is one of the most common forms of violence against women that is performed by a husband or an intimate male partner (Antai et al., 2014). Researchers have found IPV to be a serious public health problem associated with physical, reproductive, and mental health consequences. The most prevalent mental health reverberations reported in the past 2 decades include depression, PTSD, and anxiety. According to Outlaw (2009), there are four major types of nonphysical abuse, and interviews with abuse victims often indicate that victims experience the nonphysical forms of abuse as equally or more damaging than physical abuse. In addition to the suffering the abused woman experiences, this type of abuse is also a risk marker for physical violence.

Psychological abuse has affected many women over the course of many centuries. According to the World Health Organization, approximately one third of females have experienced IPV at some point in their lives (as cited in Comecanha et al., 2017). Rogers and Follingstad (2014) asserted that psychological abuse is a strong form of IPV that can occur frequently and in a reciprocal manner. In their research on the long-term negative effects of psychological abuse, Rogers and Follingstad found the most significant effects to be PTSD, anxiety, depression, self-esteem struggles, physical impairments, and overall life functioning limitations. Those researchers also noted that the impact of abuse on victims' communication styles has been prevalently explored within the extant research.

Psychological Abuse

Psychological abuse is known to be a severe form of abuse within relationships of all kinds (Comecanha et al., 2017). Comecanha et al. (2017) suggested that, within intimate relationships, psychological IPV can be sectioned into two categories: emotional/verbal (name-calling and yelling), and domination/isolation (jealousy and controlling one's time and activities). Either domain can have detrimental effects on the victim. However, other research has indicated that psychological abuse extends beyond these two subcategories. For example, Tani et al. (2016) stated that there are four dimensions to psychological abuse: (a) restrictive engulfment in which the abuser isolates, monitors, and is possessive; (b) denigration, which includes name-calling and criticism; (c) hostile withdrawal, which involves withholding emotional contact by acting distant; and (d) dominance/intimidation, which includes actions that create fear via attacks to the person or their property.

The common thread in the literature examined was that the long-term effects of psychological abuse may be as severe, if not more severe, than physical and/or sexual abuse due to the community's lack of attention to the topic and victims underreporting of psychological abuse incidents. Victims can often justify their partner's behaviors by using excuses regarding the perpetrator being tired, not meaning the insult, having a bad day, or any other way of making the offense seem acceptable and fleeting. The foundation of psychological abuse and its definition lies in what Tani et al. (2016) explained as, "any behavior or act that is designed to provoke emotional pain to a partner and establish an unequal distribution of power in the relationship" (p. 3). Victims often overlook daily attempts to be controlled and are unable to initially perceive that behavior as abusive. Examples of such power struggles can include the

male perpetrator controlling how the female partner dresses, how she does her hair, and how she cooks, along with generally criticizing daily tasks to attempt to get his way.

Potthoff and Babcock (2015) contended that approximately 1 in 4 females report IPV victimization at some point in their lifetime. However, psychological abuse is also the most difficult form of abuse to define because there are no apparent physical symptoms of it. Rogers and Follingstad (2014) stated that psychological IPV becomes easier to justify without the physical reminders, which can often influence victims in reporting the abuse, making them believe that nobody will believe what is happening. With keeping in mind the influence that the lack of physical reminders can have on the victims, the long-lasting negative effects of psychological abuse and how they could impact future intimate relationships were examined in this literature review. The theory proposed by Rogers and Follingstad is crucial to the research question at hand and will form the foundation of the future research on psychological IPV.

Predictors for Violence

There are many predictors of intimate partner psychological abuse. According to Wright (2011), couple-related violence refers to violence that occurs from a conflict caused by stressors or frustrations within the relationship. One predictor for violence is race, as people from minority groups engage in IPV more than non-minorities due to cultural beliefs, economic marginalization, and limited opportunities for education, employment, and upward mobility in society. Wright reported that age plays a role in IPV, as younger women tend to be more victimized and younger men are likely to become more volatile. That researcher stated that some additional predictors for violence are employment instability, having a low level of education, substance abuse, social isolation, and violence-condoning attitudes. Hetzel-Riggin and Meads

(2011) discussed hostility as a strong predictor of violence, and described its correlation with psychological abuse and its moderate effects on IPV.

Communication Patterns

Communication patterns serve an important role in intimate relationships. According to Cushman and Cahn (1985), interpersonal relationships are the key factor in making an individual's life meaningful. Cushman and Cahn also proposed that failure to have successful interpersonal relationships can lead to major social problems such as suicide, stress, and relationship instability. Lastly, those authors indicated that effective communication is one of the key factors in sustaining a successful relationship. Kuster et al. (2015) believed that, when psychological IPV occurs in a relationship, in addition to potential disclosure and reporting challenges, communication patterns can contribute to the abuse. In turn, communication issues lead to relationship dissatisfaction (Kuster et al., 2015). Moreover, although personality characteristics such as neuroticism could play a role in negative communication, relationship goals play an even bigger role, often resulting in IPV. For example, Tani et al. (2016) reported that violence increases when there is a lack of healthy communication. On the other hand, negative communication patterns can promote situations that lead to psychological maltreatment. Examples of such patterns are yelling, cursing, the use of demeaning or inappropriate words, and even the use of demanding words such as "must," "should," "have to," and "ought to." Tani et al. further explained that the chances of abuse occurring diminish when there is a healthy communication style filled with positive interaction, honesty, and mutual empathy. Tone of voice can play just as significant of a role as what is said when attempting to properly communicate. Additionally, male partners can maintain a supportive role with their female partner through enhancing her positive qualities and only constructively criticizing her

downfalls. Tani et al. determined that, when there is a lack of clear communication, there is an increased chance of aggressive behavior. Tani et al. also stated that negative patterns of interacting daily with one's partner was also correlated to psychological aggression.

Posttraumatic Stress Disorder

Many negative symptoms and clinical diagnoses are found in abused women, with one of the most common being PTSD. Hassan and Malik (2012) asserted that the “most common psychiatric disorders found among abused women include depression, post-traumatic stress disorder (PTSD), somatization, suicide, eating disorders, substance dependence, antisocial personality disorders, and non-affective psychoses” (p. 280). PTSD is a clinical diagnosis given to individuals who suffer from a specific set of symptoms occurring after a traumatic event in their lives. According to the Mayo Clinic (n.d.), some symptoms could include having flashbacks, nightmares, and severe anxiety worsened by thoughts about the incident. A significant fact to note is that symptoms of PTSD could arise even when someone witnesses a traumatic experience rather than experiencing the event. One debate in the extant research is whether psychological abuse could cause PTSD symptoms in victims. In response, Norwood and Murphy (2012) expressed that victims of psychological IPV can have just as many PTSD-related symptoms as victims of physical abuse. Norwood and Murphy further noted that victims of psychological abuse could suffer from PTSD, and the symptoms of that disorder could impact their behaviors in future relationships.

According to Taft et al. (2011), empirical research in this area indicated that symptoms of PTSD are associated with an increase in intimate relationship problems, as well as higher levels of intimate partner aggression. Furthermore, Taft et al. claimed that consequences of PTSD that can impact subsequent intimate relationships include physiological reactivity, problems with

anger, social problem-solving deficits, and many other psychological problems. Additionally, PTSD often leads to poor relationship satisfaction.

Lagdon et al. (2014) found that people subjected to psychological abuse can also be affected in deeper ways, such as through loss of identity. Often, victims of psychological abuse have been compared to individuals who have been prisoners of war, as both prisoners of war and IPV victims are indoctrinated into a culture that is violent, resulting in a loss of identity and feelings of hopelessness. Lastly, Lagdon et al. stated that experiencing psychological abuse leading to PTSD can prevent the victim from sleeping well, which is necessary for both psychological and physical recovery.

PTSD and Intimate Relationships

Symptoms of PTSD can often disrupt an individual's ability to closely connect to other people, which leads to their partner experiencing feelings of dissatisfaction and increased perception of problems within the relationship (Lambert et al., 2012). These negative perceptions can lead to more conflict within the relationship, along with communication struggles and intimacy issues. Lambert et al. (2012) found that one of the symptoms of PTSD is emotional numbing, which can disrupt intimacy and lead to anger and agitation, reducing the partner's feelings of safety and security within the relationship. Additionally, women who have PTSD as a result of psychological IPV often experience more stress, thus impacting their overall mood. Those researchers further postulated that, when a female cannot function the same way she did prior to the abuse, that inability to function normally can lead to distress and irritability.

Lambert et al. (2012) found that female partners also experience negative consequences when having a relationship with someone who suffers from PTSD. This outcome is due to the female overcompensating for her partner's impaired functioning, often leading to caregiver

burden. Those researchers stated that the woman's knowledge about her partner's traumatic experiences can result in her developing symptoms similar to her partner and developing secondary traumatic stress. They also proposed that partners living with someone who experiences symptoms of PTSD may experience detrimental outcomes such as stress, anxiety, and depression.

Anxiety

Like PTSD, anxiety is a mental health diagnosis that affects many people daily. Banducci et al. (2017) asserted that among most psychiatric conditions, anxiety disorders are the most prevalent and frequently diagnosed. Following a psychologically abusive relationship, victims often feel overwhelmed by the uncertainty of their emotions. Additionally, those researchers stated that anxiety can have multiple physical manifestations, such as heart palpitations, sweaty palms, numbness in the head or mouth, and trouble breathing. Such symptoms can occur together or separately and can feel minor or intense. If these symptoms become unmanageable, the individual can begin having anxiety attacks that affect their daily functioning at work and home. According to Sullivan et al. (2013), anxiety disorders occur in 54% of women with a history of IPV, and those same victims reported a higher rate of insomnia, dissociation, decreased self-esteem, and somatic symptoms than nonabused women.

In order to cope with anxiety, many victims focus on avoiding the triggers to their anxiety. Banducci et al. (2017) postulated that victims of IPV often participate in avoidant behaviors to adapt to their abuse environment, such as emotional arousal, anxiety, and vigilance. Such anxiety can manifest in multiple ways privately or in social settings. Additionally, Hassan and Malik (2012) found that IPV tends to increase women's social anxiety and decrease their confidence in social settings.

Hassan and Malik's (2012) study tied in anxiety and self-esteem difficulties as one leading into the other; this finding is important because both emotional outbursts and self-perception negatively impact intimate relationships.

Depression

In addition to anxiety, many symptoms of depression can manifest post abuse. Some of these symptoms revolve around psychological distress, which can manifest through crying easily, feeling fatigued, and feeling unable to enjoy life (Hassan & Malik, 2012). Per Hassan and Malik (2012), depression as a specific outcome of psychological abuse clearly impacts the victim's ability to function within a relationship. From the inability to control emotional outbreaks to the inability to enjoy the everyday special moments, depression can serve as a dark cloud in someone's intimate life. Those researchers stated that the key is to determine the extent of the symptoms, whether those symptoms warrant a diagnosis, or whether the individual could fight to overcome the negative effects of depression.

According to Johnson et al. (2017), a significant amount of research has explored the correlations between depression and unhealthy couple dynamics, such as increased conflict, decreased ability to adapt, and greater relationship risk. Furthermore, Lagdon et al. (2014) stated that victims of IPV who have symptoms of depression are more likely to experience substance abuse and have suicidal ideations due to their attempts to manage pain experienced from IPV. Sullivan et al. (2013) found that one factor demonstrating a protective effect on mental health problems is self-efficacy, which is defined as a person's sense of control over their environment and the belief that they can master challenging demands.

Self-Esteem

Often correlated with depression, the individual may experience struggles with self-esteem. According to Lagdon et al. (2014), psychological violence (also called psychological/emotional abuse, verbal abuse or aggression, nonphysical abuse, or aggression) can be characterized by verbal and nonverbal acts that are used to threaten, terrorize, intimidate, belittle, control, and diminish an individual in order to limit and destroy self-esteem and well-being. Lagdon et al. found that, as individuals and in a relationship dynamic, maintaining a healthy sense of self-esteem is important.

Many factors contribute to decreases in one's self-esteem. For instance, Lin-Roark et al. (2015) stated that "psychological abuse, which often accompanies battering, was found to have more detrimental impacts upon women's self-esteem than the physical victimization itself" (pp. 201–202). Additionally, Lin-Roark et al.'s research indicated that psychological abuse contributes in a powerful manner to the prediction of a female's global self-esteem more so than physical abuse. Psychological abuse often involves name-calling and putting the victim down; thus, actions associated with psychological abuse can lead the victim to feel inferior. The more frequently and longer the abuse occurs, the greater the attack on the person's self-esteem. Those researchers specified that a greater frequency or intensity of IPV has been significantly linked to lower self-esteem among women. Lin-Roark et al. also stated that the main theory of why psychological abuse impacts women's self-esteem is due to her need to please her partner while feeling as though she is constantly failing to do so because that is what she is being told by her abuser.

Lin-Roark et al. (2015) further concluded that a woman who has experienced psychological abuse is more likely to have feelings of inadequacy and self-doubt due to the

confusion she may feel when trying to please her partner while still experiencing abuse. However, Lin-Roark stated that there are some protective barriers to abusers' attacks on self-esteem. One of the most important barriers is having a positive support system. This support system can include family members, close friends, church groups, work colleagues, and even online blogs and support groups. Furthermore, those researchers asserted that self-affirmation (obtaining assurance of self-worth from sources around oneself) helps serve as a buffer for the female's self-esteem despite the abuse. Another protective barrier for maintaining a healthy sense of self-worth is positive self-talk. According to Lin-Roark et al., "Self-affirmation moderates the negative effect of physical and psychological abuse upon self-esteem and is activated to help battered women maintain a favorable self-view through their positive experiences of working, parenting, and interacting with their family and friends" (p. 202). They also postulated that individuals who remind themselves daily all that they do well and what is important to them can better maintain focus on the positive things.

Overall, self-esteem struggles can impact how one views themselves and consequently how they carry themselves within a relationship. Feelings of inadequacy can affect an individual's confidence levels, along with their trust and commitment to their partner. Some key factors in identifying future success of intimate relationships are confidence levels, trust, and commitment to one's partner.

Self-Esteem and Relationships

As previously mentioned, self-esteem can impact individuals in many ways, and the topic of self-esteem has been studied for many years. Longmore and Demaris (1997) reported that self-esteem refers to how individuals view themselves, either in a positive or negative way. Furthermore, those researchers claimed that self-esteem is comprised of two factors, self-worth

and self-efficacy, both of which serve as protective factors in damaging relationships. Longmore and Demaris also stated that an individual with high self-esteem will not allow a negative relationship to damage their sense of self, whereas an individual with low self-esteem constantly relies on external cues to fuel their sense of self. Additionally, Di Blas et al. (2021) concluded that low levels of self-esteem and self-worth are predictors of depression, whereas high levels of depression correlate with a compromised self-esteem.

Johnson et al.'s (2017) research in self-esteem indicated that, besides the general effects IPV can have on a female victim's self-esteem, it can also affect her self-esteem within the couple's dynamic. There is also a correlation between "global self-esteem, or the general perception of one's self-worth, and satisfaction with an intimate partnership. Prior levels of self-esteem prospectively predict higher relationship satisfaction and growth in self-esteem predicts concurrent growth in relationship satisfaction" (p. 635). Moreover, the female victim's self-esteem could also impact her perception of the relationship. According to Johnson et al., individuals with low self-esteem are more likely to have a pessimistic outlook on their intimate relationships and perception of their partner. Additionally, when experiencing a stressful situation, an individual with low self-esteem will likely avoid searching for support out of fear that those whom they seek support from will confirm their partner's negative view of them. Individuals with low self-esteem may also fear that their partner will be unwilling to give them support. Ultimately, Johnson et al. found that victims of IPV suffer from mental health struggles that could impact their partners. When one partner is experiencing stress, the other partner will inevitably experience the stress as well, which affects both partner's well-being, mental health, and ability to support one another.

Physical Impairments

In addition to impacting self-esteem, psychological abuse can also take a physical toll on the victim. It is not uncommon for emotional pain to manifest itself in physical ways. Rogers and Follingstad (2014) concluded that many impairments in physical functioning result from IPV, including chronic pain. This information is significant because physical issues can detrimentally impact one's ability to function properly in their daily life. Simple tasks like walking, performing house chores, completing errands, or going to work can be impacted by physical pain.

Additionally, long-term stress due to IPV may correlate with the worsening of physical health problems (Norman, 2010). Moreover, depending on the severity of the impairments, physical issues can impact an individual's ability to function intimately. Lack of or having trouble with intimacy can create a disconnect between the couple and lead to miscommunication, fighting, animosity, and subsequent struggles. Conversely, according to Norman (2010), an association has also been shown to exist between trauma exposure and engaging in more negative health behaviors and fewer positive health behaviors. For example, IPV victims are more likely to participate in high-risk sexual behaviors compared to women without such histories. (p. 8)

Relationship Perception

In addition to consequences of IPV that affect the individual, IPV can also affect the dynamic between the female victim and her subsequent partners. Some of the most impacted dynamics are communication and an individual's perception of their current relationship. According to Clavin (2015), communication can affect relationships because an individual's manner of communication is directly affected by the way they perceive the relationship.

Additionally, a woman's perception of her present relationship can be heavily impacted by specific situations that occurred in her past abusive relationships.

Furthermore, Clavin (2015) postulated that how one interprets their intimate relationship is primarily based on their past relationships; for example, a history of disappointment can lead to a mental model in which the focus becomes one of disappointment. As a result, the individual may find it difficult to trust and may fear abandonment. In conclusion, Clavin stated that female victims of psychological IPV often connect their past with their present without properly assessing what is happening in their present relationship, which impacts their perception and interactions with their partner.

Trust Issues

One of the factors affecting a woman's relationship perception is her level of trust within the relationship. According to Rempel et al. (2001), trust is the confidence that the female partner has regarding her male partner's actions toward her and his assistance in fulfilling her goals in the relationship. Rempel et al. proposed that three levels of trust can exist in an intimate relationship. A high level of trust means the female partner feels secure and confident in her male partner and believes that he will take care of her and respond to her needs, thus interpreting her relationship in a positive way. Those researchers found that low trust in a relationship is when the female partner lacks the confidence that her male partner is concerned about her well-being within the relationship. Finally, a medium level of trust is present when the female partner is filled with doubts and insecurities about her partner, leaving her incapable of confronting any challenges in the relationship while still retaining hope that it will improve. Trust can consequently serve as the foundation in intimate relationships because it impacts how an individual gives meaning to experiences they have within the relationship.

Psychological IPV may lead to trust issues in subsequent relationships. This occurs because the female victim loses trust in her abuser, which may influence her losing trust in subsequent partners out of fear that they will also betray her trust. According to LaMotte et al. (2016), experiencing traumatic events can affect one's ability to trust others because the perpetrator of the trauma was an individual who the victim trusted (such as a parent or intimate partner), and the victim withholding trust is a way to self-preserve and therefore avoid becoming susceptible to future trauma. Those researchers stated that this mistrust in the new partner can cause an increase in relationship conflict. According to LaMotte et al., "one partner may attribute negative intent to a benign comment and react with defensiveness or hostility in response, increasing the conflict" (p. 535).

Substance Abuse

Substance abuse is another consequence of psychological IPV that can affect both the individual and the new relationship. Cattaneo et al.'s (2007) research revealed that substance use becomes a reinforcing behavior due to the individual's impaired ability to think about the traumatic event in detail, therefore impairing their ability to properly assess the level of risk in a negative situation. Additionally, Norman (2010) reported that substance abuse can often serve as a coping mechanism for victims of IPV. Crespo et al. (2017) stated that individuals may look for an escape from their negative emotional state through self-medicating, therefore negatively reinforcing their alcohol use. In general, suffering can contribute to an individual using or abusing substances; therefore, victims of IPV may increase their drinking because of their trauma. Racionero-Plaza et al. (2021) asserted that substance use is a means to bond with others, gain social status amongst peers, and escape or cope with trauma. Racionero-Plaza et al. further postulated that comorbidity is often found with substance abuse and mental health disorders,

such as depression, anxiety, and PTSD. IPV victims often use and abuse substances to forget the trauma they suffered from previous intimate partners, and self-medicating can serve as an escape for abuse victims. Overall, having substance abuse issues can affect an individual's intimate relationships.

Communication Patterns Post abuse

Maintaining a healthy communication pattern is an important factor in relationships was noted earlier in this chapter. Kuster et al. (2015) postulated that conflict resolution is a healthy part of a relationship and that problem-solving conversations usually occur in three stages. Those researchers stated that the first stage of conflict resolution is the start-up, during which both individuals attempt to start a conversation and express their feelings and opinions. The second stage is the arguing stage, during which both individuals defend their own perspective on the topic and critique their partner's perspective. Lastly, in the negotiation stage, the couple tries to arrive at a resolution and implement new strategies in their relationship. Kuster et al. stated that, although it is healthy for negative emotions to arise during these stages, how those feelings are conveyed can affect the outcome of the conflict.

One of the aspects to consider regarding communication in relationships is how a female victim of psychological IPV changes her communication methods post abuse. According to Lawson and Malnar (2011), the cause of current maladaptive interpersonal behaviors in post abuse relationships is often related to victims' experiences of conflict and IPV. Such maladaptive patterns are based on the quality of interactions victims experienced with caregivers and their attachment to them and later partners, which preset their expectations of self and others and thus shape their interpersonal relationships and negative interactions.

Abuse and Its Impact on Daily Functioning Within a Subsequent Relationship

Another consequence of psychological IPV for the female victim can be the impact on her daily functioning. According to Whisman and Baucomp (2012), there is a strong correlation between the way a relationship functions and a person's mental health. The level of exposure to IPV can correlate with the degree of impairment. Whisman and Baucomp asserted that "Thirty-five percent of women in a DV shelter identified themselves as disabled, compared to 4.6% of American women in general" (p. 10). Those researchers also claimed that females who have experienced IPV often have greater difficulty finding and maintaining employment, remaining productive, and having stable housing.

There are many factors regarding women's experiences with IPV that can correlate with challenges in daily functioning. Whisman and Baucomp (2012) found that women who have suffered IPV often feel isolated due to their shame, guilt, and helplessness; they often feel unsupported, or if there is support, they do not take advantage of it effectively. In general, women in relationships post abuse tend to experience certain types of behaviors that other women may not. Whisman and Baucomp also found that women who have been abused can become less assertive and fail to advocate for themselves due to their learned helplessness, which can interfere with their ability to function even after they exit the abusive relationship. In other words, Whisman and Baucomp's study revealed that because the female victim learned to be controlled in the abusive relationship, she often finds herself unable to solve her own problems or independently take care of her daily employment or parental responsibilities. Lastly, IPV can impact women's relationship self-efficacy. Sullivan et al. (2013) stated that "RSE [relationship self-efficacy] is defined as the extent to which a woman is confident in her ability to manage

day-to-day relationship issues with her partner such as expressing emotional needs, accepting support, or dealing with disagreements openly” (p. 642).

Psychological abuse affects victims in many ways. The most notable affect, however, is the impact on the individual’s overall ability to function. Besides IPV’s effects on the female victim’s daily functioning within subsequent relationships, it can also affect her functioning in her own daily life. Ham-Rawbottom et al. (2005) reported that IPV victims’ quality of life greatly suffers post abuse due to the abused individual becoming exposed to severe difficulties with psychologically adjusting to life post trauma. Everyday tasks such as eating healthy, sleeping well, and performing daily tasks effectively become difficult. IPV victims may also struggle with emotional functioning, such as feeling good about themselves, feeling capable and accomplished, and having a general sense of purpose. Rogers and Follingstad (2014) stated that the abuse “impairs victims’ mental health and subsequently quality of life functioning, which can be seen in the inability of IPV victims to carry-out everyday activities” (p. 596). According to Tani et al. (2016), in general, some victims experience low self-esteem, excessive fear, anxiety, depression, PTSD, and feeling helpless. However, Ham-Rawbottom et al. (2015) found that with the proper support and resources, the victim can reduce victimization and increase her psychological functioning

How Past Relationships Affect Subsequent Relationships

Tsai (2016) proposed that there are four barriers to establishing new relationships. The first one is vulnerability or fear that leads to resistance when entering a new relationship, especially when becoming emotionally attached. Tsai also proposed that intimate relationships often involve inequality in power and a level of permitted vulnerability, often leading to one individual exploiting the other. Additionally, that researcher stated that the greater vulnerability

and trust that a woman shows in the relationship, the greater her disappointment when the partner fails her because of the sense of betrayal felt.

The second barrier is relationship expectations, during which a partner allows emotional vulnerability, but expects even a healthy relationship to become violent (Tsai, 2016). According to Hadfield and Nixon (2017), victims tend to hyperfocus on negative traits in the new person, thus expecting the worst out of them.

Tsai (2016) stated the third barrier is shame or low self-esteem, where a partner sabotages the relationship by using negative self-talk when things are not going well in the new relationship. According to MacGregor et al. (2013), if a female partner has low self-esteem, it is more likely that the male partner will match his behavior toward her with how she perceives herself. MacGregor et al. also postulated that relationships with individuals who have low self-esteem tend to be less satisfying due to the individual's negative behaviors caused by the low self-esteem and the expectations of rejection within the relationship.

Finally, the fourth barrier to establishing new relationships is communication issues, where victims struggle to relay their IPV-related experiences to their new partner and how it affects them in the new relationship, resulting in feeling disconnected from their new partner (Tsai, 2016; University of NY at Buffalo, 2018). Moreover, Guerrero and Floyd (2006) stated that communication is an integral part of a relationship's success. Communication style is often represented during a couple's first experience of conflict, particularly in how the couple communicates in resolving it. Similarly, Furman and Collibee (2018) stated that if early relationships operate as prototypes for future relationships, they can be very influential to the individual. However, Furman and Collibee also stated that more recent relationships can

influence the individual to a greater degree due to their similarity with subsequent relationships and less time passing between them.

Protective Factors

There are some protective factors that can help victims post abuse. One of the protective factors that emerged in the literature is religious coping. According to Bryant-Davis and Wong (2013), spirituality refers to an individual's faith-related approaches to recovering from trauma that involve their personal practice of spiritually connected behaviors and having support through the faith-based community. Bryant-Davis and Wong posited that some behaviors the individual can partake in are prayer, receiving support from their congregation, seeking help from their pastor, and the practice of reframing their traumatic events to find hope in their lives. Similarly, the same researchers asserted that this form of positive religious coping can assist in decreasing psychological distress in abuse victims. According to those researchers, religiosity is an individual's commitment to their beliefs and behaviors congruent with their beliefs organized through an institution, such as a church. Walker et al. (2010) claimed that IPV victims seek to make sense of their experienced trauma through their religious and spiritual beliefs; therefore, religiosity and spirituality are often considered factors that could protect the victim from further experiencing the pain of trauma.

Coping and Recovery

After an individual experiences the trauma of IPV, one of the key aspects to investigate is how individuals can cope and recover from it. Sesar et al. (2010) postulated that details regarding the level of stress associated with each stressful event correlates correlate with the effectiveness of specific coping strategies. Sesar et al. concluded that a coping strategy that could be effective for one situation may be ineffective for another. Furthermore, those researchers suggested that

successful coping strategies help to lower the degree of victimization and alleviate the negative consequences associated with the abuse, which are factors in whether the IPV leads to specific forms of psychological distress.

There are various coping strategies that could be effective in combating the consequences of IPV. For instance, problem-oriented strategies are focused strategies that help individuals better adapt psychologically, especially those coping with anxiety or depression (Sesar et al., 2010). Conversely, problem-avoidance or emotional-regulation-oriented strategies result in less adaptation (Sesar et al., 2010). Additionally, Sesar et al. (2010) contended that abuse victims develop a better relationship with other individuals and their environment, and are better able to modify their judgments and healthy emotional outcomes when they plan to solve the problems that arise from the abuse.

Certain obstacles can impede the coping process. Czerny et al. (2018) reported that a hindrance to coping with abuse that complicates the process of healing is the individual's level of courage to leave the abusive relationship. Czerny et al. asserted that one of the main goals for victims of IPV post abuse is to reinvent their sense of self by imposing appropriate boundaries with others to stay emotionally safe while exploring supportive relationships that can help them heal.

Attachment Theories and Their Role in Coping

The previously mentioned attachment theories can play a role in an individual's ability to cope. Mikulincer and Shaver (2016) reported that insecure attachment can negatively correlate with long-term distress and psychopathology. Similarly, anxious attachment can impact regulation of negative emotions, unmanageable negative thinking, and cognitive disorganization. Mikulincer and Shaver posited that insecure attachment is marked by the person's difficulty

solving problems, disengaging and unrealistic goals, and experienced distress in multiple areas of their lives, all of which lead to low self-efficacy and doubts about their sense of self. According to those researchers, individuals with insecure attachment find it difficult to balance concern for themselves and others, destroying the quality of the relationship and often leading to violence. This imbalance is marked by trouble caring for their partner, intimacy struggles, and alienating their partner. They also reported that avoidant attachment often leads to the individuals pretending to be secure while, in reality, they are suppressing their feelings. In turn, this suppression impairs their ability to properly cope.

Treatment

There are many treatment options that can help individuals cope with the consequences of psychological IPV. Flasch et al. (2019) reported that the primary focus of current interventions is understanding the negative effects of IPV, investigating present crisis interventions, and understanding the dynamics involving IPV. Furthermore, they asserted that emphasis is placed on avoiding abuse instead of helping the individual learn ways to form healthy new relationships (how to navigate them and how to use one's strengths to successfully form them). Rather than merely focusing on recovery, Flasch et al. focused on the individual recovering from the abuse using a combined social and psychological process investigated in an integrative way because the aftereffects of IPV are long-lasting.

Flasch et al. (2019) further postulated that it is necessary for clinicians to understand IPV victims' experiences to assist them in cultivating healthy post abuse dating relationships. Flasch et al. stated that clinicians' understanding of these experiences is significant because IPV victims are often hypersensitive to triggering behaviors that appear as warning signs to them of potential abuse. Victims experience trouble trusting their own judgment and trusting others, and struggle

to separate healthy with unhealthy behaviors. Those researchers stated that IPV survivors might also have continued struggles involving their past abusive partners, such as custody trouble, financial issues, and continued abusive behaviors such as stalking.

Czerny et al. (2018) proposed that another key task for clinicians to work on with victims of IPV is boundary setting divided into five tasks: (a) becoming aware of previous lack of boundaries, (b) awareness of losing boundaries due to experiences of abuse, (c) leaving the abusive relationship through the implementation of clear physical boundaries, (d) implementing strong boundaries and establishing safety, and (e) understanding and demonstrating the need for occasional flexibility with certain situations. Those five stages of post abuse boundary negotiation reflect the victims' realization that they lacked strong boundary setting during the abuse, and that the abuse impacted their ability to implement boundaries. These stages can also help IPV victims acknowledge their need for strong boundaries before incorporating flexibility in those boundaries. According to Czerny et al., part of the boundary-setting process is the act of the counselor assisting the client to guide them in escaping the state of denial regarding the abuse and achieve clarity about the situation. Lastly, those researchers postulated that boundary implementation and renegotiation help victims to understand themselves better and begin the process of healing.

Strengths and Limitations

When conducting this literature review, many similarities and a few differences between studies were discovered. The main similarity was the emphasis placed on psychological abuse and its detrimental impact. The research studied pointed to the definition of psychological abuse as one involving many negative effects, primarily effects revolving around negative emotional states such as anxiety and depression. Another similarity was the tremendous amount of data

regarding the effects of emotional abuse on women, which emphasized victims' inability to please their significant other and the negative emotions surrounding that topic. The main limitation in prior studies was the inability to determine direct causality between psychological abuse and its negative effects.

Some gaps in the literature studied involved the determination of what would be the appropriate psychological treatment of victims of psychological abuse. Tani et al. (2016) stated that professional assistance can help victims recover from psychological IPV, and such assistance can take place in a private practice or government facility, in individual counseling, or in group counseling. Victims of psychological abuse would benefit from the potential effectiveness of treatments being properly examined.

Additionally, the reasons why there is an emphasis placed on the responsible party reporting such abuse needs to be determined. The effects of resiliency on the affected party and the negative outcomes of such abuse also must be further explored. Moreover, in prior literature, the severity and length of the abuse played a role in the overall negative effects, and the fact that psychological abuse rates were based on self-reporting measures caused the validity of the data to be questionable. As per Tani et al. (2016), "the cross-sectional design of the study cannot provide an assessment of the longitudinal relationship between psychological abuse and communication behaviors" (p. 275). Hence, more research must be conducted on the long-term effects of psychological abuse and how it affects healthy communication in future intimate relationships.

Summary

The literature review described the power or control theory and how it often forms the foundation for intimate partner psychological abuse against females. Additionally, the power or

control theory was explored as the conceptual framework for this study. This chapter contained a review of the Duluth model of power and control, including the model's breakdown of existing types of psychological abuse and how the perpetrator's use of authority and control over his victim can lead to attachment struggles in the victim. Attachment and trauma theories were also presented. The literature review described patterns of communication, as well as long-lasting symptoms of psychological abuse, such as PTSD, anxiety, depression, self-esteem struggles, physical impairments, and difficulty in the victim's overall life functioning. Lastly, the literature review explored how some of these issues can affect intimate relationships.

Though long-term consequences of trauma in subsequent relationships were explored, research that specifically explores behavioral outcomes found in female victims of psychological IPV is lacking. This study's findings contribute to the existing research on the negative effects of intimate partner psychological abuse by expanding on the consequences it has on subsequent intimate relationships. Specifically, this study explored the emotional and behavioral outcomes that female victims of psychological IPV exhibit in intimate relationships post abuse. Chapter Three discusses the study questions along with the research methodology and study instruments used. Furthermore, it describes the data analysis procedure, along with the limitations and delimitations of the study.

CHAPTER THREE: RESEARCH METHODOLOGY

Introduction

The purpose of this research study was to investigate the extent to which intimate partner psychological abuse can impact a woman's subsequent intimate relationships. Though there was information gathered in the literature review regarding the aftereffects of IPV, this study explored the long-term effects of psychological abuse and how it affects subsequent relationships. Additionally, this study explored what helps female victims of psychological IPV to heal and move on to building a subsequent healthy relationship.

Research Methodology and Design

Data was gathered using the qualitative phenomenological method to further explore the impact of psychological IPV on women's subsequent relationships. This research methodology was used to investigate individuals' personal experiences based on their own interpretation of those experiences. A qualitative phenomenological method was utilized, rather than other methodologies to (a) explore the phenomena of psychological IPV in depth and find answers involving the "why" or "how" of the effects of such abuse on subsequent intimate relationships, and (b) identify what helps the victims move on to having healthy subsequent relationships.

According to Donalek (2004), phenomenological research originated in the 20th century during the European philosophical movement. Donalek further proposed that, in a phenomenological research approach, the researcher's thoughts, beliefs, and decision-making process are demonstrated throughout the research process. Additionally, for phenomenological research to be credible and valid, the researcher has to clearly document information, such as the reason why the researcher chose the study topic, and clearly demonstrate patterns found in the transcript from the interview process. Descriptive phenomenology, developed by Edmund

Husserl in 1913, focuses on the individual's conscious experiences and requires neutralizing the researcher's biases to avoid influence (Gaete Celis, 2019). Interpretive phenomenology, created by Martin Heidegger in 1927, focuses on finding meaning in the participant's unconscious experiences.

In this study, the descriptive phenomenological research method was utilized. According to Gill (2020), Heidegger's theory focuses on the term *Dasein*, which emphasizes the importance of interpretation in any phenomenological study. Furthermore, Gill postulated that although people are generally in a conditioned environment, their cultural and traditional backgrounds influence their interpretation of their experiences. As a result, this study considered the cultural impact on individuals' experiences.

Research Questions

This study investigated the following primary research question: "What is the impact of psychological abuse on a female's engagement in subsequent intimate relationships?" The secondary research question was: "What helps female victims of intimate partner psychological abuse heal and build a subsequent healthy relationship?"

Participants and Sample Size

According to Gill (2020), sampling is similar across the various phenomenological methods and requires (a) at least three participants to understand the essence of the study topic, and (b) a thorough examination of the data collected from the participants via the interviews. Although three participants are Gill's minimum standard, 10 participants were sought for this study to achieve saturation and include diversity. Saunders et al. (2018) stated that saturation is an important concept in qualitative research that helps the researcher identify when to stop collecting additional data. Saunders et al. further suggested that saturation signifies that no new

data were found through continued research on a particular topic. This study had an adequate sample size to analyze the data collected from the interviews, identify recurrent themes, and achieve saturation.

Population

IPV is a common occurrence in the United States. According to the Centers for Disease Control and Prevention (n.d.), IPV affects millions of people each year. Over 43,000,000 women have endured psychological aggression by an intimate partner in the course of their lives (Centers for Disease Control and Prevention, n.d.). In this study, participants included females who had been in at least one subsequent intimate relationship within 5 years of experiencing psychological IPV. There was no maximum age limitation; however, participants had to be 18 years old or older. The intent was to have participants from diverse racial backgrounds, including Caucasian, African American, Asian, and Hispanic backgrounds.

Participants

The participants were recruited from community agencies, private counseling practices, and domestic violence centers. A total of 14 participants were recruited; 10 participants for individual interviews and four participants for a focus group to review the findings. Originally, five focus group participants were secured; however, one of them failed to show up to the scheduled focus group meeting.

To begin the study process, a letter explaining the nature of the study was emailed to various local private practices as well as domestic violence shelters in Pinellas, Pasco, and Hillsborough Counties in the state of Florida (see Appendix A). Additionally, a call for participants was posted on the researcher's counseling Facebook page. That letter contained a

clear statement expressing the voluntary nature of the study and stated that participants could withdraw from the study at any point with no repercussions.

Next, an invitation to participate was sent to the community agencies, private counseling practices, and domestic violence shelters that agreed to share information about the study with their constituents. The invitation included a brief overview of the study and a link to SurveyMonkey, where interested individuals read and signed an informed consent form (see Appendix B) and then proceeded to complete the demographic questionnaire (see Appendix C). To qualify to be a part of the study, the participant had to (a) identify as a female, (b) be above 18 years of age, (c) be fluent in the English language in order to properly comprehend the interview and what it entailed, (d) had experienced psychological IPV within a heterosexual relationship, and (e) had been in at least one intimate relationship within 5 years of the IPV-related trauma. Accepted participants were contacted via phone and/or email to schedule the interview. All participants were informed of whether they were selected for the interview group or the focus group.

Due to the influence cultural history can have on study findings, participants were from varying cultural backgrounds were recruited. The participants' cultural differences are noted in Chapter Four. The participants for the focus group were selected based on the total number of participants recruited. Five focus group participants were selected after the first 10 interviewees were recruited; however, only four appeared at the Zoom meeting.

Consent Form, Anonymity, and Confidentiality

Potential participants were directed to SurveyMonkey to read an informed consent form, which described that participants could withdraw from the study at any time. Participation was

completely voluntary with no incentives given. Those who signed the consent form could proceed to complete the demographic questionnaire (see Appendix C).

Anonymity was ensured by identifying all participants strictly by a designated number, such as P001, P002, and so on. Confidentiality was ensured by conducting interviews in a quiet and secure area, keeping all notes and records in a password-protected laptop, and keeping all written notes and files in a locked file cabinet. All collected documents and data will be stored for a minimum of 3 years after the completion of the study, as per Institutional Review Board (IRB) regulations.

Study Instruments

Participants completed an 11-question demographic questionnaire that asked questions about the participants' race, age, marital status, socioeconomic status, year the psychological IPV occurred, and whether counseling was received post abuse (see Appendix C). The interviews were conducted utilizing a semi-structured interview questionnaire, which was created with the purpose of investigating symptoms affecting post-IPV intimate relationships, and determining what helped the women heal and develop healthier relationships (see Appendix D). According to Millen et al. (2019), the majority of assessments used on survivors of IPV focus on the severity of the abuse rather than the severity of the symptoms experienced by the survivors of the abuse. Millen et al. also postulated that the Battered Woman Syndrome Questionnaire, developed by Lenore Walker in 1974, was the first qualitative, semi-structured, interview-driven questionnaire created for females who were willing to open up about their IPV-related experiences. Furthermore, Millen et al. asserted that one of the key symptoms found in IPV victims post abuse was difficulties with interpersonal relationships due to the isolation, power, and control exercised by their abuser. This study further explored those difficulties and other challenges described by

the participants. Additionally, this study explored the mechanisms used to help victims of psychological IPV to heal from their abuse and enter healthy intimate relationships post abuse.

Lastly, the focus group semi-structured questionnaire was used to ensure the study's validity. The focus group participants followed the same recruitment and SurveyMonkey informed consent process. The focus group participants were given a letter of consent (see Appendix E) that contained information regarding the importance of maintaining the findings and participant information confidentiality. A description of the steps taken to maintain the anonymity of the participant information was also included. Next, a live Zoom session with the focus group participants was conducted. During the focus group session, two questions were asked, as a means for validating the data (see Appendix F).

Field Notes

Field notes refer to notes taken by the researcher during a study to help the researcher remember answers, behaviors, and events that occurred during an interview or observation. While analyzing the data, researchers focus on observational data collected in addition to reflections regarding the data collected (USC Libraries, n.d.). This researcher took notes during each phase of the present study, including during the informed consent process, as participants completed the demographics questionnaire, during the interview, and during the focus group meeting. The purpose of completing detailed notes was to ensure that the participants' experiences were recorded accurately and with as little researcher bias as possible involved. The field notes were utilized to better understand the participants' experiences through their personal, cultural, religious, and social perspective. For example, participants from varying cultural backgrounds could view psychological IPV differently, resulting in differences in their way of coping with such abuse.

Additionally, field notes allow researchers to recognize and address concerns that might arise during the interview process and must be addressed in the data analysis. An example of a concern could be nonverbal behaviors during the interviews that might give further insight into the data. For example, in the present study, when Participant 001 shared how her late husband would make negative comments about her body, she became visibly more upset, looked down, and closed in on her posture as if embarrassed. Furthermore, field notes contributed to this study by helping the researcher to focus on any discrepancies that were observed during the interview process and further clarified by the participants. The field notes were also used to establish cohesiveness between verbal and nonverbal messages.

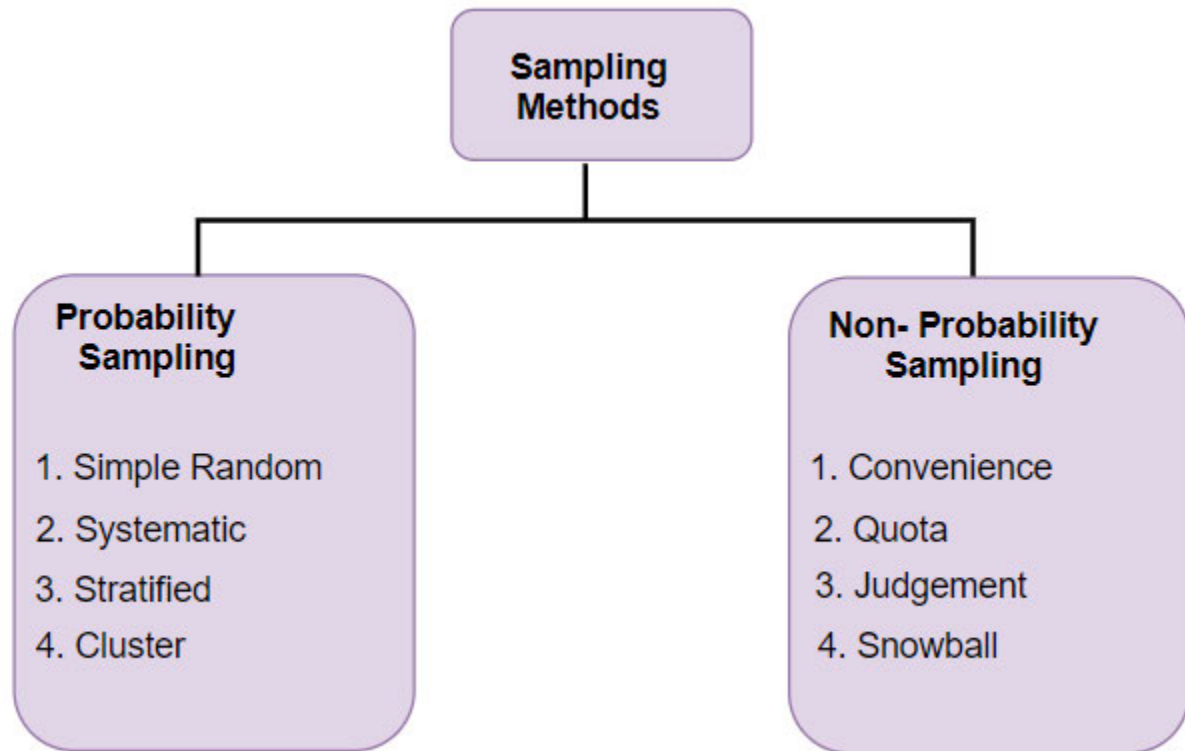
Lastly, the field notes helped determine any researcher biases through the analysis of the interview process and the noted reactions throughout the process. Field notes, along with all other collected data, were kept in a secured, password-protected laptop. Any written notes are kept in a locked file cabinet and will be for a minimum of 3 years post completion of the research study as per IRB regulations.

Sampling and Data Collection Procedure

Convenience sampling was utilized in this study. According to Martínez-Mesa et al. (2016), convenience sampling includes selecting participants in the order in which they appear based on their convenient accessibility. Martínez-Mesa et al. further postulated that the sampling process concludes when the researcher has the total amount of participants desired for the study (sample saturation). Figure 4 illustrates the different types of sampling, including the method used in this study.

Figure 4

Types of Sampling



Note. Retrieved from “A Data Scientist’s Guide to 8 Types of Sampling Techniques” by Gangwal, R. 2019. What is Sampling | Types of Sampling Techniques (analyticsvidhya.com). In the public domain.

The data in this study were collected through various methods, including a questionnaire and interview, after the National Louis University’s IRB provided approval (IRB #ER01067). As previously described, the process of recruiting participants began with sending a letter explaining the nature of the study to various local private practices and domestic violence shelters. A call for participants was also posted on the researcher’s counseling Facebook page. Once individuals expressed interest in participating in the study, they were provided with an information letter on the study via email. Individuals who provided informed consent were then provided access to a demographics questionnaire via email, which began the process of sampling and data collection.

Data Collection

The potential study participants who provided informed consent completed an 11-item demographic questionnaire through SurveyMonkey (see Appendix C). After the completion of that questionnaire, the first 10 participants were placed in the interviewee group and the remainder were placed in the focus group based on their voluntary agreement to participate. All participants were informed of their final placement as a study interviewee or focus group participant. The designated interview participants were then contacted via phone or email to set up a day and time for an interview lasting approximately 90 minutes.

Semi-structured questions were utilized during the interview process (see Appendix D). According to Galletta (2012), semi-structured interviews use both open-ended and theoretically driven questions to offer the individual conducting the research the means to dive more fully into the study participants' experiences. Galletta further suggested that the researcher take time in formulating a deliberate progression of questions because questions should be connected closely to the purpose of the research to fully explore the phenomenon being studied. Galletta's recommendations for constructing and ordering the interview questions, along with Galletta's suggestion to begin the interview process with a statement of purpose for the research and thanking the participants for their involvement were implemented on this study. Interviews were recorded, and only participants who agreed to be recorded were included in the study. The primary focus of the interview process was to collect data on participants' experiences and to encourage them to share their narratives to better comprehend their experiences.

Open-ended questions were asked, as a means to guide the interview process. Galletta (2012) proposed that using open-ended questions in an interview process can assist the researcher in understanding the participants and their narrative at a deeper level. Galletta's

recommendation of following two tasks during the interview: (a) to listen to the participants attentively for responses that require further clarification and elaboration, and (b) to invite the participants to critically reflect on some of their responses as the need arises were adhered to. Galletta proposed that semi-structured interviews have opportunities for both the researcher and the participants to look for connections between the participants' experiences and human relationships, among other topics, thus building a dialectical theory that can be used to further analyze and interpret the findings.

Additionally, Galletta (2012) suggested that the three goals of the interview process are (a) paying close attention to the participant's narrative, (b) participating in ongoing analysis of the data, and (c) resolving the tension between the data collected and the researcher's theory. Finally, Galletta proposed that ethical challenges that arise during the interview process can be resolved via the researcher's documented reflexivity and discussion of the limitations of the study. To avoid leading the participants to specific desired responses, caution was taken when selecting open-ended questions to ask in the interview. The goal was to allow the participants the space to share their experiences in a comfortable and safe environment without having any expectations on how they should or should not respond. Additionally, other counselor researchers were asked to review the interview questions to avoid researcher bias and further validate the study. Figure 5 illustrates information on semi-structured interviews.

Figure 5

Semi-structured Interviews

Semi-structured Interviews

- It allows researcher to have a list of themes and questions to be covered in the interview although this may vary
- Because these interviews are non-standardised, they are often referred to as 'Qualitative research interviews'
- You may omit some questions in the interview whereas order of the questions may also vary according to the flow of conversation
- Additional questions may be required to explore your research questions
- Nature of the questions and the discussion mean that data will be recorded by audio-recording or perhaps note-taking.

Note. Retrieved from "Semi-structured Interviews" by Scalise, S. 2018.

<https://alchetron.com/Semi-structured-interview>. In the public domain.

The data collection environment was this researcher's professional office space. This approach was taken to ensure confidentiality and to assist the participants in feeling comfortable and secure. To ensure that no one else could hear the interview, the door to the office was shut and no other individuals were allowed to be present. Additionally, there was a sound machine outside the office door, which further ensured privacy.

If the participants were unable to come into the office, the interview was conducted via Zoom from the researcher's office and the participants were asked to complete the interview

from a quiet location without any other individuals present. One participant completed the interview in person, and all other interview and focus group participants completed their interviews via Zoom.

Interview. The interview consisted of nine open-ended questions and seven potential subquestions that explored the participants' history of psychological IPV and the consequences they suffered in intimate relationships post abuse. The questions also explored what helped participants' recover from their abuse and engage in healthy subsequent intimate relationships (see Appendix D). The in-person interviews were recorded using a voice recorder software program and the Zoom interviews were captured using the Zoom recording feature. The interviews were later transcribed using the Sonix software program and coded using the Dedoose software program.

Focus Group. Participants were assigned to a focus group after signing the informed consent and completing the demographics questionnaire. Participants were selected based on their voluntary agreement to participate after the first 10 participants were placed in the interviewee group. The purpose of the focus group was to ensure the validity of the findings in this study. The focus group meeting took place in a group format via Zoom and was recorded using the Zoom recording feature. The participants were presented with the research findings in the meeting and subsequently were asked two questions to ensure that their feedback aligned with the research findings (see Appendix F). This group process helped to ensure trustworthiness in the study.

Data Analyses Procedures

According to DeCarlo (2018), researchers benefit from accurately describing the process of exploring the data, any statistical tests conducted to properly analyze the data, and the

rationale and method used in the study. Additionally, Gill (2020) suggested that researchers follow four steps when analyzing data: (a) begin the analysis by reviewing all the data the participants provide, (b) isolate meaning units (areas of the data that represent a special meaning related to the phenomenon being studied), (c) experiment with aspects of those meaning units that help describe the experiences underneath the superficial experiences described, and (d) integrate and synthesize the meaning units into statements that describe the essence of the phenomenon the participants experienced.

In this study, a phenomenological qualitative method was utilized to investigate the long-term effects of psychological IPV on women's subsequent intimate relationships. That approach is appropriate to understand individuals' unique experiences with psychological IPV, and to understand differences in coping and long-term consequences of this form of abuse. The data analysis was conducted using the Dedoose software program, and a codebook was created as a means to analyze all the transcriptions. The participants' responses were categorized and analyzed. The categories used for coding the transcriptions allowed the patterns to emerge from the data to create meaningful conclusions, and helped eliminate the negative impact that researcher bias could have had on the study. The final step was to identify any existing relationships between the themes.

Addressing Bias and Trustworthiness Concerns

Validity and reliability are key aspects of all research. Spiers et al. (2018) postulated that, in qualitative research, reliability is demonstrating support for the data across all participants, whereas validity is the ability to properly account for the participants' experiences inside and outside the context in which the information was provided. According to Brink (1993), reliability and validity are especially important in qualitative work because the researcher can misinterpret

the data based on subjective findings. Brink further proposed that internal and external validity refer to the true reflection of reality and the extent to which the reflections can be applied to multiple groups. Reliability refers to the research results repeating through multiple testing periods.

Additionally, Brink (1993) stated that qualitative research uses terms such as credibility, trustworthiness, and conformability while taking into consideration how research error can affect those concepts. Brink proposed four major potential errors focusing on the researcher, the subjects of the study, the social context of the study, and the methods of data collection and analysis. Moreover, just the presence of the researcher during the interview process can compromise the validity of the data; thus, Brink suggested decreasing the potential of error through (a) the researcher's awareness of the potential for bias, (b) the researcher encouraging an objective perspective, (c) monitoring the social environment where the interview takes place and paying attention to the need for privacy, and (d) avoiding sampling bias. Lastly, Brink suggested that phenomenological researchers use grounded theory and a ethnomethodological data analysis during the data collection phase of the study, and use triangulation (using two or more data sources) to circumvent the researcher's biases.

In this study, potential researcher biases were addressed by first identifying what those biases were. Secondly, the researcher focused on having an objective perspective. Third, the interviews took place in a private office space to allow for privacy and a secure environment for the participants, or via Zoom if this was more convenient for the participants. The participants who chose to complete the interview via Zoom were asked to ensure that they were in a quiet and isolated location to guarantee privacy. Finally, triangulation was achieved by (a) checking the new data collected and comparing it to past literature on the subject, (b) using the field notes and

this researcher's professional knowledge and experiences on the topic as a resource, and
(b) comparing the results from the follow-up focus group to the interview data.

Limitations and Delimitations

The limitations of the study were finding a large enough sample population due to the sensitive nature of the interview and the parameters of the study. For example, the interviewees must have been in at least one subsequent intimate relationship within 5 years of the IPV. Additionally, although there were previously conducted studies on IPV, there was insufficient research available on the effects of psychological IPV on subsequent intimate relationships to use as a resource for this study. Limitations to the data collection process and environment included the lack of a neutral environment and transportation issues for the participants who lived further away from the office. Additionally, conducting interviews was a time-consuming process and could have been affected by researcher bias, such as the way the researcher reacted to something the interviewee stated, thus impacting the participant's answers.

The delimitations of the study included only focusing on the heterosexual female population. This delimitation served the purpose of narrowing the study to make it more manageable. Other delimitations were choosing to conduct the study using the qualitative method and to conduct interviews to collect the data. These delimitations were intended to ensure a more interactive approach to conducting the research while allowing the participants the space to recount their experiences from their own lens. Lastly, allowing the participants the option to conduct the interview via Zoom was a delimitation because the flexibility allowed the researcher to obtain participants more easily and allowed participants to feel more comfortable, thus giving them the confidence to open up more about their experiences.

Summary

This chapter described the research design, the research question, participants and sample size, study instruments, bias and trustworthiness, sampling, and data collection and analysis. The next chapter will discuss the findings of the study.

CHAPTER FOUR: RESULTS

Chapter Four focuses on the results of the 10 interviews and focus group meeting. The 10 interviews took place via Zoom or at the researcher's office in Palm Harbor, Florida. A semi-structured interview format was used to gather the data. Field notes were taken, and the interviews conducted via Zoom were recorded using the Zoom recording feature and interviews conducted in person were recorded using a voice recorder application. The focus group was comprised of four participants. Five were recruited, but only four attended the Zoom meeting. The focus group was comprised of two questions and was recorded using the Zoom recording feature. All interviews were transcribed using the Sonix software program and the 10 participant interviews were decoded using the Dedoose software program.

Research Questions

This study focused on the following two research questions:

RQ1: What is the impact of psychological abuse on a female's engagement in subsequent intimate relationships?

RQ2: What helps female victims of intimate partner psychological abuse heal and build a subsequent healthy relationship?

Participants

An invitation letter was sent to professionals in private practices and domestic violence shelters to recruit participants (see Appendix A). The private practitioners shared the information with clients who met the criteria and potentially would show interest in the study. An invitation was posted on this researcher's private practice Facebook page. The participants made contact via the Facebook page received the SurveyMonkey link to the demographic questionnaire and also received the full informed consent form (see Appendix B) via email to begin the process.

The participants recruited via the private practices also received the SurveyMonkey link with the demographic questionnaire and informed consent form (see Appendix B) via email. One interview participant and one focus group participant were recruited via the Facebook page, and the rest of the participants were recruited via private practices.

After confirming that all interested participants met the study criteria, 10 were selected for an interview and five were selected for the focus group. All 10 interview participants were between the ages of 18 and 60. The mean age was 30.5 and the range was from 22 to 53. The study only included females over the age of 18 and who had experienced psychological IPV in a heterosexual intimate relationship. All participants had subsequent relationships within 5 years of the abuse. Table 1 provides additional interview participant demographics.

Table 1

Interview Participant Demographics

Participant number	Year of birth	County in the United States	Primary language	Gender (M = male, F = female)	Sexual orientation	Race	Ethnicity	Marital status (S = single, M = married)	Age of IPV-related relationship
01	1981	Pinellas	English	F	Heterosexual	White	Hispanic	M	20
02	1985	Pinellas	English	F	Heterosexual	White	Caucasian	M	18
03	1992	Pasco	English	F	Bisexual	White	Caucasian	S	22
04	1972	Pinellas	English	F	Heterosexual	White	Hispanic	S	46
05	1992	Pinellas	English	F	Heterosexual	White	Caucasian	S	20
06	1996	Pasco	English	F	Heterosexual	White	Caucasian	S	20
07	2000	Pasco	English	F	Bisexual	White	Hispanic	M	18

Participant number	Year of birth	County in the United States	Primary language	Gender (M = male, F = female)	Sexual orientation	Race	Ethnicity	Marital status (S = single, M = married)	Age of IPV-related relationship
08	1989	Pasco	English	F	Heterosexual	White	Hispanic	S	18
09	1989	Pinellas	English	F	Heterosexual	White	Caucasian	M	22
010	1969	Hillsborough	English	F	Heterosexual	White	Caucasian	M	21

Procedures

A phenomenological study was conducted, using semi-structured interviews to gather the data. The interviews took place via Zoom or in the researcher’s counseling office space in Palm Harbor, Florida. The interviews were recorded using a recording application when in-person and via the Zoom recording feature when via Zoom. Field notes were taken during all the interviews as a means to avoid researcher bias when interpreting the collected data.

Semi-structured Interviews

The interview process began with substantial preparation. A thorough literature review investigating the topic was conducted, and a gap in the literature was found regarding the long-term effects of IPV on subsequent relationships. In preparation for the interview process, nine open-ended questions and seven subquestions were created (see Appendix D). After IRB approval was received and the participants filled out the demographic survey and informed consent form, the interview process began. Ten interviews were conducted: nine via Zoom, and one in the researcher’s office in Palm Harbor, Florida. The focus group meeting with four

participants was conducted in a group format via Zoom, during which the focus group participants validated or invalidated the results, as well as added to the data.

Analysis

After the interviews were conducted, they were transcribed using the Sonix software program. The transcriptions were reviewed, along with the field notes taken during the interview to create a list of observed themes. Once the comprehensive review was completed, themes and subthemes were selected based on the interviews. The software program, Dedoose, was then used to create the coding from the interviews.

Results

The themes and subthemes were selected based on the data from 10 semi-structured interviews. The following is a description of the themes that emerged.

Interview Question 1 Themes

IQ1: Tell me about your past intimate relationships.

The first theme that emerged in accordance with Interview Question 1 was the *nature of the relationships*, with 90% of the participants alluding to this theme. Within that theme, the subthemes of *healthy relationships* (20%), *unhealthy relationships* (70%), and *casual relationships* (40%) emerged. The second theme was *personal factors* (60%), which contributed to participants' choice of relationships they made. This theme had two subthemes: *maturity level* and *degree of experience*.

The most common subtheme (40%) that emerged in relation to Interview Question 1 was the victims seeking *casual relationships* in their lives. Participant 010 stated that she “was pretty promiscuous and really having a strong desire to feel and be loved,” indicating the search for

love and affection through sex-based relationships. Participant 02 stated that she was in mainly casual relationships, as well. She stated that

I was seeking loose relationships, you know, I was the type of person to fall hard and fast and fall like deeply, deeply, deeply in love, but I felt ultimately that I ended up just being used for sex kind of over and over again.

For Participant 02, serious relationships result in her being taken advantage of. Only 20% of the interviewees reported a history of having healthy relationships prior to the abusive one.

Seventy percent of interviewees reported *unhealthy* past intimate relationships. Those past relationships included physically and verbally abusive relationships with a honeymoon phase at the beginning of them, followed by infidelity, feeling casual or rushed, and participants feeling as though they were used for sex. The reported factors contributing to entering abusive relationships were (a) lack of maturity by seeking relationships based on physical attraction and demonstrating promiscuity, (b) seeking relationships for attention, and (c) looking for partners older than them. Additionally, having *limited prior experience* (30%) led participants to ignore red flags and seek partners whom they thought they could fix.

Some participants reported a combination of being in both past intimate relationships that were unhealthy and some that were healthy. The most prevalent subthemes under unhealthy relationships were being in abusive and codependent relationships (20% for each subtheme). The most prevalent responses under personal factors contributing to the choice of relationships were *lack of maturity* (40%) and *seeking older men* in relationships (20%). Table 2 presents each theme related to past intimate relationships and respective subthemes, along with the identification of the participants who reported each piece of data.

Table 2*Past Intimate Relationships*

Themes	Subthemes	Participants to include this theme in their answers
Nature of the relationship		02, 03, 04, 05, 06, 07, 08, 09 & 010
	Healthy relationships	03 & 05
	Unhealthy relationships	02, 03, 04, 05, 06, 07 & 08
	Abusive relationships	08 & 06
	Physical abuse	08
	Used for sex	02 & 05
	Honeymoon phase prior to the abuse	04 & 06
	Infidelity	04
	Codependent relationships	03 & 07
	Casual relationships	07, 08, 09 & 010
	Rushed relationships	08
	Personal factors contributing to the choice of relationships	
Lack of maturity		02, 03, 04 & 09
Based on physical attraction		09
Promiscuity		02
Attention seeking		09
Seeking older men		02 & 04
Limited prior experience		01, 02 & 08
Seeking people they can fix		02
Ignoring red flags		08

Interview Question 2 Themes

IQ2: What external factors impacted those relationships?

The second interview question, which focused on external factors impacting the interviewees' past relationships, brought up the theme of *family influence* (60%), with the subtheme of *upbringing* (60%). Additionally, the theme of *social influence* (40%) emerged, with the subthemes of *social media* and *expectations* (20%). Lastly, *experience* (50%) played a role in the past relationships the victims sought.

Sixty percent of participants reported that upbringing in general played a significant role in the types of relationships they sought, with five of those six participants reporting that religious beliefs instilled in them during their upbringing was a major influence. Participant 010 stated that "I just didn't really see an appropriate demonstration through my own parents," and Participant 07 reported that she grew up "with the psychological and mental abuse being normal." Furthermore, Participant 010 expressed that her "faith in God and the Bible and reading His word and comparing God's word in His truth to my reality" was the foundation to some of her choices within relationships. Lastly, 40% of participants reported *substance abuse* to be a contributing factor to their unhealthy relationships. Participant 03 declared that her partner "was drinking a lot and using drugs," and Participant 01 reported that "alcohol. Alcohol, one hundred percent" influenced the relationship.

Table 3 indicates the various themes and subthemes that emerged in relation to Interview Question 2, along with identifying the specific participants who reported each category of information.

Table 3*External Factors Impacting Past Relationships*

Themes	Subthemes	Participants to include this theme in their answers
Family influence		01, 02, 07, 08, 09 & 010
	Upbringing	01, 02, 07, 08, 09 & 010
	Family expectations	01
	Religious beliefs/expectations	01, 02, 07, 08 & 09
	Marital expectations	01
	Lack of supervision	09
	Social influence	
	Social media & expectations	06 & 010
	Culture	010
	Societal beliefs	03
	Military expectations	010
	Sexist beliefs	02
Experiences		01, 02, 03, 08 & 010
	Past trauma	08
	Age	01 & 02
	Substance abuse	01, 02, 03 & 010

Interview Question 3 Themes

IQ3: Tell me about your experience with psychological abuse in intimate relationships.

- Subquestion 1: What was the nature of the psychological abuse?
- Subquestion 2: How did you identify that the abuse was taking place?
- Subquestion 3: Tell me about getting out of the relationship.

Several themes and subthemes emerged from Interview Question 3. The first theme was *verbal abuse* (90%), with the subtheme of *put downs*. The most common response at 70% was

the perpetrator invoking *guilt* in the victim by placing blame on her. Participant 09 voiced that “he made me feel like I was still in the wrong and that I was like broken and dirty,” and Participant 02 reported that she stopped going out with her girlfriends for a while because she was

dealing with the moodiness ... so what are the ramifications? Yes, if I go do what I want he will deal with it in a passive aggressive way. And so, it's like, I don't want to deal with the aftermath, you know, so I have to weigh that and that's what we're working through in therapy right now with this.

Additionally, Participant 04 voiced that she went through “a lot of self-punishing” and Participant 03 reported that her abuser would “make me feel bad for like my past careers and things.”

In the second theme of *control* (80%), the topics of maintaining *power* over the victim and *financial control* arose. Fifty percent of the participants reported feeling as though their abuser was attempting to maintain control over them with some methods reported as *brain washing*, *micromanaging*, and *starvation*. Participant 010 reported that “he was calling the shots with everything because whatever his preference was, was what I would probably go along with.” Participant 09 shared the following:

At some point he started changing what I dressed into. So instead of having like the loose cut, high waisted jeans, he wanted boot cut like really tight jeans with like a v neck kind of tank top or shirt with a push up bra like he would change my physical appearance.

Participant 03 said “he was like super controlling” and Participant 010 reported that “he wanted to control who I saw and what I did and like.”

Financial control was another theme, with 40% of the participants reporting feeling financially controlled. Participant 05 said “I couldn’t spend money, even though it was mine,” and Participant 01 stated that her abuser was “trying to control the finances.”

Another theme that emerged was *passive aggressiveness* (40%), with the subthemes of *silent treatment, withholding sex, manipulation, objectification* and *limited socialization*.

Regarding *manipulation*, Participant 010 stated that her partner “lied, he manipulated. He kind of twisted things around or he would do things and then say that he didn’t, to the point that I started feeling like I was crazy.” Asserting the subtheme of *objectification*, Participant 02 reported that her boyfriend “just made me feel like an object, you know, like so it was only physical.” Participant 02 also described her thoughts surrounding love as altered because of her experiences with sex in the abusive relationship. She stated that “sex is interest in me,” and that her value as a woman was connected to “what people have sought from [her] physically.” She also reported having thoughts like “what is my value to you if I’m not having sex with you?”

The next theme of *isolation* (40%) brought on the subtheme of *limiting the victim’s socialization* due to *lack of trust* and *jealousy*. Participant 09 stated that “he separated me from my family” and the same participant also reported that “Christopher was always jealous.” Participant 04 described how she would plan to go out with her friends when her partner was out of town for work, and her partner would respond by saying, “Are you just desperate for me to leave? Oh my God, it's like, you can't wait for me to leave. You could go hang out, party girl.” Finally, there were physical components to the abuse that included *forced sex*. Participant 09 reported that her partner “ended up grabbing me into a headlock and trying to pull me into his crotch.”

For the question of how the victim identified the abuse, the theme of *behaviors that took place leading to the realization of abuse* (40%) emerged, with *friends pointing out the abuse* emerging as one of the subthemes. Participant 06 reported that her friends had to point out that she was in a toxic relationship, stating that the way she realized there was psychological abuse taking place was “probably just like from family and friends. Like, if they were around for the fight, like they'd be like, what is going on?” Other subthemes that emerged were getting to the point of *physical endangerment*, *sexual inappropriateness*, *physical imprisonment*, and the victim being *physically restrained*. Participant 08 discussed *physical imprisonment* by stating that

he actually threw me in a closet and left me there for hours until that, that night that he did that I was supposed to go out with my best friend. And when she was calling me, he had turned my phone off.

The other two subthemes were *being unhappy* and *friends pointing it out*. Notably, the majority of victims were able to identify that psychological abuse was taking place in their relationship when they also felt physically endangered. Participant 08 reported,

I remember almost like not being able to breathe anymore, and I literally remember, like looking up at the ceiling and saying, God, please get this man off of me, like you get him off of me because I was about to die. He almost killed me in my own house with our daughter in the house.

Only one participant mentioned being unhappy and using her unhappiness as a sign that she needed to investigate the health of the relationship.

In exploring how the victims got out of the abusive relationship, the theme that arose was the victims *reaching their limit* (40%). Participant 08 talked about the fear she had regarding her

boyfriend becoming physically abusive if she told him she wanted to leave him. Participant 08 further discussed her constant mental debate on whether to leave the relationship or not, reported that

I would keep a backpack in my car with diapers and like in case I had to leave, and then I just couldn't do that anymore. I was like, I'm playing, I'm risking it. I'm playing too much with both [Participant 08 and her daughter] of our lives.

Additionally, Participant 09 stated,

I think it was just that buildup of “how dare you put your hands on me and try to take advantage of me in a position where I felt so scared?” Like I felt like if I died, what would happen to us?

One of the subthemes that arose were *asking for a divorce* with a result of *blocking* the perpetrator and his *stalking* the victim. Referring to *blocking*, Participant 06 recounted that “it would eventually lead to me having to block them on like everything, block their phone number, block their social media, block everything to get them to stop contacting me.” Participant 04 described her experience with *stalking* by reporting that “he broke into my house and turned the clocks in the house.” The other subthemes were *the abuser dying* or the *victim moving away*, hence leading to a forced breakup. Table 4 describes in detail the abovementioned themes and subthemes relating to psychological abuse in relationships and which participants reported each theme and subtheme.

Table 4*Psychological Abuse in Intimate Relationships*

Themes	Subthemes	Participants to include this theme in their answers
Verbal abuse		01, 02, 03, 04, 05, 06, 07, 08 & 09
	Put downs	01, 04 & 05
	Threats	07
	Yelling	06
	Comparison to others	02, 03 & 05
	Name calling	06
	Conflict	03
	Passive aggressiveness	01
	Body image	01, 02 & 08
	Narcissistic behavior	06 & 09
	Gaslighting	04, 06 & 09
	Placing blame/invoking guilt	01, 02, 03, 04, 07, 08 & 09
	Instilling fear	07 & 09
	Control	
Power over the victim		02, 03, 04, 09 & 010
Brain washing		07
Micromanaging		07
Starvation		07
Financial		01, 04, 05, & 09
Passive aggressiveness		02, 04, 05 & 010
	Silent treatment	05
	Withholding sex	04
	Manipulation	05 & 010
	Objectification	02 & 04
Isolation		02, 04, 05 & 09

Themes	Subthemes	Participants to include this theme in their answers
	Limited socialization	05
	Lack of trust	05
	Jealousy	02, 04 & 09
Physical		09
	Forced sex	09
Behaviors that took place leading the realization of abuse		03, 07, 08 & 09
	Endangerment	09
	Getting drugged	07
	Sexual inappropriateness	09
	Physical imprisonment	08
	Physically restraining	09
	Being unhappy	03
	Friends pointing it out	06
Reached the limit		04, 05, 06 & 010
	Asked for a divorce/separation	010
	Blocked them	05 & 06
	Perpetrator stalked them	04
	Death	04
	Moved away for college	05

Interview Question 4 Themes

IQ4: How did the psychological abuse impact you?

- Subquestion 1: What long-term consequences impacting yourself have you experienced from the abuse?

The impact of psychological abuse on the victims was powerful, and several themes arose from the interviews. The first theme was the impact the abuse had in participants' *choice of*

subsequent partners (20%). Participant 05 shared that, “it's funny because he is the exact opposite. So. I don't really think that I typed that guy,” referring to the fact that she did not have a specific attraction to toxic men. Participant 07 stated that she “was picking dudes that didn't want relationships” when explaining her tendency to date men who did not want a long-term commitment, thus explaining her subsequent relationships with men who did not want serious relationships.

When describing the *personal impact* (70%) of the psychological abuse, subthemes were *mood-related consequences* focusing on *generalized anxiety, social anxiety, depression, PTSD-like symptoms, grief, overempathy, and overthinking*. The most prevalent subtheme was anxiety, with 40% indicating some form of generalized anxiety and 30% verbalizing having social anxiety. Participant 01 reported that “we had a couple of really big blow-up arguments and I remember he came towards me. I like crumbled to the ground and fell apart and had a full-on panic attack.” Participant 08 stated that “I don't leave my house, I work from home. I do Publix grocery pickup like my daughter begs me to go inside a store. The other day we went inside Target and she was like, in Heaven.” This report demonstrated the severity of sustained trauma suffered in the participant's abusive relationship that led to the development of severe social anxiety.

The theme of *negative behaviors within the subsequent relationships* emerged, with 100% of the participants alluding to this theme. Noticeable behaviors post abuse in subsequent relationships were primarily based on *insecurity*, with 80% reporting that subtheme. The reported behaviors were *clinginess*, feeling as if *walking on eggshells*, constantly *seeking approval* from their partners, and *lack of trust* in their own judgement. The most prevalent response was feeling as if they had to walk on eggshells. Participant 06 reported that she did not “want to bring things

up because it would start a fight,” and Participant 03 stated that she experienced a constant “feeling like you're doing something wrong or worrying that you're doing something wrong.”

Participant 05 said she was “scared to communicate” and reported

even like communication, like, I get scared to bring up a topic that isn't a fun topic because I'm, like, is he going to just scream at me, freak out and tell me to leave like the other guy would or like, how do you say without getting in trouble, you know, like, bringing up whatever it is?

Overall, *communication issues* (70%) were also noted, with *defensiveness* and *distant behavior* as the two stated specific behaviors. The rest of the communication issues reported were general, without any particular behaviors noted.

Another subtheme found was the victim's *feelings of unworthiness*, with 100% of the participants reporting this theme. The reported symptoms within this subtheme were *lack of self-confidence*, *low self-esteem*, *loss of identity*, *loss of self-love*, *self-doubt*, *self-deprecation*, *self-blame*, *loss of self-care*, and *guilt*. The most common response that arose was feeling *guilt*, with 70% reporting that emotion. Participant 09 stated that, “he made me feel like I was still in the wrong and that I was like broken and dirty.” When referring to reasons why she would not leave her abusive partner, Participant 08 reported that she “felt bad for him...[and] felt bad for people” in general, revealing how guilt kept her trapped in a toxic situation and makes her vulnerable with people in general. Participant 07 alleged that her partner put the gun to his face and then he put it to his mouth like he was going to shoot himself. She also reported that “and then like, I'm just not that person where I'm just like, oh, well. I don't want you to kill yourself”, emphasizing that she could not just disregard his desire to hurt himself because she did not want him to kill

himself. Participant 03 stated she was upset when her partner was constantly “making me feel bad for like my past careers.”

The second most common response was *low self-esteem* within the subsequent relationship, with 60% reporting experiencing that feeling. Participant 08 stated that “choosing people that I think would like me because I don't see myself up here. I see myself like here. So, I pick people under me to feel a little better about myself,” indicating selecting subsequent relationships that are beneath the victim in some capacity.

Self-doubt was the third most prevalent consequence of the psychological abuse within subsequent relationships, with 50% of participants sharing experiences of self-doubt. Participant 010 “believed that it was my fault that all these things were happening,” referring to her experiences with psychological abuse, and Participant 09 stated that she felt that she was “a terrible person.” Table 5 describes the themes and subthemes relating to the impact of psychological abuse and which participants reported each theme and subtheme.

Table 5

The Impact of Psychological Abuse

Themes	Subthemes	Participants to include this theme in their answers
Choice in partner		05 & 07
	Avoid repeating the cycle	05
	Partner with commitment issues	07
Personal impact		01, 03, 04, 05, 06, 07 & 08
	Mood	01, 03, 04, 05, 06, 07 & 08
	Anxiety	01, 03, 06 & 07
	Social anxiety	05, 07 & 08
	Depression	06

Themes	Subthemes	Participants to include this theme in their answers
Negative behaviors within the subsequent relationships	PTSD-like symptoms	06
	Grief	04
	Overempathy	08
	Overthinking	06 & 07
		01, 02, 03, 04, 05, 06, 07, 08, 09 & 010
	Insecurity	01, 02, 03, 04, 05, 06, 07 & 08
	Clinginess	07
	Excessive worry/walking on eggshells	03, 05 & 06
	Seeking approval from men	02
	Not trusting your own judgement	06 & 08
	Communication issues	01, 03, 04, 05, 06, 07 & 09
	Defensiveness	05, 06 and 07
	Distant behavior	07
	Feelings of unworthiness	01, 02, 03, 04, 05, 06, 07, 08, 09 & 010
	Lack of self-confidence	04 & 05
	Low self-esteem	02, 03, 04, 06, 07 & 08
	Loss of identity	05, 06 & 09
	Loss of self-love	08
	Self-doubt	06, 07, 08, 09, 010
	Self-deprecation	07
Self-blame	06	
Loss of self-care	08	
	Guilt	01, 02, 03, 04, 07, 08 & 09

Interview Question 5 Themes

IQ5: What did you experience in subsequent relationships?

- Subquestion 1: How did the abuse impact the types of subsequent intimate relationships you were in?
- Subquestion 2: How did the abuse impact the quality of your subsequent intimate relationships?

When asked about the types of subsequent intimate relationships the victims were in and the factors that impacted the quality of relationships, there were some positive themes, as well as some negative ones. With the participants who reported *healthy subsequent relationships* (50%), the theme of *relationships of healing* (20%) emerged, with one of the contributing factors being that the victim looked for a partner who had *good interactions with her child*. Among participants who reported *negative subsequent relationships* (20%), the theme of *repeating the cycle of abuse* emerged and along with finding partners who failed to demonstrate consistent healthy behaviors. Fifty percent of the participants reported certain healthy aspects of subsequent relationships, mainly through *setting healthy boundaries* (30%). Participant 04 said that “you set healthy boundaries and your current partner is okay adhering to those boundaries,” and Participant 09 reported that she “will put that boundary out. I’m like, you can’t do stuff like that.”

The main theme that arose regarding unhealthy subsequent relationships was the *negative impact* that the IPV had on how the victims behaved in the subsequent relationships. Sixty percent of the participants reported negative aftereffects impacting their subsequent relationships, mainly through experiencing *triggers in the subsequent relationship*. Participant 06 discussed feeling triggered “so I start being kind of like hypervigilant all over.” Another response under the subtheme of *negative impact* was requiring *validation*. Participant 09 reported always “needing that validation” from her subsequent partners due to the blow to her self-

esteem. Table 6 provides the themes and subthemes in relation to Interview Question 5 and participants' subsequent relationships.

Table 6

Subsequent Relationships

Themes	Subthemes	Participants to include this theme in their answers
Positive subsequent relationships		07 & 09
	Relationship of healing	07 & 09
	Looked for good interaction with her child	07
Negative subsequent relationships		06 & 08
	Repeating the cycle	06
	No consistency	08
Healthy subsequent relationships		01, 04, 05, 07 & 09
	Positive impact	01, 04, 05, 07 & 09
	Setting healthier boundaries	01, 04 & 09
	Straightforwardness	05 & 07
	Independence	01
Unhealthy subsequent relationships		01, 02, 05, 06, 07 & 010
	Negative impact	01, 02, 05, 06, 07 & 010
	Needing constant reassurance	01
	Abandonment issues	07
	Needing validation	01
	Quick to leave	06
	Triggers in the subsequent relationship	01 & 05
	Slow to gain trust	07
	Avoiding conflict	010

Themes	Subthemes	Participants to include this theme in their answers
	Stress	06
	Persona	02

Interview Question 6 Themes

IQ6: What helped you recover from the abuse?

Subquestion 1: What type of support assisted you in recovering from the trauma caused from the abuse?

Several themes arose regarding factors that contributed to the participants' recovery from the abuse. The first theme was *receiving support* (70%), with the subthemes of *self-help* (50%) and *professional support* (70%). The most common responses within the self-help theme were *reading books* and *introspection*, and 30% of participants indicated that each of these actions supported them in the recovery process. Participant 09 stated that she “read books of daily affirmations, [and] anxiety, and different reading materials,” and Participant 02 reported that “education, like with reading and learning” contributed to her recovery. Regarding professional support, the most prevalent response was *therapy*, with 80% of the participants reporting going to therapy to help them recover from the psychological abuse. Participant 05 reported using therapy to validate her perception of the abuse she was suffering and stated that “seeing sort of the reaction from the therapist in the first session made you realize that, ok, my gut instinct must be right because I'm seeing it from another person.” Similarly, Participant 04 claimed that therapy helped her realize the abuse was taking place and reported that “we had done the counseling and I did the anger management and I started waking up,” referring to participating in

couple's counseling with her abusive partner and anger management for herself after her partner led her to believe she had anger problems.

The second theme found was *community resources* (50%), with *advocacy* and *support groups* coming up as the main subthemes. As part of working with advocacy, participants reported that the "*Me Too*" movement and *other female victims speaking up* were powerful to their recovery process. The most prevalent response at a 30% response rate was that *support groups* offered the most support from the community. Participant 08 stated that

meeting with a group of women who would want to get together, like for some coffee or yoga or just like to interact with each other because, I feel, that when someone experiences emotional abuse, only that person knows what they're going through.

Being surrounded by other females who also experienced psychological abuse proved to be the most powerful for this participant in the recovery process.

Lastly, 90% of the participants mentioned *self-improvement* as a resource to recovering from their abuse. *Self-awareness* and having a strong *support system* proved to be the subthemes based on the interviews. At an 80% response rate, the most prevalent subtheme was having a good *support system* to assist participants in the self-improvement process. Participant 01 reported that "it was nice to find my people," referring to her support network. *Family* and *friends* were reported to be the strongest support system, both at a 40% response rate. Participant 05 affirmed that her family was her biggest support system. She reported that

family. I'm really close with mine, so I have three siblings, two brothers and a sister, and then my mom, my dad, obviously they're divorced now, but they're best friends and they're both remarried. And my stepmom, my stepdad too.

When sharing how her friends supported her by promoting awareness into the situation,

Participant 010 stated that

my own awareness, maybe confidence and awareness in myself anymore that I just I couldn't see anything anymore and I was confused. So, when my friends were there and they were hearing it and seeing it, it sort of woke me up.

Similarly, Participant 09 reported that multiple sources from her support system have contributed to her recovery, stating that “friends, family, loved ones, [and] work coworkers” were there for her. Table 7 describes the themes and subthemes associated with recovery from abuse, along with the participants who referred to each theme in their interview.

Table 7

Recovery from the Abuse

Themes	Subthemes	Participants to include this theme in their answers
Support		01, 02, 04, 05, 07, 08 & 09
	Self-help	01, 02, 04, 05 & 09
	Reading books	01, 02 & 09
	Empowerment	04 & 09
	Journaling	01 & 09
	Volunteering	09
	YouTube videos	04
	TED talks	04
	Exercise	05
	Introspection	01, 04 & 09
	Focus on career	09
	Praying	09
	Professional	02, 04, 05, 06, 07, 08 & 09
	Therapy	02, 04, 05, 06, 07, 08 & 09
	Medication	09

Themes	Subthemes	Participants to include this theme in their answers
Community resources	Education	05
		01, 02, 07, 08 & 09
	Advocacy	01, 02, 07, 08 & 09
	“Me too” movement	02
	Women speaking up	02
Self-improvement	Advocates	07
	Support groups	01, 08 & 09
		01, 02, 03, 05, 06, 07, 08, 09 & 010
	Self-awareness	01 & 02
	Self-love	02
	Perseverance	01
	Support system	01, 03, 05, 06, 07, 08, 09 & 010
	Family	03, 05, 06 & 07
	Friends	05, 06, 09 & 010
	Child	07 & 08
Church	010	
Coworkers	09	

Interview Question 7 Themes

IQ7: What hindered you in recovering from the psychological abuse?

In discussing what hindered the participants in recovering from the psychological abuse, 40% reported that various *circumstances* hindered them. Having *continued contact with the abuser* due to having children together was reported at a 20% prevalence rate. Participant 09 revealed that she coped with that continued contact by getting support from her *family*. She stated that

my whole family, like my mom was there, my son, my husband, we were all there together, and he showed up with Ash and his sister and I was like, okay, that's good.

Like, that's fine. Now the whole family, with him, it's like strength in numbers. That was probably my last time of truly feeling stuck in a way of like, I don't know what to do, I'm not prepared.

Having her family present in facing her abusive ex-husband at her daughter's school function helped Participant 09 realize that with her family's support, she could face him under any circumstances.

Not receiving proper closure was the other reported obstacle to recovering. Participant 01 stated that not receiving proper closure due to her partner's *death* was the biggest struggle. She stated that

I feel like, honestly, the way that it ended. I feel like an obstacle, and I hate to say this, I feel like the obstacle was that he passed away. I never got the opportunity to kind of realize it for myself and get myself out of that situation. I was forced out of it and then realized the fact. I had that Monday morning quarterback thing.

According to Participant 01's report, not having the opportunity to identify that psychological abuse was taking place and to have the strength and knowledge to get herself out of it was her biggest obstacle to recovering. Table 7 provides information on each of the subthemes and describes which participants referred to each theme or subtheme during their interview.

Table 8

Obstacles to the Recovery

Themes	Subthemes	Participants to include this theme in their answers
Circumstances		01, 04 & 09
	Continued contact with the abuser	04 & 09
	Lack of closure	01

Interview Question 8 Themes

IQ8: What recommendations do you have for therapists working with psychological abuse victims that would help them be more effective?

In describing recommendations for therapists working with psychological abuse victims that would help them become more effective in their work, the two themes that arose were the *style of therapy* (30%) the clinicians use and the *counselor's demeanor* (20%) during the therapeutic process. Some of the subthemes under *style of therapy* were the use of *individualized therapy*, using *outside the box strategies* in therapy, *referring out* to other practitioners if the work is out of their scope of practice, and focusing on *prevention*, especially when working with males. Participant 02 recommended that the therapists use “individualized goals and therapy tailored to what the person needs.” She also asserted that “so much of therapy relies on the recipient,” but she reported that the therapist intervening when seeing dangerous situations in a relationship is an important aspect of effective counseling. Participant 02 further stated that proper intervention could have helped her get out of the abusive relationship sooner by stating “what could the therapist have told me to make me stop choosing those kinds of people? I would be focusing less on those kinds of people and focusing more on probably my own strengths.”

Regarding the therapists' demeanor when working with victims of psychological abuse, the subthemes that were identified were being *nonjudgmental* and *encouraging*. In talking about dealing with the psychological abuse, Participant 09 specifically recommended that the therapists can “encourage them to speak about it.” Finally, Participant 02 stated that “I think that women are talking more and more of the power dynamic with each passing,” referring to the fact that through encouraging women to speak up about their experiences with the power differential within abusive relationships, they will promote awareness and healing within the community.

Table 9 provides the themes and subthemes in relation to participants’ recommendations for therapists.

Table 9

Recommendations for Therapists

Themes	Subthemes	Participants to include this theme in their answers
Style of therapy	Individualized therapy	02
	Outside of the box therapy	01
	Refer out if out of the scope of practice	010
	Focus on prevention	02
Demeanor in the counseling process		07 & 09
	Nonjudgmental	07
	Encouraging	09

Interview Question 9 Themes

IQ9: Is there anything you would like to add about your experience with psychological abuse in subsequent relationships that could be important for this study?

During the interviews, the participants discussed some additional information regarding their experiences with psychological abuse in subsequent relationships. The first theme that arose was the importance of *self-awareness* (40%), with the specific recommendations of the victims *dealing with the issues, following their intuition, reevaluating their priorities, and evaluating their past* to see how it might affect their future choices and behavior. Participant 05 stated that “seeing sort of the reaction from the therapist in the first session made me realize that, ok, my gut instinct must be right because I’m seeing it from another person.” That related experience

demonstrates the importance of the victim following her intuition and the therapist validating what the victim already knew was important to her. Participant 06 also validated this concept by stating that the therapist “just being an open board of communication, letting them vent, really puts things into perspective, and like makes you, I guess, more self-aware.”

Within the second theme that came up, *prevention* (30%), two subthemes were identified: *monitoring red flags* and the victims *taking their time* making important decisions and healing from their trauma. Participant 02 stated that the key to therapists’ work is prevention. She stated that “I think we need to teach men not to psychologically abuse their partners,” whereas Participant 06 reported that “if I see those red flags, I’ll leave. But then like once I’m like in the relationship, it changes,” confirming monitoring red flags throughout a relationship as being imperative to her. Table 10 details the themes and subthemes related to Interview Question 9.

Table 10

Additional Recommendations for Abuse Victims

Themes	Subthemes	Participants to include this theme in their answers
Self-awareness		01, 04, 05 & 010
	Deal with the issues	010
	Follow your intuition	05
	Reevaluate priorities	01
	Evaluate your past	04
Prevention		01, 04 & 06
	Monitor red flags	01 & 06
	Take your time	04

Focus Group Response Analysis

A Zoom group meeting was conducted with the four focus group participants. Five participants were recruited, but only four of them appeared at the Zoom meeting. The focus group participants met the requirements of the study; they all identified as female, were over the age of 18, spoke English as their first language, had experienced psychological IPV within a heterosexual relationship, and were in a subsequent relationship within 5 years of the abuse. After presenting the findings of the study, which included the themes and subthemes identified, the researcher asked the following questions:

1. How do the findings from the study align with your experiences with the topic?
2. Based on your experience, what, if anything, was missing from the findings of this study that you would like to contribute?

Table 11 provides the focus group participants' demographics.

Table 11

Focus Group Demographics

Participant number	Birth year	County in the United States	Primary language (E = English)		Gender (M = male, F = female)	Sexual orientation	Race	Ethnicity	Marital status (S = single, M = married, D = Divorced)	Age of IPV-related relationship
011	1995	Pasco	E	F	Pansexual	Mixed	African American	S	23	
012	1969	Monmouth	E	F	Heterosexual	White	Portuguese	M	46	
013	1968	Pinellas	E	F	Heterosexual	White	German and Spanish	D	34	
014	1974	Pinellas	E	F	Heterosexual	White	Caucasian	M	21	

Results of the Focus Group

When asked how the findings of the study aligned with the focus group participants' personal experiences with intimate partner psychological abuse and how it affected them in subsequent relationships, they all agreed with the results. Participant 011 stated,

I do. I think it's all really sad and it's personalized for each person. I guess it's a different story for everybody, but definitely I don't feel like it's up for debate. You know what I mean? Like, it's obviously true.

When responding to whether the research study results aligned with her experiences, Participant 012 reported that "I think so. I think it does. You know, it's, I mean I think it was very thorough. It touched upon a lot of themes." In conclusion, all four participants agreed with the results of the study and believed that the results aligned with their own experiences with psychological IPV.

When asked if anything was missing from the findings based on their experience and if there was anything that they would like to contribute, the focus group participants further validated the results of the study. Participant 011 reported that:

I kind of just like avoided conflict, but obviously that came up later. I wrote it down. For me personally, I was definitely not defensive. I was more like a scared baby mouse. Like I just didn't want to do any of that again. So, like my next relationship, even if it got like loud or like it looked like it was going to get escalated in any way, I had a problem communicating because I was so scared. So, I would just, like, shut down immediately. It wasn't defensive. It was actually very passive. It was like, whatever. You got it.

That information confirmed the study results of avoiding conflict in subsequent relationships via passive behavior. Participant 011 further stated that:

I think that when you're in your current relationship or future relationships, it helps you in a way that experience helps you see what to avoid. Like if you were to see that behavior repeat itself. Like having a blow up with a person. You already start to recognize the pattern because you already went through it. So, you already know, like, I think you're better equipped to handle it then than in the first time around.

In the above quote, Participant 011 emphasized the importance of having the ability to improve one's coping mechanisms when negative experiences occur a second time. Participant 011 also emphasized the important of the importance of maintaining a positive perspective:

You learn from your mistakes. You learn from the experience. You learn from life's lessons. Obviously, we're not signing up for abuse. Obviously, we're like, oh, yeah, I need to learn that lesson for next time. But it happens. Life is weird, but I feel like definitely taking what experiences do happen and being cautious and positive about it, to learn the lessons that it came with and apply them to what you have next coming.

Furthermore, Participant 014 reported that

I think the one thing and I think it did touch on it a little because you did talk about being young and immature. But I also think maybe for some people who were in long-term relationships, ten, fifteen years starting young, that I don't know if people recognize, especially when they're young that they're being abused. For many years they may not understand with emotional or psychological abuse. I think that being in denial and thinking, oh, am I crazy? You know, the gaslighting and things of that nature. But I think I'm not sure if it really went over that, but everybody's different. But I think some people are completely unaware that they're in an abusive relationship for extended periods of time if there's not a lot of physical abuse.

Participant 014's statement above supports the findings of the study that immaturity plays a role in women entering abusive relationships. However, Participant 14 presented a new point that the same immaturity and/or young age can impact the victim in not recognizing that psychological abuse is taking place. Participant 011 shared her experience of having a strong physical connection that led to her staying in the abusive relationship longer:

What would hinder me personally, was we just kept having sex. So that just kept getting in the way of actually moving on because like you just said a minute ago, my dear, about not really knowing that is happening. It was happening for a while, but then obviously it just kept spiraling and then obviously it got physical and then you really realize what's happening and then you're like, oh, that's not cool. Like you said, oh, I'm getting hurt. I have bruises, blah, blah, blah. But it's like, oh, but this is still really comfortable here and I don't want to have sex with anybody else. And the sex is fire. Let's be real. Like, if you're happy doing like one thing, then it's kind of like, I don't know, obviously, you know better afterwards. But, like for me personally, that was something that was very hindering for moving on.

Similarly, Participant 014 attested to her tendency to be uneasy in a subsequent healthy relationship due to her lack of true knowledge of what is healthy versus unhealthy relationship behavior:

I think the other thing is for someone who's in any type of abusive relationship, when they go on and have a new healthy relationship, and I think it touched on it a little, but the difficulty in understanding that when you're with someone who's not jealous or not controlling or encourages you, that sometimes that is confusing because you're so you've

adapted so much to a unhealthy relationship that it's so hard to even recognize that a healthy relationship is healthy, that those behaviors are healthy.

Participant 011 also reported not understanding what defines mental and psychological abuse:

Just not knowing what really identifies mental and psychological abuse. I felt personally that I suffered more psychological abuse afterwards. Personally, because I feel like the violence had subsided. It wasn't violent anymore. I wasn't getting all battered and bruised. But because of that, I ignored other things, like you being...mean to me. So I, I feel like that was something that I, I feel like could be stressed harder, like, just to really put people in a position to be mindful of things like seriousness, effectiveness, like how you could like notice the signs, but also like not engage in things because you feel better about this situation, like, oh, it's better than the last one, you know what I mean? But like now that you're not getting all messed up, you're still getting like mentally messed up and you don't even realize it because you've already been messed up for a while, if that makes sense.

Her statement attested to the participants' recommendation for therapists to help victims of psychological IPV identify psychological abuse earlier on in the relationship.

Summary

In conclusion, the interview participants provided insight into their experiences with psychological abuse in intimate relationships, what external factors contributed to that abusive relationship, and how the abuse impacted them individually and with regard to their subsequent relationships. Additionally, the 10 interview participants provided information regarding their recovery process in terms of what helped them and what hindered them from recovering, along with giving recommendations for therapists working with victims of psychological abuse.

The four focus group participants confirmed the interview findings and gave personal examples validating the results. In addition to confirming those results, they offered suggestions for practitioners working with victims of intimate partner psychological abuse, added new themes of factors influencing them in being and staying in the abusive relationships longer than they should have. The focus group participants also gave recommendations for future research. The next chapter further discusses the research findings, strengths and limitations of the study, and suggestions for future research.

CHAPTER FIVE: DISCUSSION OF FINDINGS

Introduction

IPV has become a global problem that impacts women's physical and mental health (Pico-Alfonso, 2005). Furthermore, psychological IPV can lead to issues such as PTSD, mood struggles, and challenges in IPV victims' intimate relationships (Pico-Alfonso, 2005). The purpose of this study was to further investigate the effects of psychological IPV in women's subsequent relationships. This study's research questions were: (a) "what is the impact of psychological abuse on a female's engagement in subsequent intimate relationships?" and (b) "what helps female victims of intimate partner psychological abuse heal and build a subsequent healthy relationship?"

In Chapter One, the topic of partner psychological IPV was introduced. The statement of the problem, along with the need to study psychological IPV and how it affects women's subsequent intimate relationships, were also presented. Chapter Two described the extant literature on the effects of intimate partner psychological abuse. In Chapter Three, the research questions, methodology of the study, information about the participants, and method used for the analysis of the data were discussed. Chapter Four described the research results, and this chapter contains a discussion of the research findings, strengths and limitations of the study, and suggestions for future research.

Discussion of Findings

The purpose of this research study was to investigate the extent to which psychological IPV can impact a woman's subsequent intimate relationship. Additionally, this study explored what helps female victims of psychological IPV to heal and move on to building a subsequent healthy relationship. The researcher used a phenomenological approach with 10 interview

participants and four focus group participants to identify (a) themes in the effects of intimate partner psychological abuse in subsequent relationships, and (b) what type of support the victims can receive to move on from the trauma and seek healthier subsequent relationships.

Several themes emerged during the interview process. In this chapter, the correlation between the study results and existing knowledge of the issue are addressed. Additionally, this chapter presents suggestions for mental health counselors working with clients post abuse.

Previous Relationships

Regarding female victims of psychological IPV and their past relationships, the themes of positive and healthy subsequent relationships arose, as well as negative and unhealthy relationships. Within the subject of healthy subsequent relationships, the themes that arose were relationships of healing and ones with healthy boundaries. Regarding unhealthy relationships, the main theme was repeating the cycle of being in relationships with a negative impact of needing constant reassurance and validation.

For therapists, boundary setting is an important skill to assess and develop in the counseling process to help clients ensure healthy subsequent relationships post abuse. According to Hartmann (1997), people have thick and thin boundaries depending on their personalities, age, and circumstances. Hartmann suggested that people with thick boundaries focus on one environmental factor at a time, differentiate well between thoughts and feelings, have a clear sense of personal space, and tend to be autonomous, thus having a solid understanding of group and sexual identity. Conversely, Hartmann proposed that individuals with thin boundaries are perceptive to many environmental influences and thus have trouble focusing on one thing at a time. Additionally, people with thin boundaries blend thoughts and feelings, appear to have no solid boundary on personal space, tend to lose themselves in relationships and become

codependent, and have weaker psychological defense mechanisms with a fluid social and sexual identity. Lastly, Hartmann proposed that people increase their boundary thickness as they get older. As a result, counselors focusing on the behavioral and circumstantial aspects to boundary setting can assist clients in building healthy boundary setting skills they can implement in their relationships post abuse.

External Factors Influencing the Types of Relationships

Family and Societal Influence. Seventy percent of the participants reported family and social influence as external factors impacting their relationships. This finding validated that family and/or societal influences affect women's likelihood of getting into and staying in psychologically abusive relationships. As per Eckstein (2011), victims of abuse often stay in the abusive relationship due to their fear of other people's reactions. Eckstein also suggested that there are often societal pressures for victims to stay quiet about their experiences with abuse, to remain in the abusive relationship, and to avoid asking for help.

When working with clients post abusive relationships, counselors can assess family cohesiveness and help clients establish as healthy of a relationship as possible with family members. Wilcoxon (1985) proposed that families with low levels of cohesion are often alienated from one another and individuals in families with high levels of cohesion depend too much on each other for their own emotional well-being. High levels of cohesion could then result in individuals experiencing a stronger impact by their family members' opinions of their relationships. There are positive and negative outcomes to this level of cohesion depending on the type of influence that the family members are trying to have on the individual.

Religious Beliefs. Another subtheme with a 50% reporting rate was the influence of religious beliefs on the female's intimate relationships. The same participants reported religion

as having both a negative and positive influence, sometimes offering support and giving the victim a solid moral and emotional foundation, whereas other times serving as a source of pressure to adhere to certain beliefs that would keep them in the abusive relationships longer. According to Davis and Jonson-Reid (2020), religious beliefs can either add pressure to people or serve as a protective factor through the individual's involvement in church services and religious faith in general. Additionally, Davis and Jonson-Reid postulated that religion and interacting with people through one's faith can decrease depression and be a good support network for victims of IPV.

Counselors can encourage positive aspects of religious influence and simultaneously diminish the negative religious influences via the use of counseling strategies that emphasize what the clients view as spiritually and religiously significant to them. As per Ingersoll (1994), counselors can affirm the clients' emphasis of spirituality in their lives, attempt to understand their worldviews by associating solutions to their problems using those same worldviews, and encourage the clients to consult with spiritual leaders of their choice. Additionally, counselors can stay alert for unhealthy spiritual practices and help their clients develop their own spirituality in a healthy manner by empowering their clients to find their own meaning in life and their personal understanding of how spirituality relates to their life and relationships.

Social Media. Forty percent of the participants reported that they felt social influences, including social media, played a negative role in their lives and relationships. Holtzworth-Munroe (2005) reported that society plays a role in abusive relationships due to training women through social media to fear male violence. Hughes et al. (2021) reported that, in modern relationships, social media plays an important developmental role. Hughes et al. also postulated that romantic relationships are affected by external influences such as approval from family and

friends. Lastly, the authors stated that people try to influence other people's opinions of their relationships to seek their validation, which could often occur through social media outlets.

When a counselor is working with a victim of psychological IPV, counselors could focus addressing social media and societal influences in general by assisting the client in developing a healthier self-esteem. Doing so would lead to the clients avoiding their need for external validation, therefore disempowering social-media outlets and societal influences on their relationships. According to White (2002), the counselor can help empower victims via the use of a postmodern counseling technique called externalizing. With that technique, the counselor would encourage the clients to first identify the issue causing them struggles. Then, the client would name factors contributing to their problems, which, in this case, is social media and societal influences. Finally, the client would identify their strengths and resources to help them resolve their problem. This technique could help clinicians empower their clients to focus less on societal influences such as social media, and more on their own strengths and positive resources.

Trauma

Having a history of trauma also served as a factor in the participants' relationships. LaMotte et al. (2019) postulated that having experienced trauma can disrupt a person's cognitive schemas, increase a tendency to mistrust others, lower the victim's sense of self-esteem, and potentially lead to an internal need to control others, which in turn can cause negative emotions. LaMotte et al.'s study validates the participants' responses in this study because those researchers posited that some people who have suffered trauma in an intimate relationship may change how they function in subsequent relationships. For example, they postulated that trauma could lead to the victim becoming an abuser and justifying this abuse. The researchers further

suggest that this knowledge could help clinicians in preventing abusive behavior by focusing on coping strategies that would prevent the continuation of the cycle of abuse.

Juniper (2005) suggested leisure counseling as a strong therapeutic approach for counselors to assist clients in developing healthy coping mechanisms. According to Juniper, leisure counseling involves using the clients' past and prospective interests for therapeutic purposes by matching leisure activities with the individuals' problem needs by working on coping skills. That researcher stated that one strategy is thought handling, which involves manipulating thoughts to disintegrate depressive thoughts. That concept, developed by Aaron Beck in the 1960s, focuses on interrupting negative situational thoughts and replacing them with positive ones. Beck stated that recreation can provide a source of optimistic thinking and can reinforce the process of thought handling, as cited in Juniper (2005).

Juniper (2005) further postulated that an individual who has future plans to anticipate will experience less severe depressive mood swings. Furthermore, to help clients with their coping mechanisms, Juniper reported that clinicians need to engage the clients in self-initiated confrontation, relaxation activities, and cognitive restructuring, and teach strategies that would help empower the individuals through the assistance of outside resources. In order to work effectively with clients who have PTSD, Juniper suggested that counselors concentrate on a hobby or interest the individual had before the trauma occurred, and help clients develop that interest in order to distract from trauma while also concurrently confronting the trauma to accomplish mood stabilization.

Substance Use

Forty percent of the participants reported that substance use was a contributing factor to their abusive relationships. Davis and Jonson-Reid (2020) validated that information by reporting

that substance abuse serves as an identified risk factor that can contribute to an individual perpetrating abusive behavior. Furthermore, those researchers found that substance abuse correlates with men having attitudes that condone abusive behavior.

The World Health Organization (WHO) (2009) reported that, in 2009, at least 15.3 million individuals had a drug abuse disorder and an even higher 76.3 million people struggled with alcohol abuse. The WHO went on to state that substance abuse can cause many difficulties in all spheres of an individual's life, including difficulties with family, social relationships, work, school, financial status, and physical and mental health. According to Koehn and Cutcliffe (2012), it is significant for counselors to instill hope in individuals struggling with substance abuse issues because hope is strongly correlated with good psychological health and leads to an increase in optimistic thinking, self-esteem, quality of life, self-efficacy, perceived availability of social support, and abstinence. Finally, Koehn and Cutcliffe postulated that feelings of hopelessness have a strong correlation with substance use and its related issues.

Morgan (2009) stated that trauma and addiction often occur concurrently and addiction itself can be traumatizing. Morgan postulated that traumatic experiences come with long-term pain, and substance use is often used for self-medication purposes to avoid intolerable feelings and intrusive thoughts. Morgan further reported that, out of individuals who develop PTSD, 28% of women are estimated to develop alcohol abuse issues, and 27% are estimated to develop drug abuse issues. Moreover, women who develop PTSD are three to four times more likely to develop a substance abuse disorder in comparison to individuals without PTSD. Finally, due to trauma and addiction being widely underdiagnosed and misdiagnosed within the counseling profession, mental health professionals are encouraged to use biobehavioral, biopsychosocial,

and psychological models of counseling to better understand their clients who are suffering from trauma and addiction.

Impact of Psychological Abuse on Mood and Behavior

Seventy percent of the study participants reported feelings of guilt regarding the abuse in the relationship. They stated that self-blame and feeling bad about their own behaviors were prevalent emotions. According to Kumar and Casey (2020), though women struggle to accept the abuse taking place within their intimate relationship, once they accept it, they blame themselves rather than their abuser for the abuse, leading to feelings of guilt and shame.

Zinzow et al. (2010) reported that PTSD symptoms tend to be higher when the blame is placed on the perpetrator, but other negative symptoms such as depression are more intense when the victim self-blames. Zinzow et al. also stated that levels of self-blame do fluctuate depending on the duration and type of abuse, and that when the victims have a strong support network, there is a greater likelihood of blaming themselves for the abuse rather than blaming other people. Lastly, those researchers postulated that the older the victim is when the abuse takes place, the higher the self-blame.

Nature of the Subsequent Relationships

Participants reported a high occurrence of unhealthy subsequent relationships (70%). In addition, participants experienced mood-related struggles such as depression, anxiety, and PTSD-like symptoms in those relationships. They also reported that they engaged in unhealthy behaviors such as overthinking, having feelings of insecurity, and seeking approval from their partners.

Evraire et al. (2022) stated that victims of abuse tend to excessively seek reassurance from their subsequent partners to feel lovable and worthy. No matter how much a subsequent

partner provides that reassurance, it is never enough to make the victims of abuse feel at ease. This tendency can result in various issues such as a decrease in self-worth, negative relationship quality, depression, anxiety, and an overall decrease in mental health. Furthermore, Evraire et al. postulated that attachment style plays a role in how the victims react post abuse, stating that anxious attachment correlates with low self-esteem, fear of abandonment, and an increase in likelihood that victims will need reassurance from their partners to have good self-worth and to feel secure in the relationship.

The Impact of a Strong Support System on the Recovery Process

Several themes emerged in relation to what the participants reported as helping them recover from the trauma and move on to healthier subsequent relationships. Within the theme of support, the participants reported self-help strategies and professional assistance, such as receiving counseling services, as their primary methods of support. They also reported community resources as being a significant part of their healing and their process of understanding more about their experiences to avoid repeating their past trauma. Finally, self-improvement proved to be of significance for learning self-acceptance and increasing their perseverance.

According to Kumar and Casey (2020), financial independence is a powerful resource for victims of abuse due to the access of resources and social networks it provides. Financial independence also decreases the likelihood of the occurrence of violence and increases the chances of the female victims leaving the abusive relationship. A few years earlier, Baholo et al. (2015) similarly reported that general support is needed to guide the abused female into leaving the toxic relationship and helping her prepare for the change of leaving the abusive situation.

Furthermore, Baholo et al. stated that by having a strong social support network, victims can improve their coping and decrease negative health consequences stemming from the abuse.

The Impact of Self-Esteem on the Recovery Process

Self-esteem can also play a role on the recovery process. According to Johnson (2004), having a positive self-view begins through maintaining a healthy early attachment and a successful integration of one's ego. He further proposed that a stable individual depicts high self-esteem which includes the marriage of trust and integrity that together serve as a safeguard to adverse situations an individual might face later in life, such as intimate partner psychological violence. Additionally, Johnson proposed that there are two types of self-esteem that could assist in the recovery process, earned and trait self-esteem. Earned self-esteem is self-esteem that an individual earns based on feeling competent and appreciated by others, whereas in trait self-esteem focuses on an individual's meaning which incorporates traits, goals, and personal strivings in life. Furthermore, Hall and Jones (2019) postulated that having a high self-esteem serves as a protective factor for stress and other adverse mental health consequences. They further asserted that maintaining a high self-esteem could assist the victims in adapting to the stress caused by the psychological IPV along with effectively problem-solving after the abuse occurs.

Recommendations for Therapists Working with Abuse Victims

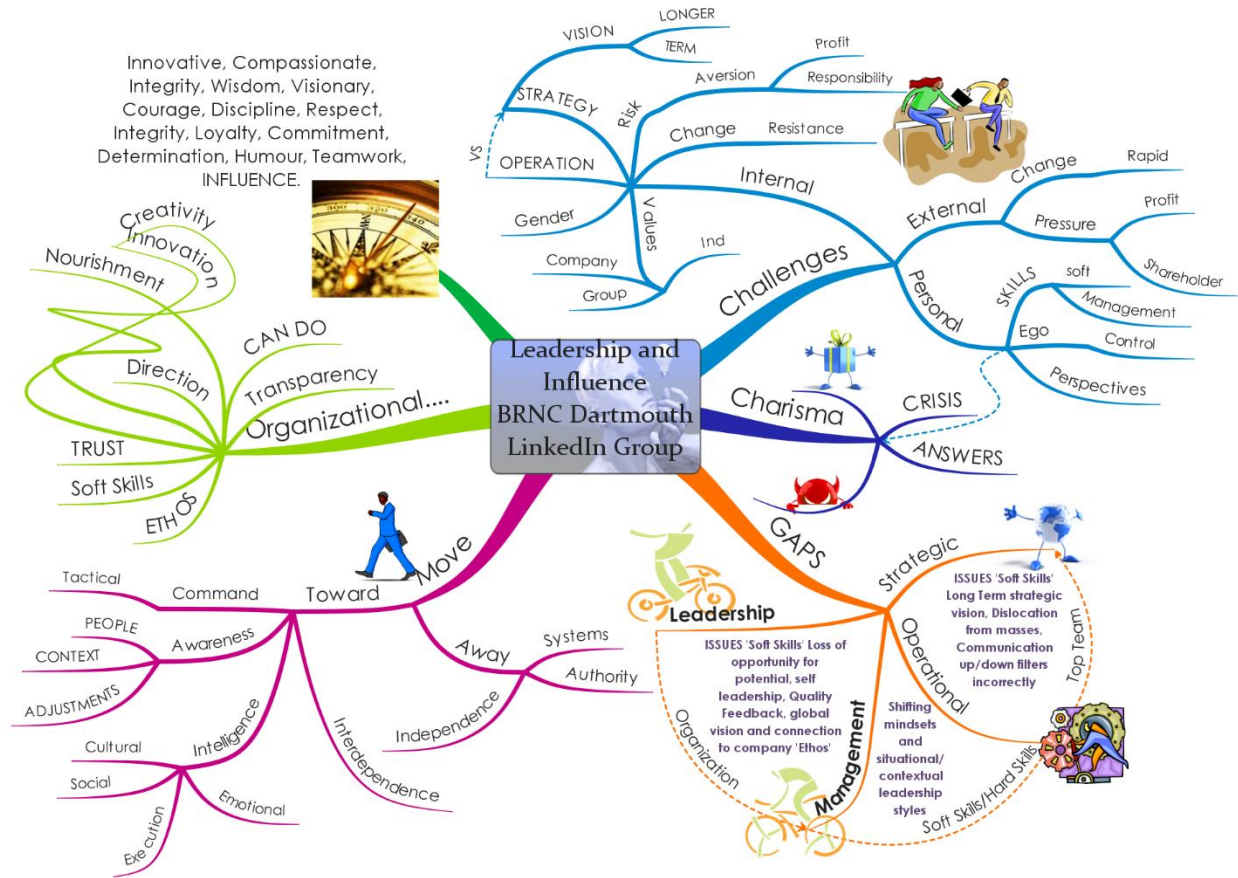
Individualized and Creative Counseling. Seventy percent of the participants reported that seeking therapeutic assistance was imperative to their process of recovering from psychological IPV. They also stated that having access to an individualized approach in counseling and coming up with outside-the-box strategies was beneficial. Many years ago, Orava et al. (1996) stated that, based on the literature at the time, focusing on abused females, one of

the more significant goals in counseling is to help women become empowered, thus making empowerment an essential aspect of counseling work. The participants confirmed the value in receiving therapy or something to this effect.

Mind mapping is an example of a creative strategy that can be used when working with victims of psychological IPV (see Figure 6). Pillay et al. (2020) suggested that there is evidence across various cultures that creative strategies in counseling help with building a therapeutic alliance. Mind mapping specifically can increase creativity and memory, and help individuals develop a vision of their personal goals, change negative habits, monitor progress, and improve their learning in counseling. That researcher stated that a mind map in counseling consists of a main vision, question, or goal that has branches stemming from it with main themes of what comprises or affects that goal or question. The client can use various colors depicting those main themes and can associate different colors with their mood (for example, green or blue could suggest happy feelings). Pillay et al. stated that counselors can add secondary and tertiary branches to further investigate themes that impact the client's goal, and use keywords, images, and/or symbols to represent more detailed thoughts. The client would use dotted or solid lines connecting these ideas. This example is one of many out-of-the box strategies therapists can use to assist the clients in visualizing positive thoughts and goals in their lives that would help them recover from the trauma.

Figure 6

Mind Mapping



Note: Retrieved from How to Mind Map, n.d. <https://www.ayoa.com/mind-mapping/how-to-mind-map/>. In the public domain.

Therapeutic Approach. In addition to the type of therapy received, participants revealed the role a therapeutic approach can have on the outcome of their therapy. They reported feeling more successful in counseling when the clinician used a nonjudgmental and encouraging approach. Orava et al. (1996) stated that part of the therapeutic process should involve encouraging women to become decisive and increase their competency within their environment to alter their negative self-perceptions. Eckstein (2011) revealed that sometimes clinicians can harm the client when they feed into the concept of victimization stigma. Additionally, some IPV

victims state a negative impact in counseling due to clinicians blaming them for not leaving their abusive partners.

The concept of vicarious trauma and therapeutic approaches that can increase or decrease the likelihood of the counselor developing that trauma when working with abuse victims was noted by Bober et al. (2006). Those researchers stated that one factor affecting the likelihood of vicarious trauma is the amount of exposure to victims of abuse. Secondly, they proposed that the counselors might change their view of self and the world due to their exposure to clients' trauma. Finally, the degree of counselor self-care and empathetic engagement in the counseling sessions could impact the clinician's ability to effectively work with the client. All the above factors can negatively correlate with counseling approaches used in the sessions that could lead to detrimental consequences for the clients.

Recommendations for Victims of Psychological Intimate Partner Violence

This study revealed that some of the recommendations for victims of psychological IPV were to increase their self-awareness via introspection and prevent entering abusive relationships through monitoring red flags early in the relationship. Additionally, according to Baholo et al. (2015), increasing victims' self-esteem and having an internal locus of control can lead to a higher occurrence of females leaving an abusive relationship.

Victims of psychological IPV can benefit from counseling services to help them increase their self-awareness. Hansen (2009) stated that the reason why people have psychological problems is because they find themselves in an incongruous state in their effort to move toward actualization. The concern with working to increase self-awareness in counseling is that the goal in counseling would be to come up with specific and correct insights. However, coming up with

specific insights can be limiting; thus, Hansen encouraged promoting self-storying in which there are multiple insights the victim can arrive to without feeling limited to one narrative possibility.

Implications for the Counseling Profession

Psychological abuse in intimate relationships is an occurrence that affects many individuals. It often goes unreported and can lead to many mental health struggles. Counselors can provide more effective counseling for victims of psychological abuse by increasing their knowledge of how to work effectively with clients to educate them and prevent the occurrence of psychological IPV.

When working with couples in counseling, therapists can use strategies to uncover the potential existence of psychological abuse earlier on in the counseling process. According to Brosi and Carolan (2006), counselors often overlook abuse taking place because, even though 54%–62% of couples who seek therapeutic services report abuse in the relationship, it is rarely mentioned as the main reason for seeking counseling. Due to the lack of emphasis on the abusive part of the relationship, the therapist might end up focusing on the presenting issue and not placing a priority on the abuse itself.

Another aspect to consider in society today is the impact of the COVID-19 pandemic on intimate relationships. The American Psychological Association (2012) indicated that women with a history of violence are three times more likely to consider their mental health poor, therefore emphasizing the need for female victims of psychological IPV to have access to helpful resources. According to Abramson (2020), many aspects of life have been altered due to COVID-19, including individuals losing access to a good safety plan because of not wanting to be in public and risk getting sick. This could keep victims in the cycle of tension, toxicity, power, and control by increasing IPV and decreasing outside resources for the victim to stay

safe. On the other hand, Selekman (2021) proposed that COVID-19 has provided individuals with opportunities to strengthen their relationships through quality time, resolve long-standing conflicts, and increase their resiliency skills.

Implications for Counselor Educators

Educators working with emerging counselors are recommended to encourage self-awareness in their students. According to Sigmund Freud, counselors should participate in their own counseling to increase their awareness and decrease their chances of countertransference, thus creating a safer analytic process (as cited in Oden et al., 2009). Oden et al. (2009) postulated that the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) supports self-awareness among mental health professionals. Moreover, self-awareness is a requirement in accredited programs so that the counselor–client relationship remains therapeutic and maintains appropriate boundaries. Furthermore, CACREP programs encourage students to receive counseling to increase their awareness of biases and stereotypical beliefs that could impede their work with diverse populations. Finally, required counseling to promote self-awareness would help students understand the position of the client, therefore increasing their ability to show empathy for their clients when working with them.

Assumptions, Limitations and Delimitations of the Study

Assumptions

This study is based on several assumptions. One was that this researcher would be able to find participants willing to reveal information regarding their past trauma. To mitigate the risk, most of the participants were recruited from private practices, as these participants already have a history of receiving therapeutic services and have, at least partly, healed from the trauma.

Another assumption was that the participants would be honest when answering the questions and be willing to provide detailed responses.

Limitations

The first limitation of the study was the fact that it focused solely on female victims of psychological IPV. Secondly, this study only investigated heterosexual relationships. Additionally, this study had a small number of participants; thus, the study lacked the parameters to investigate a broader cultural and racial difference in the results of the study. Lastly, the participants were adults over the age of 18; therefore, the researcher did not investigate adolescent experiences with psychological IPV.

Delimitations

This study focused on the adult population between the ages of 22–53. This research also focused on victims of psychological IPV who were in subsequent relationships within 5 years of the abusive relationship. Finally, this study included participants from multiple racial and ethnic groups in order to explore various perspectives of the experiences of victims of psychological IPV.

Suggestions for Future Research

This study provided results that can positively impact the future of the counseling profession by creating deeper insight into how psychological IPV can impact female victims' subsequent relationships. One suggestion for future research is to investigate how psychological IPV impacts the subsequent relationships of male victims.

Future research could also focus on other types of abuse, such as physical and/or sexual. Furthermore, future researchers could explore how the length of time between the abusive relationships and subsequent relationship can alter the consequences and their severity.

This study focused on heterosexual relationships; therefore, one recommendation is for future research to focus on gay and lesbian relationships to note the similarities and differences of the impact of abuse on subsequent intimate relationships compared to heterosexual relationships. Additionally, due to this study focusing on young and middle adult relationships only, future research could be conducted on a broader demographic to include teenagers and older adults. Finally, there could be more research conducted on how receiving professional therapeutic services can assist in the recovery from psychological IPV, and emerging or evolving counseling strategies that could assist counselors in more effectively working with this population. Finally, when teaching student counselors about IPV after effects, faculty should focus on teaching students those emerging strategies to help their clients receive as much healing as possible from the abuse, partially through the development of healthy coping mechanisms that could assist them with that goal.

Conclusion

In conclusion, this study investigated the factors that contribute to females becoming victims of psychological IPV. The participants reported upbringing, social influences, and past trauma as being significant factors leading them to enter or remain in psychologically abusive relationships. The study also explored the victims' personal experiences with psychological abuse, specifically how the abuse took place. The study revealed that the psychological IPV took place via verbal abuse, control over the victim, a passive aggressive manner of abusing the victim, isolating the victim, and sustaining concurrent physical abuse.

In terms of the negative consequences of psychological IPV within the victims' subsequent relationships, the study revealed that the abuse affected the types of subsequent relationships victims engaged in and their choices in partners, and that it personally affected the

victims' mood and behaviors within the subsequent relationships. Additionally, the study revealed the types of support that proved to be most beneficial for the victims. Participants cited individual methods of support such as listening to TED talks, reading books, using community resources as a method of support, and having a strong support system through family, friends, and church. Furthermore, the participants reported experiencing obstacles to their recovery mainly via continued contact with the abuser and lack of receiving closure. Finally, the study investigated ways in which clinicians can better assist the victims with their recovery. The participants stated that the style of therapy used, along with the demeanor counselors expressed toward the victims, played a role in how successful counseling was for participants.

In conclusion, this study examined the impact of psychological abuse on subsequent relationships and how the female victims can heal from such abuse. Some of the consequences of psychological IPV explored in this study were self-esteem struggles, PTSD, mood disorders such as depression and anxiety, and substance abuse. Additionally, the study explored the power or control theory and how it relates to the topic of psychological abuse and its consequences on subsequent relationships. Factors that can contribute to the healing process post abuse were explored, such as having a strong support system and maintaining a healthy self-esteem. Finally, the study explored how therapists working with victims of psychological IPV can guide the victims through the healing process and recommendations for the victims themselves.

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APPENDIX A

INVITATION LETTER TO PROFESSIONALS

Dear Private Practice Invitee,

My name is Nicole M. Kratimenos, and I am a Licensed Mental Health Counselor in Palm Harbor, Florida. I am also a doctoral candidate at National Louis University's Counselor Education and Supervision program. This letter is to kindly request your assistance in sharing the information about my study to potential participants. My doctoral dissertation research study is titled: "The impact of psychological abuse on a female's engagement in subsequent relationships and how they heal and build healthy subsequent relationships".

I am seeking participants that: 1. identify as a heterosexual female, 2. are above 18 years old, 3. are fluent in the English language in order to properly comprehend the interview and what it entails, 4. have experienced IPV, including psychological in nature, and 5. have been in at least one intimate relationship within five years of the IPV related trauma.

The study will entail the following steps taking a maximum of approximately two hours and 45 minutes:

1. Informed Consent
2. Demographic Questionnaire
3. 60–90-minute interview
4. Possible 60-minute focus group interview

Participation in this study will involve signing an informed consent and completing an 11-item demographic questionnaire taking approximately fifteen minutes to complete. The goal of the study is to recruit ten participants for the interview and five additional participants for the focus group meeting to verify findings. If a total of fifteen participants cannot be recruited, some study

interview participants will be invited to also participate in the focus group interview. The total time commitment for the study will be a maximum of 105 minutes if participating in individual interviews; 70 minutes if only participating in the focus group; or 165 minutes if participating in both the individual interviews and focus group.

The participants assigned to an interview will conduct it via zoom or in my office in Palm Harbor, FL. The interview will last 60-90 minutes and will consist of nine open-ended questions and seven potential sub questions exploring the participants' history of psychological IPV and the consequences they suffered in intimate relationships post-abuse as well as exploring what helped them get past the abuse and engage in healthy subsequent intimate relationships. If part of the focus group, the findings of the research will be shared to those participants via email and then a zoom meeting will be scheduled with all the focus group participants to discuss and verify the findings.

Participation is voluntary and individuals can withdraw from the study at any time without repercussion. The letter of consent will provide further information regarding withdrawal from the study at any time the individual chooses to cease participation. Anonymity will be ensured by identifying all participants strictly by a designated number, such as P1, P2, etc. Confidentiality will be ensured by collecting the data during the interview in a quiet and secure area, keeping all notes and records in a password protected laptop, and keeping all written notes and files in a locked file cabinet.

If your client is interested in participating in the study, please send them the Survey Monkey link where they can read an Informed Consent and Complete a Demographics Questionnaire. Or if they prefer to ask me specific questions, they can reach me at 727-647-1546. Participation in this study will assist us in understanding how psychological intimate partner

APPENDIX B

RESEARCH STUDY INFORMED CONSENT

The impact of psychological abuse on a female's engagement in subsequent relationships and how they heal and build healthy subsequent relationships.

My name is Nicole Kratimenos, and I am a doctoral candidate at National Louis University (NLU). This study has received the approval from the Institutional Review Board at NLU (ER01067). The purpose of this study is to further investigate the long-term effects of psychological intimate partner violence (IPV) in women, specifically in terms of subsequent relationships. Those long-term consequences will be explored, via individual and focus group interviews with female victims of psychological IPV. This study will use qualitative, phenomenological research. A total of ten volunteers will be invited to participate an individual interview process. If you volunteer to participate, you will complete the demographic questionnaire following this informed consent to determine your eligibility. To be a part of the study, you will have to: 1. identify as a heterosexual female, 2. be above 18 years old, 3. be fluent in the English language to properly comprehend the interview and what it entails, 4. have experienced IPV, including psychological in nature, and 5. must have been in at least one intimate relationship within five years of your IPV related trauma.

After completing an 11-question demographics questionnaire which will take approximately 10 minutes, if eligible, I will contact you to arrange for a 60–90-minute interview. In this interview, I will ask you open-ended questions to gather some information about your experiences on the topic of psychological abuse and how it affected you. With your permission, I will record the process. The interview process will take place via Zoom or if that is not feasible

or preferred then you can elect to travel to the researcher's professional office space in Palm Harbor, Florida.

There will be 9 questions to understand your experience with intimate partner psychological abuse and how it affected your subsequent relationships. Additionally, you may be invited to participate in the focus group and/or both the interview and focus group. The focus group will be a group of five people that will meet as a group via zoom to discuss and verify the findings of the study. The focus group participants will answer three questions regarding those findings based on their personal experiences. All interviews will be recorded using a voice recorder software program or the Zoom recording feature if the interviews are conducted via Zoom. They will later be transcribed using the Sonix software program. The researcher will take field notes during the interview process and debriefing sessions. You may request to review the field notes for final approval.

Confidentiality will be ensured by avoiding the use of identifying information such as your name, or those of your family or friends. All participants, including those in the focus group, will be asked not to disclose any content outside of the interview process. The researcher will discuss confidentiality at the beginning and end of each interview. Field notes and transcriptions will not contain identifying information. The data will be kept for 3 years post-completion of the study and then will be destroyed. All data will be kept in a password protected laptop and printed notes and data will be kept in a locked cabinet. The research data and results may be used in future publications and conference presentations; however, you will remain anonymous. You may request a copy of the study findings by contacting the researcher.

There are no projected physical, political, social, or economic risks to you in this study. There may be an emotional reaction to discussing your traumatic experiences. The researcher

will provide the opportunity for debriefing post-interview, along with providing you with appropriate resources, if needed. If the study process causes you any emotional concerns, you can access the University's counseling hotline & referral service at 239-262-7227, Office of Student Experience at 239-938- 7730, the Counseling and Wellness Director- Cindy Danzell, cdanzell@nl.edu (312) 261-3477, or Good Therapy at <https://www.goodtherapy.org> to receive assistance. If you were referred from a private practice, you can also reach out to the clinician who referred you to the study.

The benefits of conducting this research study will be to gain better knowledge of how psychological intimate partner abuse impacts women in subsequent relationships, and it can help give clinicians insight on how to provide the appropriate services when working with women in those situations. You may request a copy of the study findings by contacting the researcher.

You understand that confidentiality will be maintained on behalf of the researcher except in the following situations: a. if you report intent and an active plan to hurt yourself or someone else and b. if you report child abuse of any type or abuse of the elderly. In those cases, the researcher is a mandated reporter and would have to report the information to the appropriate authorities.

Participation in this research is strictly voluntary. You may terminate your involvement at any time and/or withdraw your data from the study without consequences. If you do not wish to discuss any topic or answer any questions, you are free to do so. If you have any questions related to the above information, you can reach out to those listed at the end of this consent form. By moving forward to the Demographic Questionnaire, you indicate that you have read the above information and asked for any clarification needed. By signing below, you understand and agree to participate in this study based upon the terms described above.

Participant: _____ Date Signed: _____

Preferred Contact information: _____

Email: _____

Phone: _____

Nicole M. Kratimenos, LMHC, National Louis University Doctoral Candidate, Researcher



Dr. Joffrey S. Suprina, Committee Chair – 727-342-0215

Shaunti Knauth, Ph.D., IRB Chair - shaunti.knauth@nl.edu, (312) 261-3526

Christopher Rector, Ph.D., IRB Co-Chair – CRector@nl.edu, [\(312\) 621- 9650](tel:(312)621-9650)

APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

1. Date of birth:
2. Gender:
3. Sexuality:
4. Race:
5. Ethnicity:
6. Primary language:
7. Marital status:
8. Do you have transportation?
9. Do you have access to Zoom?
10. Have you experienced psychological abuse in an intimate relationship within the past five years?
11. Have you been in at least one subsequent intimate relationship since the abuse occurred?

APPENDIX D

INTERVIEW PROTOCOL

The impact of psychological abuse on a female's engagement in subsequent relationships and how they heal and build healthy subsequent relationships.

1. Tell me about your past intimate relationships.
2. What external factors impacted those relationships?
3. Tell me about your experience with psychological abuse in intimate relationships.
 - a. What was the nature of the psychological abuse?
 - b. How did you identify that the abuse was taking place?
 - c. Tell me about getting out of the relationship.
4. How did the psychological abuse impact you?
 - a. What long-term consequences impacting your self have you experienced from the abuse?
5. What did you experience in subsequent relationships?
 - a. How did the abuse impact the types of subsequent intimate relationships you were in?
 - b. How did the abuse impact the quality of your subsequent intimate relationships?
6. What helped you recover from the abuse?
 - a. What type of support assisted you in recovering from the trauma caused from the abuse?
7. What hindered you in recovering from the psychological abuse?
8. What recommendations do you have for therapists working with psychological abuse victims that would help them be more effective?

9. Is there anything you would like to add about your experience with psychological abuse in subsequent relationships that could be important for this study?

APPENDIX E

RESEARCH STUDY INFORMED CONSENT FOR FOCUS GROUP PARTICIPANTS

The impact of psychological abuse on a female's engagement in subsequent relationships and how they heal and build healthy subsequent relationships.

My name is Nicole Kratimenos, and I am a doctoral candidate at National Louis University (NLU). This study has received the approval from the Institutional Review Board at NLU (ER01067). The purpose of this study is to further investigate the long-term effects of psychological intimate partner violence (IPV) in women, specifically in terms of subsequent relationships. Those long-term consequences will be explored, via individual and focus group interviews with female victims of psychological IPV. This study will use qualitative, phenomenological research. A total of ten volunteers will be invited to participate an individual interview process. If you volunteer to participate, you will complete the demographic questionnaire following this informed consent to determine your eligibility. To be a part of the study, you will have to: 1. identify as a heterosexual female, 2. be above 18 years old, 3. be fluent in the English language to properly comprehend the interview and what it entails, 4. have experienced IPV, including psychological in nature, and 5. must have been in at least one intimate relationship within five years of your IPV related trauma.

After completing an 11-question demographics questionnaire which will take approximately 10 minutes, if eligible, I will contact you to arrange the focus interview. In this interview, I will ask you questions regarding your interpretation of the research data that you will have a chance to review prior to the interview. With your permission, I will record the process. The interview process will take place via Zoom or if that is not feasible or preferred then you can elect to travel to the researcher's professional office space in Palm Harbor, Florida.

The focus group will be a group of five people that will meet as a group via zoom to discuss and verify the findings of the study. As a focus group participant, you will answer three questions regarding the findings of the study based on their personal experiences. All interviews will be recorded using a voice recorder software program or the Zoom recording feature if the interviews are conducted via Zoom. They will later be transcribed using the Sonix software program. The researcher will take field notes during the interview process and debriefing sessions. You may request to review the field notes for final approval.

Confidentiality will be ensured by avoiding the use of identifying information such as your name, or those of your family or friends. All participants, including those in the focus group, will be asked not to disclose any content outside of the interview process. The researcher will discuss confidentiality at the beginning and end of each interview. Field notes and transcriptions will not contain identifying information. The data will be kept for 3 years post-completion of the study and then will be destroyed. All data will be kept in a password protected laptop and printed notes and data will be kept in a locked cabinet. The research data and results may be used in future publications and conference presentations; however, you will remain anonymous.

There are no projected physical, political, social, or economic risks to you in this study. There may be an emotional reaction to discussing your traumatic experiences. The researcher will provide the opportunity for debriefing post-interview, along with providing you with appropriate resources, if needed. If the study process causes you any emotional concerns, you can access the University's counseling hotline & referral service at 239-262-7227, Office of Student Experience at 239-938- 7730, the Counseling and Wellness Director- Cindy Danzell, cdanzell@nl.edu (312) 261-3477, or Good Therapy at <https://www.goodtherapy.org> to receive

assistance. If you were referred from a private practice, you can also reach out to the clinician who referred you to the study.

The benefits of conducting this research study will be to gain better knowledge of how psychological intimate partner abuse impacts women in subsequent relationships, and it can help give clinicians insight on how to provide the appropriate services when working with women in those situations. You may request a copy of the study findings by contacting the researcher.

You understand that confidentiality will be maintained on behalf of the researcher except in the following situations: a. if you report intent and an active plan to hurt yourself or someone else and b. if you report child abuse of any type or abuse of the elderly. In those cases, the researcher is a mandated reporter and would have to report the information to the appropriate authorities.

Participation in this research is strictly voluntary. You may terminate your involvement at any time and/or withdraw your data from the study without consequences. If you do not wish to discuss any topic or answer any questions, you are free to do so. If you have any questions related to the above information, you can reach out to those listed at the end of this consent form. By moving forward to the Demographic Questionnaire, you indicate that you have read the above information and asked for any clarification needed. By signing below, you understand and agree to participate in this study based upon the terms described above.


Participant: _____ Date Signed: _____

Preferred Contact information: _____

Email: _____

Phone: _____

Nicole M. Kratimenos, LMHC, National Louis University Doctoral Candidate, Researcher


Dr. Joffrey S. Suprina, Committee Chair – 727-342-0215

Shaunti Knauth, Ph.D., IRB Chair - shaunti.knauth@nl.edu, (312) 261-3526

Christopher Rector, Ph.D., IRB Co-Chair – CRector@nl.edu, [\(312\) 621- 9650](tel:(312)621-9650)

APPENDIX F

FOCUS GROUP INTERVIEW

1. How do the findings from the study align with your experiences with the topic?
2. Based on your experience, what, if anything, was missing from the findings of this study that you would like to contribute?