

UNHEARD STORIES FROM MIDDLE EASTERN IMMIGRANT WOMEN  
IPV SURVIVORS: A QUALITATIVE STUDY

by

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## ABSTRACT

Intimate Partner Violence (IPV) affects all society, but immigrant communities can be distinctively more vulnerable. Although there have been numerous studies conducted on particular aspects of IPV among immigrants in the United States, there is limited research about intimate partner violence among Middle Eastern immigrants and refugees. This study aimed to advance knowledge and greater understanding of lived experiences of Middle Eastern women immigrant survivors and their coping strategies. A phenomenological design was utilized to explore ten Middle Eastern immigrant women IPV survivors lived experiences and their coping strategies. Participants were recruited in the U.S. and data was collected through semi-structured interviews. Interviews were transcribed verbatim. For the data analysis, phenomenological data analysis steps were followed. Regarding the research findings, the study provided a deeper understanding of lived experiences of Middle Eastern immigrant women survivors and their coping strategies after experiencing interpersonal violence.

The study explored Middle Eastern immigrant women IPV survivors' lived experiences and their coping strategies, as well as their challenges and strengths as immigrants, and highlighted that their abuse experiences were varied. The participants had different experiences with formal resources, such as the police and counseling services. In summary, the results suggest there is considerable need for future research to extend the study of this population, as well as an urgent need to increase accessible resources to empower immigrant IPV survivors in the United States.

*Key Words:* intimate partner violence, phenomenological study, Middle Eastern women, immigrants, qualitative study

## DEDICATION

This dissertation is dedicated to my mom, Hulya. I thank you for your prayers and belief that I could do it. To my biological father, Nevzat, whom I lost when I was five years old, but who is always in my heart; I believe you would be proud of me if you were here today. To my step-father, Caglar, who is always proud of me and believes in me wherever I go. To my sisters, Necla, Busra, and Cemile, I would not be where I am today without your love and support. Your encouragement and prayers made this journey easier to go through. Lastly, I would like to dedicate this study to all affected by any kind of violence and trauma in their life.

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## CHAPTER 1

### INTRODUCTION

Globally, 35% of women have experienced either physical and/or sexual Intimate Partner Violence (IPV) or non-partner sexual violence; 38% of murders of women were committed by intimate partners (WHO, 2013). The World Health Organization [WHO] (2012) defines IPV to include “physical, sexual and emotional abuse and controlling behaviors by an intimate partner” (p. 1). Although IPV influences individuals from all racial backgrounds, socio-economic statuses, and geographic locations, some communities are more vulnerable, such as immigrants in the U.S. (Hass et al., 2000). Records show that in 2015, 43.2 million immigrants lived in the United States and represented up to 13.4% of the total population (Lopez & Radford, 2017). The Middle Eastern immigrant population has been growing in the U.S., comprising approximately 1.2 million Middle East and North African immigrants (Cumoletti & Batalova, 2018).

This study focused on Middle Eastern female immigrant IPV survivors. In this chapter, I include the problem statement, purpose of the study, and theoretical framework. The second chapter is focused on the literature review, including the definition of IPV, prevalence of IPV, health effects of IPV, coping strategies of IPV, immigrants and IPV, and Middle East Region and IPV. The third chapter includes the methodology of the study: the research approach, the research question, data collection, data analysis, ethical considerations, and conclusions. The fourth chapter covers the results of data analysis, and the last chapter includes discussion and implications of the study for policy, practice, and research, and the limitations of the study.

## Statement of the Problem

Different cultures have varying ideas of what constitutes intimate partner violence, with some cultures failing to recognize it at all. There is not a global shared understanding of IPV. The National Institute of Justice describes IPV as sexual, physical, or psychological injury by a current or former spouse or intimate partner (National Institute of Justice, 2017). The Centers for Disease Control and Prevention (CDC) defined IPV among current or former intimate partners that occurs through acts of violence (CDC, 2017). The United Nations' Declaration on Elimination of Violence Against Women [DEVAW] defined that governments and civil societies recognized gender-based violence as a human rights issue and described violence against women as the following:

Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN General Assembly, 1993, p.3).

This study focused on intimate partner violence which included physical, sexual or psychological harm caused by an intimate partner or ex-partner among Middle Eastern immigrant female survivors. For this study, using the word "Middle East" requires clarification. The Middle East is not a continent. Instead, it is a transcontinental region that was created in the late nineteenth century between the "Near East" based in Turkey and the "Far East" based in China (Koppes, 1976) from a Eurocentric perspective. The origin of the word was created by Alfred Mahan to describe geographic and political aspects in his article in 1902 (Koppes, 1976). In this study these countries were included: Jordan, Turkey, Oman, Iraq, Iran, Yemen, Syria,

Israel, Egypt, Sudan, Saudi Arabia, Kuwait, Qatar, United Arab Emirates, Libya, the West Bank, the Gaza Strip, Bahrain, and Afghanistan.

Intimate partner violence affects all societies and nearly 37% of women in Africa, the Eastern Mediterranean, and South Asia have experienced physical and/or sexual IPV in their lives (Choi et al., 2016; World Health Organization, 2013). Several studies' findings revealed that IPV not only causes negative individual outcomes such as homicide, emotional distress, depression, physical injury, traumatic stress disorder, and social and economic consequences for survivors, but it also impacts their family systems, communities, and broader society (Black, 2011; Black et al., 2011; Kanagaratnam et al., 2012).

A study reported that 23 million women (19.1%) have been raped and 45 million women (37.3 %) have experienced some form of sexual violence, physical violence, and/or stalking by an intimate partner at some point in their lives in the United States (Smith et al., 2017). Even though IPV affects all of human society, immigrant communities can be distinctively more vulnerable (Choi et al., 2016). Many immigrant and refugee women who have experienced IPV encounter language and legal rights difficulties, and other barriers associated with adjusting themselves to a new culture (Runner et al., 2009). For example, Hazen and Soriano's (2007) study revealed intimate partner violence among 292 Latina women that included U.S born, immigrant, and migrant-seasonal workers in the United States. This study included 40.1% Latina immigrants, and they reported that 22% of immigrant women had been physically assaulted; 22.2% of immigrant women had a less severe physical assault experience; and 15.4% of immigrant women had severe physical assault experiences in their lives (Hazen & Soriano, 2007).

In the United States, more than 43 million people live as foreign-born, and approximately 1.2 million people migrated from the Middle East and North Africa as of 2016 (Cumoletti & Batalova, 2018). Violence against women is prevalent in Middle Eastern countries (Boy & Kulczycki, 2008) and IPV is a pervasive issue within immigrant and refugee communities. As I mentioned above, the Middle Eastern population has been increasing significantly. Although there have been numerous studies conducted on particular aspects of IPV among immigrants in the United States, there is limited research about intimate partner violence among Middle Eastern immigrants and refugees in the United States. As a result, this study aimed to advance knowledge and greater understanding of lived experiences of Middle Eastern female immigrant survivors and their coping strategies.

### **Purpose of the Study**

The purpose of this phenomenological study was to understand the lived experiences and first-hand accounts of Middle Eastern-born immigrant women survivors of IPV in the United States. In particular, the study explored women's coping mechanisms in diverse cultural contexts to assist professionals in understanding women's survival strategies and coping skills with the goal of supporting resilience. Moreover, the study explored women's impressions of living through their immigration processes with a focus on the connections between immigration and intimate partner violence. The research question was, "What is the essence of the lived experiences of Middle Eastern immigrant women IPV survivors in the United States?" In addition, two sub-research questions were: "How do Middle Eastern immigrant women survivors of IPV cope with IPV in their lives?" and "How do they view or perceive the role of immigration status in their experience of IPV?"

## **Significance of the Study**

Because this study adds diversity and knowledge to scholarly literature, can help improve practice with immigrants and IPV survivors, and will strengthen policies that can protect and empower survivors, it holds great importance and significance. IPV is a worldwide issue that affects women from all different ethnic backgrounds (Choi et al., 2016). Specifically, in the United States, the cost of stalking, physical assault and intimate partner rape exceed \$5.8 billion each year (National Center for Injury Prevention and Control, 2003). There are numerous studies focusing on immigrant populations in research literature; however, there are few research studies and limited knowledge regarding Middle Eastern immigrant female IPV survivors. This study increases awareness of the existence and needs of this vulnerable population in the literature for scholars, making it an invaluable addition. Also, the current study is significant because it explored survivor accounts to learn more about how women from the Middle East who have experienced interpersonal violence cope with IPV, with the intention of amplifying the voices of survivors.

Identifying and describing the first-hand experiences of Middle Eastern immigrant female IPV survivors provides essential insights into implications for practice. IPV service providers need to recognize the unique experiences of IPV among immigrant women with different cultural backgrounds and to respond by tailoring services to the specific population needs (Freeland et al., 2018). This study aims to be influential for domestic violence service providers, enabling them to be aware of cultural differences and strategies for how they can support Middle Eastern immigrant female survivors of IPV. In addition, IPV services should include diverse and survivor-centered intervention and prevention programs which are tailored to their specific needs (Freeland et al., 2018). Understanding their unique cultural backgrounds and experiences enables

social workers and other professionals who work with IPV survivors to offer effective intervention, treatment, and prevention programs.

Policy plays a significant role in society to ensure that survivors can seek help from the criminal justice system. This study specifically focused on Middle Eastern immigrant female survivors and provides valuable information about the population, as well as brings the survivors' voices into the literature. The resulting increase of information and awareness of the specific needs of Middle Eastern immigrant female survivors provides useful recommendations for policy makers in developing interventions to protect and support them.

This study aimed to be a resource in which researchers, practitioners, and policy makers can gain knowledge and better understand experiences of Middle Eastern female survivors. Finally, this study's findings shed light on this population within the practice field, as well as on policy and the criminal justice system.

### **Theoretical Framework**

A review of scholarly literature reveals that various theories have been utilized to understand intimate partner violence, such as feminist theory and the ecological model. Even though there are different theories utilized to understand IPV, in this study, intersectionality theory served as the theoretical framework. The theory of intersectionality developed by Kimberle' Crenshaw (1989), allows a social worker to analyze the oppressions faced by women, especially nonwhite women, in the United States. The fundamental insight from intersectionality theory involves the observation of how social categories, by which hierarchies are formed, impact individuals (Marecek, 2016). Crenshaw used the metaphor of a person standing in an intersection and possibly receiving hits from different directions (Erickson, 2017). Intersectional analysis, describing the use of interpersonal violence in service of women's oppression,

illuminates the intensification through the aspects of race, ethnicity, class, gender, sexual orientation, and immigrant status through systems of oppression and discrimination (Marecek, 2016). Understanding the intersectionality of race, class, gender, marginalization, oppression, and discrimination and how the intersections influence domestic violence in the lives of immigrant women is imperative (Sokoloff, 2008).

In this study, I utilized intersectionality theory to inform my analysis of data obtained from Middle Eastern immigrant female IPV survivors. I considered intersectionality in order to observe the interaction of different social inequalities, including immigration status, being in an abusive relationship, and social locations, which guided my interview questions to focus on different intersections such as being a woman, being an immigrant, and socio-economic status. Hulko (2009) describes social location as a dynamic which can inflict oppression or privilege, depending on an individual's specific identity such as gender, social class, ethnicity, and race.

Intersectionality theory provided the researcher a way to observe a rich, multidimensional picture that included gender, immigration status, and other categories intersecting with one another. In order to better understand Middle Eastern immigrant female IPV survivors, we can analyze the intersection of different identity characteristics and consider how these intersections influence each other. I interpreted the lived experiences of intimate partner violence and the immigration situation through the lens of intersectionality theory.

## **Summary**

Chapter 1 introduced the issue of IPV as a worldwide issue that affects all people, including immigrants. IPV negatively influences the lives of women, causing traumatic stress and physical injury (Blakey, 2016). Throughout Chapter 1, I provided information related to the problem statement, significance of the study, theoretical framework, and purpose of the study. In

chapter 2, I present detailed information on published literature about Middle Eastern immigrant IPV survivors, prevalence of IPV, coping strategies, the Middle Eastern Region, and health effects of IPV.

## CHAPTER 2

### LITERATURE REVIEW

#### **Introduction**

With the continuing growth of Middle Eastern populations in the United States, Middle Eastern women survivors deserve and need more attention in research. However, there is not much known about Middle Eastern immigrant women survivors and their experiences, coping mechanisms, or health consequences. The following section explores the literature, including the definition and prevalence of IPV, health effects of IPV, and coping strategies, the Middle Eastern Region, and immigrants.

#### **Definitions Regarding Intimate Partner Violence**

Definitions of partner violence have evolved over time (Ali & Naylor, 2013). The current term of intimate partner violence refers to two people in a romantic relationship, including current and former intimate partners such as spouse, boyfriend/girlfriend/dating partners, or ongoing sexual partners (Heru, 2007; Breiding et al., 2014). The World Health Organization (WHO, 2012) explains that IPV includes “physical, sexual and emotional abuse and controlling behaviors by an intimate partner” (p. 1).

#### ***Physical Violence***

Physical violence means to intentionally use force against another person physically that may cause injury, harm, death, or disability (Breiding et al., 2015). Physical violence includes scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, hair pulling, slapping, punching, hitting, and burning. In addition, a person may use weapons and/or restraints

against another person (Breiding et al., 2015). Physical violence can cause injuries including broken bones, back and pelvic pain, joint disease, gastrointestinal pain, bladder and kidney infection, and so on, among IPV survivors (Stockman et al., 2015). In addition, physical violence causes higher risk factors for health issues, including traumatic brain injury and chronic lasting pain (Wong & Mellor, 2014).

### ***Sexual Abuse***

Sexual abuse includes force to engage in unwanted sexual activities or any sexual act without consent (Breiding et al., 2015; WHO, 2010). Sexual violence against women can cause injury, death, and disability along with substance use, health problems, and mental health issues (WHO, 2010). According to the National Intimate Partner and Sexual Violence Survey [NISVS], one in five women experiences sexual violence in their lifetime (Black et al., 2011).

### ***Emotional or Psychological Abuse***

Psychological abuse is to intentionally emotionally or psychologically harm another person through use of verbal or non-verbal communication, and/or to exert power over another person (Breiding et al., 2015). Psychological abuse can include, but it is not limited to, expressive abuse; coercive tactics; acts such as physical and sexual violence; exploitation of victims' disabilities and vulnerabilities; and intentionally making victims feel doubt about their own memory (Breiding et al., 2015). In addition, it includes pervasive insults and/or diminishing of one's self-worth.

### ***Stalking***

Stalking behaviors can include appearing somewhere without the survivor's knowledge, repeated phone calls, text messaging, following the survivor from a distance, and random emails (Breiding et al., 2014). Stalking has caused psychological and legal issues for many women

(Owens, 2016). One study revealed that 16% of all women in the United States have experienced some form of stalking abuse (Black et al., 2011). These stalking behaviors can cause fear and safety issues for survivors of IPV, as well as fear for safety of others, such as the survivors' family and friends (Gerbrandij et al., 2018).

### **Prevalence of Intimate Partner Violence**

Intimate partner violence infiltrates all societies and is a significant worldwide social and public health issue for all women who have experienced IPV in their lives (WHO, 2013). Estimates of prevalence around the world include 37.7% in the WHO South-East Asia, 37% in the WHO Eastern Mediterranean, 24.6% in the WHO Western Pacific, and 23.2% in high-income countries (WHO, 2013).

In the United States, approximately one in ten women have survived rape, and one in three women have survived physical violence in their lifetimes (Breiding et al., 2014). The NISVS (2010-2012) reported that approximately one in three women (37.3%) experienced sexual or physical violence and/or stalking abuse by their intimate partner at some point in their lives in the United States from 2010 to 2012 (Smith et al., 2017). The study among Filipina, Indian, and Pakistani women in the USA showed that 95% of the women had experienced physical abuse in their lifetime (Yoshihama et al., 2011). A study found that immigrant women were at risk of experiencing IPV after migrating to the U.S. because of lack of social support, limited English language ability, and vulnerability in the legal system (Erez et al., 2009). In addition, immigrant women in Canada were significantly more exposed to psychological abuse than Canadian-born women (Ahmad et al., 2005). Another study in Canada stated that South African women who live in Canada reported physical, psychological, and emotional abuse at least once in their lives (Ahmad et al., 2013).

International studies have revealed significant evidence of an increasing prevalence of violence against women (Garcia-Moreno et al., 2006). According to the World Health Organization on violence against women in intimate partner relationship, the lowest prevalence of physical or sexual violence was in Japan, and the highest rate was in Ethiopia, Peru, and Bangladesh (Garcia-Moreno et al., 2006). A study was conducted in seven countries in Armenia, Bangladesh, Cambodia, India, Kazakhstan, Nepal, and Turkey about attitudes toward wife beating (Rani & Bonu, 2009). The study found that 33% of Indian women accepted wife beating if their husband suspects his wife of unfaithfulness. In addition, 22% of Turkish women and 36% of Turkish men accepted wife beating if the wife talks with other men. Moreover, 30% of men and women justified wife beating for transgression of gender norms.

Research in Asian countries also showed a high prevalence of IPV (Ali et al., 2011). In Eastern India, a report of 1718 married Indian women reported that 16% of Indian women had experienced physical violence and 25% had experienced sexual violence, while 52% had been abused physiologically in their lifetime (Babu & Kar, 2009). In another study conducted in India, out of 9,938 Indian women aged from 15 to 49 years old, 40% reported experiencing victimization through physical violence (Kumar et al., 2005). Another study was conducted to explore attitudes towards wife beating among men and women in seven Sub-Saharan African countries. The study highlighted that society creates stereotypes about "ideal" gender roles (Rani et al., 2004). Moreover, the study indicates that education and economic development can decrease the prevalence of wife beating (Rani et al., 2004).

In addition, studies in Middle Eastern countries found a high prevalence of IPV. According to the Demographic and Health Survey, approximately 47% of Egyptian women had experienced IPV by their current or previous husbands (El-Zanaty & Way, 2006). A study

conducted in Turkey reported that 43.9% of Turkish women have experienced emotional violence, 35.5% have experienced physical violence, 30% have experienced economic violence, and 12% have experienced sexual violence in their lifetime (Hacettepe University Institute of Population Studies, 2015). Research in Saudi Arabia revealed that 53% of men abused their wives because they believed that they had the right to control their behavior (Almosaed, 2004).

Thus, international studies have revealed that IPV is a significant issue worldwide and requires more attention and research to fully address the issue. Of significance, these studies showed that women who have experienced IPV can be in different regions and it could be any type of abuse, so even though there are studies on violence against women, the issue is global.

### **Health Effects of Intimate Partner Violence**

In this section, the health effects of IPV on survivors, including physical, psychological, and reproductive health effects of IPV on women are emphasized. Intimate partner violence can cause both short-term and longer-term detrimental health and well-being problems for IPV female survivors' (WHO, 2012). There are different pathways by which IPV can cause health ramifications, including physical and psychological trauma. The impact of IPV can induce problems with walking, dizziness, pain, memory loss, and difficulty carrying out daily activities (WHO, 2005). Furthermore, women who were sexually and physically abused reported that they have 50-70% more central nervous system and stress-related problems, as well as gynecological difficulties (Campbell et al., 2002).

Although the physical effects of IPV are often apparent, emotional and psychological impacts of IPV are not always visible. IPV can cause psychological disorders (De Mendonça & Ludermir, 2017). For example, there were a number of studies conducted to investigate the correlation between IPV and effects on mental health, which concluded that avoidance coping

strategies had significant impacts on Post-Traumatic Stress Disorder [PTSD] (Lee et al., 2007; Krause et al., 2008). Another study revealed that depression, emotional distress, and suicidal behaviors are common among IPV survivors (Kim & Lee, 2013). A cross-cultural study including different countries found that women who were survivors of IPV had experienced more stress and fatigue symptoms than women who had never experienced IPV (WHO, 2005). Also, numerous studies conducted in Brazil, Ethiopia, Pakistan, U.S., and Vietnam confirmed a significant relationship between IPV and psychological disorders such as anxiety, depression, suicidal intention, and ideation (Deyessa et al., 2008; Vung et al., 2009; Ellsberg et al., 2008; Bonomi et al., 2007; Ludermir et al., 2008; Ali & Naylor, 2013). A study conducted among Pakistani women in Karachi indicated a strong correlation between mental health symptoms and all types of violence exposure among IPV survivors (Ali & Naylor, 2013). In addition, research in Brazil, Vietnam, Ethiopia, and the U.S. reported that there are relationships between intimate partner violence and mental health issues such as depression, anxiety, focusing, suicidal ideation, and suicide intention (Deyessa et al., 2009; Vung et al., 2009; Ellsberg et al., 2008; Bonomi et al., 2007; Ludermir et al., 2008).

Another health concern for IPV female survivors is related to women's reproductive health. Reproductive health problems associated with intimate partner violence include miscarriages, unwanted pregnancies, premature labor, gynecological disorders, sexual dysfunctions, and other reproductive problems (Carbone-Lopez et al., 2006; Tufts et al., 2010; Lacey et al., 2013). Violence against women survivors are at higher risk for miscarriage and premature labor than women who have not experienced IPV (WHO, 2005). Women who have survived violence hesitate or avoid consulting a doctor for gynecological examinations due to

their lack of ability to go to health facilities without their partner's permission (Akyuz et al., 2008).

In addition, human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) are also health concerns for women survivors of IPV, among other sexually transmitted diseases. One study found that 40% of women who had HIV had been forced to have unwanted sex with their partners (Gupta et al., 2008). In addition, Browne (2006) conducted a study to investigate whether domestic violence served as a barrier to HIV care. This study revealed that domestic violence stands in the way of women obtaining medical care for HIV/AIDS because women were threatened by their partner for seeking medical care (Browne, 2006).

### **Cycle of Violence Theory and Survivor Theory**

There are different theories that are utilized to explain intimate partner violence. One of the theories, cycle of violence, was developed by Walker (1979). Walker's cycle of violence theory includes three phases in a battered relationship (Walker, 2016). The first phase is the tension building phase. In the tension building phase, verbal abuse begins, and victims think they can control the abuser. In the second phase, physical abuse begins, which is unpredictable, and victims cannot control the abuser, and in the third phase, which is called the honeymoon phase, the abuser feels shame of his behavior and apologizes to the victim and convinces her that abuse will not happen again.

On the other hand, Gondolf and Fisher's (1988) survivor theory placed the foundation for challenging Walker's cycle of violence theory and learned helplessness (Hayes, 2013).

According to the survivor theory, the victims actively seek help from a variety of direct or indirect help sources (Gondolf & Fisher, 1988). Therefore, victims are not passive but actively seek out help while in an abusive relationship. According to the survivor theory there could be

lack of resources for survivors, and providers can have less resources and intention to assist them, so it might be cause for survivors to quickly seek help. Understanding different perspectives from scholars are important to the awareness of why IPV survivors may stay or are able to leave their abusive relationships.

### **IPV and Coping Strategies**

Coping is utilized to minimize or tolerate internal and external difficulties of a stressful situation and applies to a variety of cognitive and behavioral strategies (Lazarus & Folkman, 1984). In the literature, studies exist about coping among IPV survivors. A research study conducted by Ting (2010) among African immigrants in the United States showed that immigrant female survivors utilized formal and informal coping strategies that included praying to God, seeking help from professional agencies, and talking with friends and family to minimize the effects of IPV. Another study among Mexican immigrant women in the U.S. revealed that women utilized defense, escape, religion, and avoidance, as well as social and family support as coping strategies (Brabeck & Guzman, 2008).

Women utilize varying strategies to minimize the effects of IPV. South Asian and Hispanic immigrant women called the police to stop violence from their spouse, while African and Mexican immigrant women utilized social service agencies and hospitals to survive IPV (Yingling et al., 2015; Ting, 2010; Fuchsel, 2012; Sarpong, 2015). Typically, immigrant women are even more likely to share their abusive experience with someone whom they can trust and who can provide emotional support (Ahmad et al., 2013). Also, seeking advice and emotional support from other social networks and having faith in God have played a significant role in capacity to survive IPV (Hamza, 2010; Ahmad et al., 2013). In addition, Flasch and colleagues (2017) conducted a study among IPV survivors who had overcome abusive relationships and

created violence-free lives for themselves. One of the study results was that many of those survivors became advocates for themselves and others and found paths to reclaim their identities to enhance their strengths and life quality (Flasch et al., 2017)

### ***Formal Coping Strategies***

Immigrant women might apply to seek help from some formal services. Seeking help from professionals and calling the police are examples of formal strategies (Ozturk et al., 2019). Some African and Mexican female immigrants intend to seek help from the criminal justice system, hospital, and social service agencies to survive IPV (Fuchsel, 2012; Sarpong, 2015; Ting, 2010; Ozturk et al., 2019). However, requesting help from professionals and the criminal justice system is not always easy due to immigration status, language barriers, and other challenges immigrant women encounter (Ozturk et al., 2019).

### ***Informal Coping Strategies***

Informal coping strategies used by immigrant women survivors of IPV include possessing and relying on an internal faith system, and support from family members, relatives, and friends (Ahmad et al., 2009; Ahmad et al., 2013; Fuchsel, 2012; Hamza, 2010; Kanagaratnam et al., 2012; Sarpong, 2015; Ting, 2010; Ozturk et al., 2019; Yingling et al., 2015). Seeking advice and receiving emotional support from trusted friends also played a vital role in immigrant women's lives to help them actively engage in life and cope with IPV (Hamza, 2010).

To sum up, understanding Middle Eastern immigrant women IPV survivors' coping strategies helps with researchers and domestic violence service providers in developing and implementing prevention and intervention techniques. Due to this reason, this study adds to knowledge in the field about Middle Eastern immigrant women coping strategies to increase

understanding of how they deal with abuse and provides suggestions that can help survivors among Middle Eastern immigrant women.

### **IPV and Immigrants**

In the United States, immigrant population has been an important component. The immigrant population has increased over the years, doubling from 14.1 million of the U.S. population in 1980 to 31.1 million in 2000 (Singer, 2013). Since the immigrant population has increased and has continued growing, we need to bring attention to the problem of IPV among this group. This study focused on Middle Eastern immigrant women IPV survivors. According to the Migration Policy Institute, approximately 1.2 million immigrants are from the Middle East and North Africa. California has the largest Middle Eastern and North African immigrant population in the United States (Cumoletti & Batalova, 2018). The U.S Census Bureau (2017) explained that the terms immigrants and foreign-born are used interchangeably and refer to persons with no U.S. citizenship at birth. In addition,

The U.S. Census Bureau uses the term foreign-born to refer to anyone who is not a U.S citizen at birth. This includes naturalized U.S citizens, lawful permanent residents (immigrants), temporary migrants (such as foreign students), humanitarian migrants (such as refugees and asylees) and unauthorized migrants" (U.S. Census Bureau, 2017).

One study found that immigrant women are at a greater risk of experiencing domestic violence. In the study, the majority of the women who have experienced IPV reported that violence increased in their home after moving to the U.S. (Erez et al., 2009). When people migrate to other countries, they must adapt to a new life, and their adaptation process can induce stress (Bui & Morash, 1999). They encounter difficulties such as language barriers, isolation from their relatives and friends, immigration status, and financial challenges (Menjivar & Salcido, 2002).

Survivors and female immigrants are likely to face a lack of social and family support, language barriers, and unfamiliarity with the legal system in society. Immigrant women intending to leave their marriage might give up because of their religious beliefs, social biases, fear, and children. Also, immigrant women might believe that IPV is a private family matter and hesitate to share their difficulties with their family members or seek outside help.

Existing studies conducted among IPV survivors who are immigrant women are available to researchers. Barkho and colleagues (2011) led research among Iraqi immigrant women to explore IPV. The results of the study highlighted that almost all Iraqi immigrant women have experienced at least one type of IPV. In addition, one of the studies mentioned that the acculturation process and difficulties in accepting equality can cause exacerbating factors in the family (Raj & Silverman, 2002). Another study was conducted in order to concentrate on the utilization of domestic violence services among Arab immigrant women (Kulwicki et al., 2010). The study affirmed that Arab-American survivors of IPV hesitated to seek help due to cultural differences and lack of English language skills, while some of the survivors avoided asking help from shelters due to culturally incompetent services.

Furthermore, some assumed intervention could be humiliating for themselves and their families. Also, Arab-American female IPV survivors were fearful of a lack of confidentiality among service providers (Kulwicki et al., 2010). The study also highlighted that immigration status and financial situation were significant factors associated with survivors electing to stay in or leave an abusive relationship. Research by Amanor-Boadu et al. (2012) focused on significant predictors of withdrawing from an abusive relationship for immigrant and non-immigrant women who had experienced IPV. The study revealed that immigrant female survivors had significantly more risk related to legal issues, financial issues, and social and physical harm than

non-immigrant female survivors. In addition, immigrant women reported that they were more controlled by their partners and felt more fear from their partners in comparison with non-immigrant female survivors.

Middle Eastern women experience IPV at a significant rate; also, immigration can cause stresses in their lives such as poverty, discrimination, racism, and unemployment (Szaflarski & Bauldry, 2019). However, there is limited research on Middle Eastern immigrant women who have experienced IPV in their lives and lived in U.S. Therefore, this study, by focusing on Middle Eastern immigrant women IPV survivors, enables their voices to be heard and brings their needs into practice.

### **IPV and the Middle East Region**

Identifying the Middle Eastern region and culture is imperative in understanding the immigrants' cultural backgrounds, belief systems, and family dynamics. There is not a certain definition of where the Middle East is. The origin of the term was created by Britain's Alfred Thayer Mahan in 1902 (Koppes, 1976). Scholars have different perspectives on which countries to include in the Middle Eastern region. In this study, the term "Middle Eastern" region was operationalized to include the southern and eastern shores of the Mediterranean Sea, including Jordan, Turkey, Cyprus, Oman, Iraq, Iran, Yemen, Syria, Israel, Egypt, Sudan, Saudi Arabia, Kuwait, Qatar, United Arab Emirates, Libya, Palestine, the West Bank, the Gaza Strip, and Bahrain, as well as Afghanistan. I selected these countries because they share somewhat similar geography, history, and cultural background.

All people in the Middle Eastern region are not Arab; in fact, there are several different ethnic groups, such as Turks, Kurds, Jewish, Arabs, Africans, Armenians, and Druze (Arab, Middle Eastern, Muslim and South Asia [AMEMSA], 2011). For instance, people from Iran, as

well as Turkey, do not consider themselves Arab. There are also different languages spoken such as Arabic, Turkish, Hebrew, Farsi, Urdu, Armenian (AMEMSA, 2011). It is commonly believed that the majority of Muslim people live in Middle Eastern countries, but there is a larger Muslim population in Indonesia (170.3 million). Varying belief systems exist in this area, such as Islam, Christianity, and Judaism (AMEMSA, 2011).

IPV has been recognized as a social issue in the Middle East (Boy & Kulczycki, 2008). While research has reported violence such as genital mutilations and honor killings in the Middle East and North Africa, a limited number of studies exist on intimate partner violence (Boy & Kulczycki, 2008). According to studies in Middle Eastern countries, there are some common characteristics, such as lack of financial support and lower education levels, among Middle Eastern female survivors (Boy & Kulczycki, 2008). Financial dependency is another common feature among survivors. Women who do not work outside the home in the traditional sense are beaten twice as much as women who do work (El-Zanaty et al., 1996). Moreover, women who are wealthier have lower occurrences of IPV than women who struggle with poverty (Maziak & Asfar, 2003). A fundamental concern with this population is that numerous women believe that violence perpetrated against them is their own fault (Boy & Kulczycki, 2008). IPV survivors often conceal or hesitate to report violence in order to avoid feeling shunned by society (Haj-Yahia, 2000; Sahin & Sahin, 2003). Only 8% of Israeli survivors reached out for help to outside IPV service providing agencies (Cwikel et al., 2003).

In some Middle Eastern countries, wife abuse is generally considered a private problem within the family, and individuals are protective of their family's reputation (Douki et al., 2003). People who are from Middle Eastern cultures generally believe seeking help from legal services will stain the family reputation and therefore prefer to resolve their predicament alone (Douki et

al., 2003). One of the common characteristics of patriarchy is to promote domineering behavior by men over women (Ozaki & Otis, 2017). Additionally, in some Middle Eastern cultures, women generally have a great amount of responsibility in the family and are expected to care for everyone (Dwairy, 2006). Thus, contemplating family values and marital expectations in Middle Eastern culture are vital in fully understanding IPV.

## CHAPTER 3

### METHODOLOGY

#### **Introduction**

My research sought to understand lived experiences of intimate partner violence among Middle Eastern-born immigrant women in the United States. Additional research questions focused on women's coping mechanisms in diverse cultural contexts to enable providers to better understand women's survival coping skills with the goal of supporting resilience. Furthermore, the research focused on women's impressions of living through their immigration process, in view of their experiences with intimate partner violence. My research questions were:

1. What is the essence of the lived experience of Middle Eastern immigrant women IPV survivors in the United States?
2. How do Middle Eastern immigrant women survivors of IPV cope with IPV in their lives?
3. How do they view or perceive the role of immigration status in their experience of IPV?

In this chapter, I describe the methodology of my phenomenological qualitative study, which includes (a) my philosophical approach, (b) my role as the researcher, (c) research approach, (d) study design, (e) data collection, (f) data analysis, (g) establishing trustworthiness, (h) ethical considerations, and (i) conclusion.

## **Researcher's Philosophical Approach**

Selecting an appropriate research philosophy is a crucial part of the research methodology. Guba and Lincoln (1982) described the paradigm as “*basic belief system or world view that guides the investigation*” (p. 105).

Social constructivist, or constructivist (often combined with interpretivism) worldview is a perspective that people perceive the world as where they live and work (Creswell, 2013). Crotty (1998) described that individuals engaged with their world based on their historical and social perspectives, so it is important to consider where they come from and their culture. In a study based on the constructivism worldview, the researcher's goal is to rely on the participants' perspectives of the situation they are in (Creswell, 2013). In the study, the questions should be broad and more open-ended, giving participants the chance to explain the meaning of the situation. Hence, researchers focus on participants' backgrounds to grasp the historical and cultural setting of the individuals. Additionally, the researcher intends to interpret the meaning of the world that is described by participants.

As a researcher, I believe that there is no single reality experienced by all humans in the same way, and constructivism is related to social interactions, culture, and historical background, including different perspectives (Creswell & Plano Clark, 2011). The main idea of constructivism is that people construct knowledge (Schwandt, 2000) and, as a researcher, I should always attempt to understand lived experiences of IPV survivors through the lens of their perspectives. Thus, constructivism emphasizes that the researcher cannot isolate oneself in the study. This was a cross-cultural study and had multiple participants. Each of them came from a different perspective, culture, and belief system. In this study, their social and historical backgrounds were essential factors in how the participants responded to the interview questions.

## **Researcher Positionality**

A qualitative study is interpretative research in that it involves intensive experience with participants, and qualitative researchers are interested in people's experiences, beliefs, and perspectives (Creswell, 2013; Mohajan, 2018). In a phenomenological study, the researcher plays a significant role as a facilitator-observer (Willis et al., 2016). This study required approval from the the University of Alabama Institutional Review Board (IRB) before commencing the study. I obtained approval from IRB on March 29<sup>th</sup> 2019. I contacted domestic violence agencies, refugee centers, community leaders in Middle Eastern communities, and professionals who worked with IPV survivors during the recruitment process. Also, in the study, as a researcher, I made sure to be aware of participants' emotional and physical safety during the interviews, as well as my own safety and well-being.

As the facilitator of the study, I developed interview questions to explore and recorded the participants' responses working to bracket out my personal bias to the best of my ability. I was the primary person to conduct the study. In this study, the topic of intimate partner violence is a sensitive area, and the researcher was respectful of confidentiality and privacy as an ethical consideration. As a researcher, I was aware of my role and responsibilities to conduct this study.

## ***Managing Researcher Bias***

One way for readers of my findings to make decisions about the trustworthiness of my study relies on my disclosure of my motivations. Additionally, in phenomenological qualitative studies, it is essential that the researchers write their own experience of phenomena (bracketing) (Moustaka, 1994). I do not have any IPV experience directly but had personal reasons to select IPV issues for this proposed study; particularly, I have relatives and friends who have suffered IPV in their lives. I also have personal reasons to select IPV issues for this proposed study. In

addition, after exploring the literature I realized that there is not much known about Middle Eastern immigrant female survivors of IPV in the United States. Furthermore, as a social worker, I worked with women who were IPV survivors in Turkey and became more inquisitive of this subject. Indeed, I grew up in Turkey and I am familiar with patriarchal culture. As a researcher, I can empathize about other Middle Eastern cultures and expectations from women. Thus, my personal experiences with IPV, combined with my desire and curiosity to know about the Middle Eastern immigrant women's stories and how they survived intimate partner violence in their lives, led me to choose this topic.

I have explained why I chose to study intimate partner violence against women among Middle Eastern immigrant women survivors to clarify my research bias. The researcher cannot pretend to be severed from their own thoughts and beliefs, but they should constantly be cognizant of their thoughts and refrain from biased research investigation (Roulston & Shelton, 2015). A phenomenological study enables scholars to reduce researcher bias through bracketing their personal lens, ideas, beliefs, and phenomena of the topic (Fusch & Ness, 2015; Mostakas, 1994). As a researcher, I do not believe it is possible to discard my feelings and thoughts completely, but writing memos related to my past experiences and prejudices about the study topic (bracketing) supported the validity of the study. Therefore, through the research process, memoing was utilized by the researcher to support procedural and analytical strategies (Birks et al., 2008). Memoing assisted to clarify thinking on the research subject. Creswell (2013) mentioned that reflexivity is a core characteristic in qualitative studies to identify researcher values, personal background, culture, gender, and socioeconomic status that shape researcher interpretation in the study. I began to write a journal once I began working on my proposal, which included my notes about the readings as well as my challenges, emotions, and thoughts

during my proposal writing process. I continued to write the journal during the study process. Writing journal entries allowed me to visualize the study process and to not dismiss my feelings and thoughts for each session. At the end of the phenomenological analysis, I wrote textural descriptions for each participant, as well as journal and memoing for each session, which was helpful to remember the sessions and refresh my thoughts. In addition, writing journal entries enabled me to monitor and analyze my emotional level in order to protect myself from secondary trauma. As a researcher who is from Turkey and familiar with Middle Eastern culture, I was aware of my personal assumptions, so in the study I focused on interview responses to minimize the impact of my personal bias on the participants.

### **Study Design**

I chose a qualitative research design for this study as the best design to answer my research questions. I wanted to hear the voices and actual words of immigrant IPV survivors describing and explaining their own experiences. This qualitative study aims to explore the lived experiences of Intimate Partner Violence survivors from Middle Eastern immigrant women in the United States. Therefore, the qualitative study design is selected to emphasize women's voices and empower women to share their stories.

A qualitative study provides an opportunity to readers and scholars to access the participants' feelings, thoughts, and experiences, as well as ensures reflectivity of the researcher (Sutton & Austin, 2015; Creswell, 2013). In addition, a qualitative study includes the voices of participants, and the researcher inquires to understand a phenomenon of the subjects' unique experiences (Creswell, 2013; Wilson, 2015). The qualitative research design aims to explore detailed themes including feelings, experiences, attitudes of specific individual people, and groups within social work research (Carey, 2013). Utilizing a qualitative research design within a

social work dissertation can assist practitioners, students, and other scholars to gain detailed knowledge of social problems and needs, and their impact on social work interventions (Carey, 2013).

### **Research Approach**

A phenomenological approach was used to guide this qualitative inquiry. Phenomenology concentrates on describing what all participants have experienced as a particular phenomenon (Creswell, 2013). A phenomenon can be an experience, perspective, or specific event (Alase, 2017). Qualitative researchers utilize the phenomenological approach in order to discover, understand, and interpret a phenomenon from people who have experienced the phenomenon itself (Wilson, 2015). The researcher's role as a scientist is to collect data from participants who have explained the phenomenon, to analyze the data, and to describe the essence of the lived experiences (Khan, 2014).

Among other qualitative methods, narrative study and case study were considered as options for this study (Creswell, 2013). However, case studies are designed for a case or cases within bounded system to understand an issue, so it is not useful for this study because it would be limited to focus a case within bounded system (Creswell, 2013; Yin, 2017). Additionally, narrative studies are devised to explore the lives of individual stories among a small number of individuals (Creswell, 2013). Consequently, narrative study and case study were not appropriate to utilize in this study, due to the lessened possibility of addressing the essence of the lived experiences of the participants. The phenomenological approach was appropriate to use in this study. The phenomenological approach involves exploring the essence of lived experiences of intimate partner violence survivors among Middle Eastern immigrants in the United States and provides readers of my work an opportunity to hear each participant's lived experiences. Readers

can also explore the realities of the lived experiences of IPV survivors and the coping strategies that they used to survive IPV. Also, this approach provided an opportunity for readers to examine the significant themes of Middle Eastern immigrant IPV survivor experiences and contemplate “what” and “how” participants experienced.

In this study, I utilized Moustakas’ (1994) transcendental or psychological phenomenology, in which I concentrated on the lived experiences of participants. Moustakas’ method of phenomenology was originally developed by German mathematician Edmund Husserl (Creswell, 2013). Moustakas used Husserl’s phenomenological perspective, which is known as “Transcendental Phenomenology.” Husserl intended to focus on human consciousness and experience with a rigorous and unbiased approach (Fochtman, 2008). There are three concepts essential to this phenomenological approach (Moustakas, 1994):

1. **Epoche:** This can also be called “bracketing,” which derives from a Greek word meaning to stay away from or abstain. Researchers are expected to look at things using epoche and revisit phenomena with fresh eyes and a broad perspective.
2. **Transcendental-Phenomenological Reduction:** This considers each experience as unique and singular. This process is intended to also lead the researcher to regard the subject with fresh eyes and consider that each participant may have different experiences.
3. **Imaginative Variation:** This concentrates on the structural essences of experience. This process provides a description, interpretation, or illustration of structural essences of lived experiences; the intent is to discover what about the experiences that participants describe uncovers the essential quality of the experience, or the unique nature of that particular phenomenon.

Moustakas (1994) illustrated the methods and procedures for conducting phenomenological human science research. He emphasized that the research question comes from an intense interest, perhaps a personal history connected to the problem, that makes the particular problem significant to the researcher. When I started my doctoral program, I had already known what I would study. I specifically chose the Middle Eastern population because of my own origins. Also, after exploring the literature I realized that there is not much known about Middle Eastern immigrant female survivors of IPV in the United States. Besides, I have personal reasons to select IPV issues for this proposed study, and I have relatives and friends who have suffered IPV in their lives. To combine my personal reasons and my desire and curiosity to know about the Middle Eastern immigrant IPV survivors' stories, I concluded with the following main research question and two sub-research questions respectively: "What is the essence of the lived experiences of Middle Eastern immigrant women IPV survivors in the United States?"; "How do Middle Eastern immigrant women survivors of IPV cope with IPV in their lives?"; and "How do they view or perceive the role of immigration status in their experience of IPV?"

Additionally, I have explained the following steps to collect and analyze the data in the qualitative study using the phenomenological approach, which was discussed by Moustakas (1994). Within the data collection phase, according to the phenomenological approach, the epoche (bracketing) process begins with the interview. In the interview, the researcher should create an organic and safe atmosphere, so the participants can feel comfortable and honestly express themselves. The study relied on semi-structured interviews, which included somewhat systematically open-ended questions, while giving opportunities for the researcher to engage in back-and-forth conversation about the participants' responses (Given, 2008). Coming out of the phenomenological approach, questions concentrated on the "what" and "how" of the individual

experiences. Specifically, the interview questions focused on the participants' descriptions of their partners' violence and how they coped. Sample questions appear in Appendix B. The researcher obtained rich data from the participants' lived experiences of the phenomenon.

After collecting data from the participants, I analyzed the data to reduce the information to important statements or quotes, and then clustered the statements into themes (Creswell, 2013). Following that step, I developed a textural description of "what participants experienced." Then I continued through structural descriptions including "how they have experienced" (Moustakas, 1994). After that, based on the phenomenological approach, I combined both textual and structural descriptions to convey an overall essence of the experience.

To conclude, utilizing the phenomenological data analysis process approach enables readers to consider the essence of the textural and structural description of IPV. In addition, Creswell (2013) highlighted that the phenomenological approach is appropriate for cross-cultural studies to hear participants voice directly from them, therefore on point for this cross-cultural study which included participants from several Middle Eastern countries. Based on these reasons, I selected the phenomenological approach to research my proposed area of study.

## **Data Collection**

### ***Sampling Method***

A purposeful sampling strategy that is common in qualitative studies was used for this study (Creswell, 2013). I purposefully selected participants who were informed with an understanding of the research problem and the central phenomenon of the study (Creswell, 2013). The participants were women who were born in Middle Eastern countries, had migrated to the United States, and who had experienced intimate partner violence by their husband or male partners. In addition, eligibility requirements for participants were (a) heterosexual Middle

Eastern immigrant female survivors of IPV in the United States; (b) being at least 18 years old; (c) having had experienced physical, psychological, emotional, or sexual abuse in a past time or currently by their husband or male partner; and (d) can speak and understand English or Turkish. Given the difficulty to recruit participants for this population, it was challenging to expect to obtain an adequate sample size for this study to achieve saturation. Saturation was defined by Glaser and Strauss (2017) as no additional information was emerged in the data, so the researcher becomes empirically confident that data is sutured. Saturation occurs once a scholar is not able to obtain new information in the interviews (Mason, 2010). For this study, I focused on the interview qualities, not the numbers, which is why saturation was important to determine the participant numbers. In the study, at the beginning, I reached eight participants and began data analysis. After that I found the last two participants. While I continued the coding of the transcripts, the data did not reveal any new codes. At this point, I stopped searching for participants and finished the data analysis incorporating the ten participants.

There are examples of phenomenological dissertation research studies which used a smaller sample size but reported data saturation. Sarpong's (2015) study was about partner violence, help-seeking, and coping among African immigrant women survivors. It was a phenomenological qualitative study and Sarpong interviewed five African immigrant women survivors. Moreover, another study conducted by Gonzalez (2010) was focused on exploring Latina women's domestic violence experience, utilizing the phenomenological approach. Gonzalez aimed to recruit ten women, but only seven women participated in the study.

Polkinghorne (1989) recommends that in the phenomenological study, scholars should interview five to twenty-five individuals who have had the same experiences. Additionally, Creswell (2013) recommended long interviews with up to ten participants to reach saturation for

phenomenological study. The sample of this current study consisted of ten Middle Eastern female immigrant IPV survivors who met the eligible criteria.

### ***Procedures for Recruitment***

Prior to study implementation, I received the University of Alabama Institutional Review Board (IRB) approval on 3/29/2019 (see Appendix F). I developed a research flyer for the recruitment process, and it has been included as Appendix D. The research recruitment flyer included a description of the study's purpose and how the interview would be conducted, as well as the primary researcher information, including my email and google phone number. The flyer was written in English and translated into Arabic, because the majority of Middle Eastern immigrants speak Arabic. Although the interviews were conducted in English, an Arabic flyer could grab the attention of the participants who could speak Arabic. In addition, as a researcher, my mother language is Turkish, and Turkey is one of those Middle Eastern countries. I had Turkish participants in the study, and I asked them which language they preferred to speak. According to participants' choice and comfort level, I conducted two interviews in Turkish.

Additionally, I initiated contact with the International Women's House in Atlanta. International Women's House provides services for women and children immigrants and refugees who are suffering from domestic violence. The director of International Women's House in Atlanta agreed to pass out the recruitment flyer (Appendix G) to people who they serve after the proposed study was approved by University of Alabama Intuitional Reviewed Board (IRB). I also made contact with another agency in Huntsville, Alabama: Asha Kiran. It is a non-profit organization that provides services to any foreign-born individual who is dealing with domestic violence and sexual assault. I introduced myself and the study. They agreed to distribute recruitment flyers after the survivors left the agency. I endeavored to make contact

with agencies and people who could help me to reach the study participants after the proposed study was approved. In addition, snowball sampling was utilized for this study. Snowball sampling techniques can help the researcher to reach participants by social networks of identified individuals (Lewis-Beck et al., 2004). At the end of each interview, I gave them several copies of the recruitment flyer in case they might know someone who would be interested in the study. I reached six participants through the snowball sampling technique.

For the recruitment process, I also used online resources such as Facebook and Twitter to reach out to potential participants. Qualitative researchers often utilize online sources to collect data for qualitative studies (Im & Chee, 2012) and most university IRB's have included policies for data mining from social network sites (Solberg, 2010). Middle Eastern immigrant female survivors of IPV comprise a challenging population regarding recruitment, so I believed that using multiple recruitment methods, such as Facebook groups, enabled me to recruit participants from this very difficult to reach group. I joined a domestic violence discussion group on Facebook, which was a closed group only open to current or past victims of domestic abuse, friends, or family members of victims, advocates, social workers and other professions who work with victims. The women in this group were immigrants and survivors in the United States and other countries. I requested that the group leader help me to post asking that anyone interested in participating contact me. So, this was another way to establish contact with participants. Utilizing social media assisted me in finding participants. I posted the study description and research flyer, and four participants reached out to me via social media.

The flyer was sent to the agencies, as well as the researcher's social network to be passed out in order to reach an eligible population. Eligible participants contacted the researcher directly to participate in the study voluntarily. When the participants contacted me, I explained the study

again and asked the questions to check whether the participants were eligible for the study or not. When the participants were eligible for the study, the participants and I made an appointment for the first interview. Four of the participants were living a long distance away, so the interviews were conducted virtually through Zoom meetings. Two participants lived in another city and I was able to travel, so we met out of Tuscaloosa. With other participants, we met at the time and place convenient to them, including the library and Starbucks. Throughout the study, the recruitment process was not easy, and the agencies were not very helpful because of the survivors' immigration issues and language barriers. In addition, I had a difficult time reaching out to the population. There were ten women who met the inclusion criteria to join the study, and I administered two interviews with each of them. For the member checking, four participants were interviewed for the third time to check coding. The first two interviews were conducted in April and May 2019. The rest of the interviews were conducted from September 2019 to June 2020. Further details of the data collection and interview process are described in the next sections.

### ***Setting***

In this study, confidentiality, safety, security, and privacy were the first priorities for me and potential participants. To minimize the risk of physical and psychological harm, I met with potential participants in secure locations to ensure privacy for the meetings, for example, a public library, coffee shop, and anywhere the participants felt comfortable. This was a cross-cultural study and participants living any of the 50 states in the United States were eligible. Therefore, I conducted Zoom meetings for the long-distance participants, and I traveled outside of the state where I was living twice in order to meet with the participants in the U.S. Each of the interview sessions was planned to last for approximately 60 minutes.

At the beginning of each meeting, I engaged potential participants in the informed consent process (Appendix C). Each participant verbally acknowledged their informed consent document before the interview. The informed consent form explained the following information to participants: what the study was about, the aims of the study, participant's role in the study, participant's right to withdraw from the study at any time, risk factors of the study, participant's right to contact the University of Alabama IRB office, and participant's right to ask the researcher any questions they may have had. Part of the informed consent form included a request for permission to audio record each interview via digital audio recorder. I provided the opportunity to each participant to discuss any concerns or questions about the study before the interview recording commenced. The interview began after each participant gave verbal consent and received a copy of the consent form. I provided a \$25 gift card for each participant who participated in the study to honor the value of their time. Four of the participants preferred to not take the gift card and elected to donate it. I donated \$100 to Turning Point Domestic Violence & Sexual Assault Service in Tuscaloosa on behalf of the participants.

### ***Instrumentation***

In a qualitative phenomenological study, interviews are the most common tools to collect data (Bevan, 2014). To collect the data, I conducted two individual semi-structured interviews that lasted about 60 to 90 minutes, depending on the participants' responses. The first interview was about building a relationship and we began to talk about the interview questions, and the second interview was a follow-up interview to be able to cover all of my questions and gather more in-depth information. The interview protocol is located in Appendix B. The interview questions were designed to explore the research questions of the study. Interviewing the participants allowed the researcher to discover the participants' lived experiences of a

phenomenon (Henriques, 2014). As a researcher, the interview protocol covered participants' demographic information, lived experiences, and coping strategies.

At the beginning of study, I planned to conduct two face-to face interviews; the third interview would be intended for member checking. However, some of the participants were far away and did not feel comfortable meeting with me face-to face; in addition, Covid-19 presented challenges that made us not able to meet. I met through Zoom meetings with them if they agreed. In addition, I lacked enough research funding to cover the costs of travel. Therefore, online interviews were helpful for me when I could not afford travel expenses. In the first interview with each participant, I introduced myself and the study, with the aim to build trust; then I initiated the interview. I believe self-disclosure and showing empathy was beneficial in building a relationship with the participants. Building relationships and showing my empathy to the participants equipped me to engage and build trust with them, which led them to be comfortable enough to share more information. Building relationships with the participants can be helpful to direct the conversation and enable the participants to share their personal experiences (McConnell-Henry et al., 2010). I also needed a second follow-up interview to be able to cover all of my questions and gather more in-depth information. I recorded each interview and transcribed the recordings into a Word document. I personally transcribed the audio-record interviews and all of them were verbatim, as listening to each participants response helped me to become familiar with their experiences. For the Turkish interviews, I translated directly to English when I transcribed the audio-record interviews. The third interview was offered for the purpose of member checking, a form of verifying participants' responses (Birt et al., 2016). Four of the ten participants agreed to engage in a third interview. The four participants who were interviewed a third time for member-checking read their responses on the coding file. The

participants had the opportunity to review the Excel file, which included coding and transcripts of the initial interviews. I asked the participants “Is this what you meant?” and showed the coding, for which they provided feedback. The participants replied “yes” or elaborated for clarification. The four participants agreed about their responses and codes.

At the end of the interview, the participants were offered referrals to state and federal service resources if they needed it and if it was safe for them. For example, I added statewide and local IPV resources in a flyer such as The National Domestic Violence Hotline (1-800-799-7233 [SAFE]) and The Philadelphia Domestic Violence Hotline (1-866-723-3014). However, none of the participants wanted to have a resources flyer. Also, I responded to any potential questions if participants preferred to ask. With the permission of participants, the sessions were audio-recorded, and at the end of each interview I ended the audio recording and thanked each participant for joining the study. The data collection during the study included audio recordings of the participants’ verbal responses, researcher notes, and memoing.

To summarize, I began to collect data after receiving IRB approval. Each woman was interviewed two times individually for approximately 60 minutes, with four of them engaging with a third interview. At the beginning of each interview, I explained the research. All documents were given to participants to read and give verbal consent. Names were not included in the recording, and all interviewees were identified by a pseudonym. The interview protocol was focused on participants' lived experiences of partner violence and their coping strategies.

### ***Field Issues***

One of the most prominent challenges of this study was the recruitment process. Service organizations and domestic shelters were reluctant to help, most likely due to the vulnerability of potential participants and the sensitivity of the issues, including immigration issues. Domestic

violence is a sensitive topic, especially when focusing on the victimization of the immigrant by their partners. The agencies hesitated to collaborate with me in order to protect participants' immigration statuses, safety concerns, worries about language barriers, and so on. In addition, another challenge was identifying where the participants and researcher would meet. To minimize the risk of physical and psychological harm, the participants and I met in secure, private locations acceptable to both of us. All efforts were made to conduct confidential, face-to-face interviews in a safe environment. However, some of the interviews were conducted online, because of long distance and Covid-19 issues. The meeting places included a public library and a coffee shop, or meetings were conducted by Zoom, since most of the interviews were online. Utilizing Zoom meetings was safe for me and the participants, and we did not experience any technical issues.

### ***Storing Data***

After I completed the interviews, I created a secure digital file to store memoing journals, records of interviews, interview transcripts, and other resources. I was storing the data electronically and took great care not to use any of participants' information for ethical considerations. I utilized UABox, which allows for unlimited storage and secure files. I had to login with my myBama account password in order to access the files. In addition, I created a password for the data files to ensure safety, so only the researcher and dissertation chair, Dr. Debra Nelson-Gardell, were able to access them.

### **Data Analysis**

In qualitative research, data analysis includes coding, categorizing, and creating meaningful interpretations of data related to the phenomenon (Englander, 2012; St. Pierre & Jackson, 2014). Analysis of the data was initiated after the first interview was conducted.

Various techniques were utilized during data analysis in order to enhance accuracy and interpretation of the data. I produced a memo before and after each interview to bracket and to record my reflections. I utilized NVivo 12 software to organize, categorize, and code data. Thus, the data analysis of findings and interpretation of the result for this study included individual semi-structured interviews with open-ended questions, interview notes, memoing, and the researcher's journal.

The data was analyzed using the thematic analysis. A line-by-line coding of the interview transcripts was conducted in order to find emerging themes from the data (Braun & Clarke, 2006; Saldaña, 2016). The data analysis procedure was based on Moustakas' (1994) modified version of the Stevick-Colaizzi Keen method of analysis. The following steps guided this data analysis:

1. The first step was obtaining a full description of my own experience of the phenomenon (Moustakas, 1994). During this part, writing memos for each participant was beneficial in obtaining my own experience of the phenomenon. I began to understand each participants' lived experience of intimate partner violence and their coping strategies.
2. I read and re-read the transcribed interviews (Moustaka, 1994) and then developed significant statements and phrases about participants' experiences with IPV and coping strategies. While I transcribed the interviews, I wrote comments and notes to myself to develop significant statements and phrases for each participant. I engaged in an open coding process and went through each of the participant's responses. A code can be a word or short phrase provided to arrange material in a systematic order to organize the data (Saldaña, 2016). Coding allows the researcher to link the data, and "it leads you

from the data to the idea, and from the idea to all the data pertaining to that idea.”

(Saldana, 2016; Richards & Morse, 2013, p. 154).

3. After I engaged in an open coding process, I formulated and related “meaning units” among participants and I clustered the meaning units in the initial list of codes in Step 2 (Moustaka, 1994, p.122). I described the meaning units as common meanings, those similar descriptions/ideas/concepts which were reported by participants. I avoided repetitive themes and codes, meaning that I did not recode subsequent sentences with the same descriptions/ideas/concepts. I collected similar codes. The themes were reorganized until new themes did not emerge.
4. After synthesizing the meaning units and merging into themes, I described the textures (a kind of narrative description) of the participants’ lived experiences and coping strategies. The textural description means a verbatim description of the participants' lived experiences and gives the “what” of the experience in the phenomenological study (Moustaka, 1994). The textural description includes quotes and verbatim passages from the participants; Moustaka suggested that the participants own words be included in the textural description. I wrote a verbal description for each participant to utilize the codes that the participants reported.
5. Then, I explored the meaning of intimate partner violence from each participant and developed structural descriptions (Moustaka, 1994). Structural description integrates the structural qualities, such as time, space, causality, or relationships, and themes into the description of participants’ structural experience. Structural description means to write deeply “how” they coped with abuse in their lives and lived experiences. Following this, I

constructed a textural-structural description of the meanings and phenomena of the experience of each participant.

6. Four of the participants validated their interview codes, including coded parts of transcripts, through member checking. The member checking process allowed the researcher and participant to engage data together and check codes and participant responses to enhance trustworthiness (Giorgi, 2012).

To summarize the data analysis process, the audio-recorded data were transcribed verbatim. Two of the participants preferred to do the interview in Turkish. While I transcribed the data, I directly translated it in English. However, to ensure the trustworthiness, I conducted the member checking with those participants to ensure the meaning was the same and accurate. During the coding process, based on the phenomenological approach, I began open coding via NVivo 12 to immerse myself in the data. Braun and Clarke (2006) suggested that scholars should work systematically through the whole body of data to give full and equal attention to each data. The NVivo 12 software was used to code and organize the large data set. In the study, there were around 220 pages of transcript, so utilizing software enabled the researcher to work efficiently with large amounts of text with sophistication of analysis (King, 2004). I wrote research memos to record and reflect upon my feelings and thoughts; in addition, writing memos after each data coding was helpful for me to remember the data and codes. Memoing throughout the coding process assisted the researcher in examining how their ideas evolved, and it also served as a document to support the trustworthiness of the study (Cutcliffe & McKenna, 1999; Lincoln & Guba, 1985).

The next step began when all data had been coded and the interviews were completed. I created one codebook, categorized common codes, and developed the significant statements.

Based on the phenomenological data analysis, I developed "textural descriptions" and "structural descriptions." During the final step, I combined both textural and structural description to represent the essence of the experience of the participants.

### **Establishing Trustworthiness**

Trustworthiness is a way for researchers to ensure for themselves and readers that their research results are worthy to be considered useful, which can be established through credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). I used various methods to ensure quality and trustworthiness in this study, including debriefing, creation of an audit trail, and member checking to support the validity of the study (Creswell, 2013; Savin-Baden & Major, 2013).

### ***Debriefing***

Debriefing is one technique that enhances the credibility of the study (Connelly, 2016). Credibility is a way to check between participants' views and the researcher's interpretations of them (Tobin & Begley, 2004). During the process, I studied under the guidance of my advisor. Every week, I met with my advisor to discuss interviews and results, as well as evaluate and discuss the study findings. Engaging in discussion with my chair enabled me to monitor my subjectivity and minimize misinterpretations, which led to increased credibility.

### ***Member Checking***

As another method to ensure credibility and dependability, this strategy includes checking with participants to verify their responses or feedback in order to ensure the quality of the study (Savin-Baden & Major, 2013). Participants were asked after the second interview if they would consent to being contacted to participate in member checking. Four of the participants agreed to review their responses. These four participants joined the member-

checking stage, and they reviewed their own responses and codes. I did not include a co-researcher to code the transcript, so the member checking process enabled me to review the participants' responses and codes together to add to or change their responses. I discussed with these participants about the coding process. All of them agreed on the coding frame, and only one participant asked that one sentence needed to be deleted in her transcript. I considered the participants' feedback and created a final codebook.

### ***Audit Trail***

An audit trail is a process throughout the research from its beginning to the final reporting (Savin-Baden & Major, 2013) and is one of strategies used in this study, along with researcher reflexivity, to ensure its confirmability and transferability. Creation of an audit trail allows for checking to ensure that all data were accurately recorded and stored, and it includes observation notes, interview recording, an informed consent form, and other related documents (Leung, 2015). Audit trails document and describe the research process by recording all steps from beginning to finish.

During the research, I wrote memos for each interview section, and I also noted written observations during the face-to-face and online interviews. I recorded the interviews by audio. So, I kept audit trails including memos, recorded interviews, and observation notes to increase trustworthiness of finding. In addition, the recruitment process, specifically reaching out to the prospect participants, was challenging for the researcher. I wrote about my challenges in reaching out to the participants. This process enabled me to clarify the study challenges and illustrate the process step-by-step throughout the research. Therefore, I documented every step of the study storing the documentation in UABox, which enhanced the dependability of the research, referring to the consistency of data collecting (Noble & Smith, 2015).

## **Ethical Considerations**

The Belmont Report (1979) emphasized respect for every person, and ethical considerations are of significant concern when including human participants in research. Intimate partner violence against women is a serious issue, and we must consider each person within their sociocultural context, belief systems, and family values, especially when working with ethnic minority groups such as immigrants (Yick, 2007). When we conduct a study about intimate partner violence, informed consent, confidentiality, safety, and autonomy should be a first priority at the beginning of the study.

There were several strategies utilized to protect potential participants' safety and privacy. These included meeting privately, not using participants' names on my recordings nor in my transcriptions, secure storage of the information electronically using UABox, and using passwords to protect my data. During the study, confidentiality and safety were my first priority. I ensured that the participants cooperated in the research voluntarily through the informed consent process. Additionally, I made sure that I presented the study and explained everything to the participants in an understandable language. I prepared the consent form with clear language and culturally appropriate words, and it was also translated into Arabic. In addition, I provided my participants with time to consider, within the consenting process, and the opportunity to ask me questions or express concerns about the study. Within the semi-structured interview protocol, I added the use of a pseudonym in order to avoid using the participants' original names. I asked them what they would like to call themselves instead of using their own name. Moreover, I informed the participants that they had the right to skip any questions they did not want to answer or that made them feel uncomfortable. Additionally, I believe that showing my empathy supported rapport-building, a necessary basis for authentic information gathering. Also, self-

disclosure could prove effective and allow participants to know that I had already listened to survivors of IPV, and I could understand what they had been through (Johnson, 2009).

To minimize risk factors, the participants gave verbal consent instead of signing the consent form. Verbal consent was recorded at the beginning of the interview sessions. To ensure participants' safety and accessibility to our meeting place, we chose secure locations for private meetings. I ensured the participants were able to access the meeting place easily and securely. Through the informed consent process, I made certain that potential participants understood what the study was about and the potential emotional harm for them. I am a trained social worker with the ability to recognize and assist participants in managing any potential distress. I prepared a referral information flyer to give the participants if they needed it. This referral information flyer included service provider agencies' information and National Domestic Violence Hotline information. Additionally, I planned to protect myself from secondary-trauma. Researchers may feel anger, frustration, and emotional distress when working with vulnerable populations and sensitive topics such as violence (Johnson, 2009). I considered that I might be affected, and an emotional bond could be felt between myself and the participants. Especially since this was a qualitative study based on the phenomenological approach, I could not simply turn away and ignore my feelings. I discussed self-care with my advisor as soon as we began collaborating. My advisor, Dr. Nelson-Gardell, suggested that I should actively engage with self-care strategies. I meditated regularly and tried to go to the gym as frequently as possible each week. Also, I wrote journal entries to express my feelings and thoughts.

## **Conclusion**

Intimate partner violence is a worldwide issue. This study explored Middle Eastern immigrant women's lived experiences of partner violence, coping, and their immigration issues

in their lives. I proposed a qualitative study based on the phenomenological approach which included generating a descriptive and narrative interpretation. Regarding research findings, the study gave an opportunity for Middle Eastern immigrant women survivors to have their voices heard in society. In the literature, limited studies have been conducted among the Middle Eastern immigrant population, and there is certainly a gap in the literature. I conducted two semi-structured interviews with ten women in order to hear their stories, including an additional interview with four participants for member checking. I used snowball techniques as well as networking with the agencies that provide domestic violence services to immigrant populations.

I collected the data using audio recorded interviews and memoing. Interviews were transcribed verbatim, and Nvivo software was utilized for analysis and management of the data. For the data analysis, phenomenological data analysis steps were followed. Regarding the research findings, the study provided a deeper understanding of lived experiences of Middle Eastern immigrant women survivors and their coping strategies after experiencing interpersonal violence. This study's implications for policy, practice, and research are included in the discussion section following the results in the next section.

## CHAPTER 4

### FINDINGS AND RESULTS

#### **Introduction**

In this study, a phenomenological approach was used to explore participants' lived experiences of Middle Eastern female IPV as well as their coping strategies. It also explored the connection between immigration and IPV. The study provided an opportunity to hear the experiences of IPV survivors who are Middle Eastern immigrant women. Through examination of ten Middle Eastern immigrant IPV survivors' lived experiences of IPV, insights into coping strategies were gained to better understand cultural factors. Chapter 4 is organized into multiple sections to explain details of the data analysis results. Chapter 4 includes an overview of the data collection and data analysis procedures, a brief summary of participants' narrative descriptions, emergent themes, and a summary.

For this qualitative study, a phenomenological approach was used to explore participants' lived experiences of IPV and how they utilize coping strategies to manage the after-effects of this trauma. The primary research questions guiding this study were: "What is the essence of the lived experiences of Middle Eastern immigrant women IPV survivors in the United States?"; "How do Middle Eastern immigrant women survivors of IPV cope with IPV in their lives?" and "How do they view or perceive the role of immigration status in their experience of IPV?"

Data to address the three research questions were gathered from semi-structured interviews (questions in Appendix B). The data were collected from ten Middle Eastern

Immigrant female IPV survivors. The study participants (referred to as pseudonyms) were recruited using purposeful selection and snowball technique in the United States. The interviews were conducted face-to face and online via Zoom. A phenomenological approach was used for thematic analysis and themes emerged from Middle Eastern Immigrant IPV survivors' descriptions of their lived experiences. The research questions led to data coding through the data analysis process NVivo 12. Each of the ten participants' textural-structural descriptions and emerged themes are explained in detail in the following sections. A total of ten participants voluntarily enrolled in the study and participant characteristics are presented in Table 1.

**Table 1**

*Participant Characteristics*

Participant	Country of origin	Current marital status	Highest level of education	Number of children
Grace	Afghanistan	Married (with current partner)	High school	2
Samira	Afghanistan	Married (with abusive partner)	Graduated from college, Economy	2
Ruhi	Iran	Single (broke up with abusive partner)	Doctoral student	0
Engel	Israel	Divorced	Graduated from Law school	1
Wonder Woman	Syria	Divorced	Graduated from college, pharmacy	4
Derin	Turkey	Married (with abusive partner)	Doctoral student	0
Destiny	Turkey	Married (with abusive partner)	Left Law school	3
Honey	Turkey	Divorced	Graduated from college, Nutrition	0
Sara	Turkey	Single (broke up with abusive partner)	Doctoral student	0
Sky	Turkey	Separated (with abusive partner)	Graduated from college, Finance	2

## **Participant Descriptions**

Ten female Middle Eastern Immigrant IPV survivors met the eligibility requirements and voluntarily participated in this study. At the beginning of the interview, each participant completed an informed consent form and answered a demographics questionnaire and semi-structured open-ended interview questions composed to gain detail about the participants' lived experiences. The demographic questionnaire included the participants' age, marital status, country of origin, number of children, and education and employment status.

Each participant selected a pseudonym. Some of them selected a meaningful name for themselves and explained in the interview why they selected this name. The participants' ages ranged from 31 to 74. They were originally from Turkey, Syria, Israel, Afghanistan, and Iran. Only three of them were still married with their partner; the other participants were either divorced or separated. Three of them were PhD students and five of them graduated from college. One participant graduated from high school and one participant could not finish her law degree because of moving in state. Two of them were retired, six of them currently work or study, and two of them did not work.

Each participant was interviewed twice; only four of the participants participated in third interviews for member checking. They reviewed their transcripts and the researcher-generated codes. All of the participants agreed with the content of the transcripts. Only one participant requested that I removed one sentence because she thought it might cause misunderstanding, so I removed that one sentence in her transcript. Saturation of the data was reached with rich data which was collected from the ten participants. Briefly, I am going to explain each participant's demographic features and how they described IPV in their own experience, as well as the coping strategies they have developed. In the narrative description of participant's story, I presented two

versions of each quote: direct quote from the participant and its edited version with grammatical errors fixed to clarify the meaning.

***Participant #1: Destiny***

Destiny was a 73-year-old, married, and was originally from Turkey. She mentioned that she had been in the United States for more than 40 years, and that she came because of her marriage. She had only one abusive partner in her life and currently she was with him. She experienced physical and emotional violence in her life and had an abusive relationship since her marriage started. She had three children and she was a businesswoman. She was enrolled in college in Turkey to study law but after she moved to the U. S., she did not finish her degree. Her husband graduated from elementary school. Destiny started to work with her husband in business and they ran the company together. She survived cancer twice; when she learned that she had cancer, she quit her job and she fought the cancer by herself. Although she could earn enough income to be self-sufficient, her husband managed all of the family's finances.

Destiny mentioned that her husband blamed her for every problem that occurred in his daily life, and she felt that she never was enough for him. One time officially she decided to divorce her husband and went to court, but he begged her to not leave him and promised to change. Destiny stated "he begged and begged and begged. I thought he seriously was going to commit a suicide or do something to himself." Destiny also mentioned that having kids made it more challenging to leave her abusive husband. She shared that her kids witnessed the abuse. Destiny responded to open-ended questions in a semi-structured interview regarding how she survived with IPV and her lived experiences of IPV. Destiny described IPV:

It is very mean; it is very mean and all of sudden when you don't expect something like that you don't know what happened track you over something like that. That is how I

describe it. You know from track doesn't only over physically also emotionally. You are beating, beaten by every direction.

[It is very mean; it is very mean, and all of a sudden when you least expect something like that, you don't know what happened, you feel like you've been run over, something like that. That is how I describe it. You know he doesn't run you over only physically, but also emotionally. You are beaten; beaten in every way.]

In the interview, Destiny mentioned coping strategies including seeing a therapist a couple of times, keeping herself busy all the time, praying to God all the time, and finding a hobby such as playing tennis; she shared that these skills all helped her to survive. Also, she began to ignore her husband at home, so as to avoid fighting with him. She highlighted that during the tougher times, she increased her spiritual practice and tried to create a peaceful environment for herself. Also, she mentioned that her mother would always pray and support her with her love. In the interview, Destiny mentioned that she felt lonely in this country as an immigrant. She stated that "you are alone, you do not have a family support, you don't have a friend, so it is all on you and you are scarred what happens." In addition, Destiny stated that:

The worst part of all this is that you are in a strange country with a man from your own country, yet you have to surrender yourself to people that you don't know well, just to be able to get some help and escape.

She highlighted that she did not want to share her family problems with someone in the country.

### ***Participant #2: Ruhi***

Ruhi was a 31-year-old single woman; she was originally from Iran. At the time of the interview, she had been in the United States for almost two years. She came to the United States

because of her education; she was a doctoral student. She did not have any children. Ruhi had one abusive ex-partner, who had physically and emotionally abused her. She met him in the United States and fell in love with him. She attempted to break up with him several times, but every time she did, he insisted she turn back. Her abusive partner had a doctoral degree and he was working in a company with a higher position.

Ruhi reported that her relationship with her ex-partner became abusive after a period of time, and not at the beginning. Ruhi mentioned that he criticized her body shape and compared her with other girls. Also, she stated that even though sexually he had issue, he always blamed her to be not in the mood. Ruhi mentioned that she was shocked when the abuse started, and she said that she had grown up in a peaceful family and never saw this kind of relationship between her mother and dad. One time, he physically attacked her, and she called 911 to report him. She stated that “that day calling 911 [I felt that] I can do anything I can kickout him America. I felt powerful and I knew that he [was] scared because of that.”

Ruhi described IPV as, “It has many shapes and I think it starts step by step like I think the start was it was abnormal behavior in one the first date meeting I think it is not acceptable.” [It has many shapes, and I think it starts step-by-step, like, I think the start was...there was abnormal behavior in one of the first dates...I thought it was not acceptable.] In regards to coping, Ruhi mentioned in the interview that she talked with her friends and shared her experience with her current boyfriend, which has helped her to relieve her emotions. Also, she exercised frequently. She mentioned that she hesitated to see a counselor because she did not want to share her ex-abuser’s personal information. In addition, Ruhi mentioned that she still feels homesick sometimes and misses her family and friends in Iran.

### *Participant# 3: Sara*

Sara was a 36-year-old single female, originally from Turkey. She had been in the United States five years. She came to the United States to pursue her education and was a doctoral student. She had no children. She had only one abusive partner in her life. She had a problematic relationship with her ex-partner since her relationship began with him. She experienced physical, sexual, psychological, and emotional abuse by her ex-partner. She attempted to break up with him many times, but he would beg her and threaten to kill himself and her, so she was not able to leave him until he left her. Sara mentioned that her abusive ex-partner had various family issues, and he controlled her all the time with behaviors such as frequently calling her and coming to her house without warning. Sara also mentioned that he had some psychological issues, but she did not know that when she got into the relationship with him. Her abusive ex-partner forced her to do some sexual activity against her will. Sara described IPV stating:

It is not about you don't want to be in the relationship that is not that it is something different than at the end you feel terrible because the things that he made me it is not what I wanted to do he was forcing me some of the things I really did not like. So, I have felt.

[It is not about wanting to be in the relationship—it's not that. It is something different.

At the end, you feel terrible because of the things he made you do, that you didn't want to do. He was forcing me to do some things that I really did not like. That is how I have felt.]

Sara mentioned in the interview that she focused her attention on her work and prayed to God, as strategies for coping with IPV.

***Participant #4: Honey***

Honey was a 43-year-old single female, originally from Turkey. She had been in the United States for 10 years because of her marriage. At the time of her interview, Honey had her own business and had earned a bachelor's degree. She had one abusive partner in her life, whom Honey had divorced a few years prior. Honey experienced sexual, psychological, and physical abuse by her ex-partner. She had no children. She attempted to divorce her ex-partner many times, but her ex-partner would beg her, and threaten to kill her and hurt her family if she left him. Throughout her marriage, she called the police seven times to get help when he beat her. The first time when she called the police, they put him in jail. Honey stated:

He apologized to me and begged to me. He asked me to give him second chance. In this time, we needed to go court. I did not have money and I did not tell anything to my family. I did not want to upset my family.

[He apologized to me and begged me. He asked me to give him a second chance. During that time, we needed to go to court. I did not have any money, and I did not say anything to my family about it. I did not want to upset my family.]

Honey mentioned that she could not understand her ex-partner's behaviors. She indicated that sometimes he was very good to her and behaved lovely, especially when in a social environment. However, sometimes, he threw objects at her, pulled her hair, yelled at her, and blamed her. Even though Honey had a job, her husband controlled everything in the house. Honey mentioned that he might have bipolar disorder, and that he was taking anti-depressant medication. Honey described IPV stating:

He humiliated me all the time and I felt I was a slave for him. So IPV means for me being a slave for your partner even you don't recognize yourself. Then suddenly you saw he physically attacked me and psychological damaged my heart.

[He humiliated me all of the time, and I felt like I was a slave for him. So, IPV means, for me, being a slave for your partner, until you don't even recognize yourself. Then suddenly you see that he has physically attacked you and psychologically damaged your heart.]

Honey mentioned that she went to a shelter after escaping from her abusive ex-partner. She received therapy, which helped her learn to cope. In addition, Honey did mentoring for other survivors of IPV. She highlighted that she continues to be affected by her past trauma from the IPV and wants to get additional professional support.

Honey did not want to share any information about the abuse with her mother until she divorced her ex-partner. Honey stated that she grew up with an abusive, alcoholic father. Throughout her childhood, she constantly supported her mother and encouraged her mother to divorce her abusive father. She said that she never wanted to get married and was always afraid of having a similar experience as her mother. So, when she selected her husband, she never thought he would be an abuser. She said that "he was from one of the modern cities, he was well educated and had a nice job in the USA and also he was so kind. I never thought he would be paranoid and sick." When the relationship became abusive, Honey did not want to make her mother upset about her abusive experience, so she kept it a secret until the divorce. Honey mentioned in the interview she had challenges such as language barrier and lack of knowledge about policy as an immigrant in this country

***Participant #5: Sky***

Sky was a 48-year-old female, originally from Turkey. She had been in the United States for two years because of her family business. At the time of the interview, Sky was not employed, and had a four-year college degree. She had only one abusive partner in her life. Sky was separated from her ex-partner; they were living apart, but they were still legally married. Sky reported she experienced psychological abuse by her ex-partner. She had two children. She mentioned that her husband verbally abused her all the time and he had drug and gambling addiction issues. Sky also mentioned that her husband used anti-depressant medications without seeing a doctor, and that his mood changed quickly. She attempted to break up with him one time, but he apologized to her and she chose not to divorce him because of her children. Also, she mentioned that financially she depended on her ex-partner, and she had a language barrier which affected her confidence in living independently.

She described IPV as “whatever you do, you are not enough for him and he psychologically abuse all the time me.” [whatever you do, you are not enough for him. He psychologically abused me all the time.] She mentioned that she went to a therapist a couple of times, and her family supported her all the time. She stated that “I have strong relationship with my family, and they support me to divorce him all the time.” Sky mentioned that she began to take a language course a couple of months ago to improve her English. She shared that she did not know what she would do after the divorce and was worried about her future. She also mentioned that she was not able to speak English very well, so this was her biggest challenge as an immigrant in this country.

***Participant # 6: Grace***

Grace was a 35-year-old female, originally from Afghanistan. She had been in the United States for more than 10 years because of her marriage. At the time of the interview, Grace was unemployed, with a high school diploma. She had one abusive partner in her life. Grace divorced him several years prior to the interview, and had since remarried. She had experienced physical and emotional abuse by her ex-partner. Grace had two children, the eldest from her previous husband and the second child from her current husband. She mentioned that her ex-husband beat her once, and many times abused her emotionally. She wanted for years to divorce him, but she was dependent on him financially and for her visa. There was a war in her home country, so she wanted to stay in the United States with her children.

Grace described IPV as “someone wants to control you every time and wants to have power more than you.” [someone wants to control you all the time and wants to have more power than you.] She mentioned that she prayed all the time and used her religious faith as a strategy for coping. Grace also shared that after divorcing her ex-husband, her friends and family gave her much-needed support. Grace mentioned in the interview that she felt homesick, lonely sometimes, and she had a language barrier when she came to the United States.

***Participant #7: Engel***

Engel was a 74-year-old female, originally from Israel. She had been in the United States more than 40 years because of her marriage. She was retired at the time of her interview. She had a degree from law school. Engel had one abusive partner in her life. She divorced him and moved into another house to live by herself. Engel had experienced sexual and emotional abuse by her ex-partner. She had only one child. She mentioned that her ex-husband abused her emotionally most of time and made her feel sexually inadequate. When the sexual abuse started,

she wanted divorce him, but her child did not want to leave the father, so she stayed in the marriage until he fell in love with someone, after which, they divorced.

Engel described IPV as:

Nobody has a right to that. You know even though I believe man and woman should be equal, but they are not. Man wants have more power in the relationship and they think they have a right to control their wife.

[Nobody has a right to do that. You know, even though I believe men and women should be equal, they are not. Men want to have more power in the relationship, and they think they have a right to control their wives.]

Engel mentioned that she was a meditation teacher and had been doing meditation for almost 30 years. To survive in her abusive relationship, she prayed a lot and she attended meditation and yoga classes. She also became interested in Buddhism and in practicing Judaism.

***Participant #8: Samira***

Samira was a 41-year-old married female, originally from Afghanistan. She had been in the United States for more than 10 years because of her marriage. At the time of her interview, she was not employed, though she had a degree in accounting. She had only one abusive partner in her life; at the time of the interview, she was still with her partner. She had experienced sexual and emotional abuse by her partner. She had two children. Samira mentioned that her partner abuses her emotionally most of time, as well as the feeling of being sexually inadequate for him.

Samira described her experience of IPV, saying:

I didn't realize my husband abuse me before, but I just realized after talking with my friend and I realized that my husband is like kinder abusing me by differently. He was kind of jealous and he was kind of controlling every step of me.

[I didn't realize my husband abused me before, but then I realized it after talking with my friend, and I realized that my husband was kind of abusing me, but differently. He was kind of jealous, and he was kind of controlling my every step.]

She mentioned that she utilized religion and talking with her close friends as her coping strategies. She said that she did not want to share with her family, because her family might not perceive her husband's actions as abuse and may not be supportive to her.

***Participant# 9: Wonder Woman***

Wonder Woman was a 48-year-old single female, originally from Syria. She had been in the United States more than 29 years because of her marriage. At the time of her interview, Wonder Woman was pharmacist with a college degree. She had only one abusive partner in her life. Wonder Woman mentioned that she had a nice marriage for 16 years with her ex-husband. He was a medical doctor with a busy schedule. During those first 16 years, Wonder Woman felt that her husband deeply loved her and expressed his love. However, his behavior changed, and he became more aggressive, jealous, and paranoid. Wonder Woman shared that it seemed that he was projecting paranoid thoughts from his mind that he didn't understand were not actually real. Their marriage ended in divorce. Wonder Woman experienced emotional abuse by her partner. She had four children. She reported that her partner abused her emotionally most of time and he had mental health issues. Through the divorce process, Wonder Woman suffered from depression and blamed herself for showing her weak side to her children.

Wonder Woman described IPV as, "Terms of my experience is horrible. It's just up and down the life. It took me a long time to heal." [In terms of my experience, it is horrible. It's just an up and down life. It took me a long time to heal.] Wonder Woman shared that she

received lots of support from her family, did painting, and played tennis to recover herself. Also, she attended therapy.

***Participant #10: Derin***

Derin was a 30-year-old married female and she was originally from Turkey. She had been in the United States almost a year. She was a PhD student. She had only one abusive partner in her life. At the time of the interview, she was still with him. Darin had experienced physical and emotional abuse by her partner. She had no children. She mentioned that her partner abused her emotionally most of time and he might have mental health issues. She mentioned that he had an anger management issue. Derin indicated that her husband was from Italy and after they married, he moved with her to Turkey and then to the United States. So, he left his job behind in his country. She thought that his angry behaviors related to this condition; however, even though he found a new job in Turkey, he was still angry and behaved violently towards her. Derin stated that “I just try to understand my husband, why he is like this. It is because he did not have a good childhood. He looks like a volcano when his emotions are suddenly triggered, and he can be really aggressive”.

Derin mentioned that she was in the charge all the time and had to take care of the household financially. Derin mentioned that it was stressful to help her husband through the adjustment process. One time, her husband lost control and beat her severely; her neighbors called the police when they heard Derin screaming.

Derin described IPV as:

I have good education I'm smart, but a guy is treating me really, really worse. I mean, really, it made me small. No one knows. It's just I know it's, but what I'm living inside affected me my daily life.

[I have a good education; I'm smart. But the guy is treating me really, really badly. I mean, really, it made me feel small. No one knew. Only I knew, but what I was living in, it affected me in my life every day.]

Derin mentioned that praying to God helped her to heal herself. Also, she mentioned that she was busy with her school and other new things in her life in the United States, which provided some helpful distraction from the effects of the IPV. Keeping herself busy and sharing her abusive experience with her trustworthy friends helped her to cope.

### **Emergent Themes**

Themes emerged throughout the textural and structural descriptions of the research participants. The research questions and the intersectionality theory guided my analysis of the material and highlighted themes as they emerged. Each of the ten participants' responses were obtained, analyzed, and divided into themes by using NVivo 12 and by hand. Several themes emerged from interview responses, which helped to address the research questions.

#### ***Coding Category: Describing the IPV Experience***

**Interview Question.** How do you describe intimate partner violence? All of the participants shared their lived experience definition of IPV. Each definition was categorized under the subtheme by type of abuse. Each participant described their unique experiences and defined the IPV accordingly.

**Theme 1: Type of abuse.** All participants described what type of abusive relationship they had experienced with their partner. Psychological or emotional abuse was reported in each of the ten cases. Other studies have also supported that psychological abuse is the most prevalent abuse type among intimate partners (Doyle, 2020; Stylianou, 2018; Pico-Alfonso et al., 2006). In this study, common themes of psychological abuse were reported as being made to feel

insignificant or powerless, having a significant reduction in self-esteem, being the target of jealousy, and having the partner attempt to control their behaviors. The following examples demonstrate how the participants indicated their psychological abuse experiences. Derin stated, “I mean, really, he made me feel small.” Sky shared the feeling that “whatever you do, you are not enough for him.” Honey, stated that, “he humiliated me all the time and I felt I was a slave for him.” Other participants described psychological abuse as controlling behaviors. Samira described that “he was kind of controlling every step of me,” [he was controlling my every step.] and Engel stated that “man wants have more power in the relationship and they think they have a right to control their wife.” Grace shared, “someone wants to control you every time and wants to have power more than you.” “At the end you feel terrible because the things that he made me it is not what I wanted to do he was forcing me some of the things I really did not like” [At the end, you feel terrible because of the things he made you do, that you didn’t want to do. He was forcing me to do some things that I really did not like], explained Sara.

Some participants reported that they also experienced sexual abuse by their partners. Studies reveal that sexual abuse often is not recognized by victims and they hesitate to report it as prosecutable crime (Logan et al., 2007; Walby & Allen, 2004). Honey mentioned that her partner behaviors were weird in the bed. Usually he did not want to sleep with her and she always blamed herself about it and sometimes he suddenly forced her to have sex with him. Honey stated that:

Usually he doesn’t want to touch with me, I was trying to be attractive for him all the time but he separated our bed but when he wanted to have sex with me he never asked he always wanted to get what he wanted.”

[Usually he wouldn't want to touch me. I was trying to be attractive for him all the time, but he separated our beds. But, when he wanted to have sex with me, he never asked. He always wanted to get what he wanted.]

Sara disclosed that her partner forced her to try different things in their sexual life, which she did not want to do, explaining:

After the first night with him I felt terrible. I did not trust him. I knew it was not trustworthy for me. He harassed me and hurt me. He was fetishist and he had some kind of things he was trying to do every time.

[After the first night with him, I felt terrible. I did not trust him. I knew it was not safe for me. He harassed me and hurt me. He was a fetishist, and he had some kinds of things he was trying to do every time.]

The other type of abuse that was reported by the participants in this study was physical. Not all the participants have experienced physical abuse by their partners. Only Honey, Destiny, Sara, Ruhi, and Derin reported that they had experienced physical abuse by their partners. Honey mentioned that her ex-husband had an anger issue so that when he was angry, he beat her badly and she called the police many times to protect herself. In addition, she said that “he was smart, so he did not beat my face to be able to see other people, he beat on my back usually” [he was smart, so he did not beat my face so other people could see; he beat me on my back, usually]. Ruhi and Sara mentioned that their partners used physical abuse in their sexual relationship, which was painful for them. Derin also stated that “he has high temperature and he hit me several times” [he has a hot temper and he hit me several times].

## *Coding Category 2: Coping Strategies*

**Interview Question.** How do you cope to survive with IPV? This was the main research question about coping strategies. I explained to the participants how we defined the term “coping” for the purposes of this question. I asked the sub questions to extend the conversation about coping strategies. All of the participants described how they survived through the abuse and healed themselves after the abuse. Coping mechanisms of women who leave a relationship with IPV may be different from those of women who stay in the relationship. In this study, three women stayed in the relationship and the other seven were divorced or broken up from the abusive partners. I categorized their coping strategies as formal and informal coping.

**Theme 1: Formal Strategies.** Formal coping strategies include counseling services, calling the police, court involvement, seeking help from IPV organizations, and other professional services (Freeland et al., 2018). The participants discussed the benefits and challenges with accessing these services for themselves. Four participants reported that they went to a therapist to relieve the effects of IPV. Destiny stated that “I went to private counseling to unload myself, my head, my thoughts and get little better and so I kept confident” [I went to private counseling to unload myself, my head, my thoughts, and get a little better, and so I stayed confident]. Sky and Wonder Woman mentioned that seeking professional support helped them to get through the relationship. On the other hand, one participant, Sara, mentioned that she preferred not to see a therapist:

I was tired, very tired and any time and I talk about it. I couldn't control my emotions. It was like kind of like leaving the same thing from the beginning again and again. So that was too much for me and I didn't want to, I wasn't scared of like telling or something, but I was tired of living in my brain or even telling people what I experienced.

Two of the participants called the police to seek help. Honey reported that she called 911 seven times. She had different experiences with police intervention in the different states. Honey stated that, “When I was in Alaska, I did not do anything, the police and other professionals did everything for me.” However, Honey mentioned that when she was in Florida, even though she called the police, the police did not do anything. Honey also reported that she stayed in a domestic violence shelter after she left the house. She reported that a social worker and counseling service helped her to understand her rights, explaining slowly and clearly. She also mentioned that she participated in group therapy sessions to share her experience with other IPV survivors.

The participants had different experiences calling the police (911) in the United States. One participant, Ruhi, shared a positive experience with the police. When she called the police, Ruhi felt that she had the power to kick her husband out of the country. However, she just asked the police to protect her and get her back her house. Ruhi stated that:

Living in United State is having that day calling 911, I can do anything I can kickout him America. I felt powerful and I knew that he scars because of that...I am really free based on United States Law women has right and power here that day I remember 911, I saw officers' tears in my eyes I really feel peaceful they were protecting me that was the feeling.

[Living in the United States, and having that day when I called 911, I felt I could do anything—I can kick him out, in America. I felt powerful and I knew that he was scared because of that...I felt really free, based on United States laws that give women rights and power here. I remember that day, calling 911. The officer saw tears in my eyes. I felt really peaceful. I felt like they were protecting me.]

On the other hand, Ruhi explained why she hesitated to go to see a therapist. She stated that she did not want to report her husband to the therapist. She was hesitant to ruin his career or life. She said that:

My first thinking was if I go to talk to the professionals, they will ask for his information.

Because I was kind of protective to him unfortunately...I was afraid of maybe they will ask and they will push me to give his name, so I avoided me to see a counselor.

[My first thought was, if I go to talk to professionals, they will ask for his information.

Because I was kind of protective to him, unfortunately...I was afraid that maybe they will ask or they will push me to give his name. So, I avoided seeing a counselor.]

**Theme 2: Informal Coping Strategies.** The participants described multiple ways to use informal coping mechanisms to survive IPV. The participants stated that talking with their friends and families, having faith, and having hobbies were common informal coping strategies for them. Some participants mentioned that keeping themselves busy aided in coping, as well.

Sara mentioned that her coping strategies were to keep doing what she was doing and to have faith. Sara said that:

So, my healing process was totally me. Getting back on track and doing what I wanted to do...it was a lot of hopelessness. Finding myself among those, hopelessness and in terms of coping, I think the only way that I could cope was the hope that I had in me and faith in reading.

[So, my healing process was totally 'me.' Getting back on track and doing what I wanted to do...It was a lot of hopelessness. Finding myself through that hopelessness; and in terms of coping, I think the only way that I could cope was the hope that I had in me, and my faith].

Destiny indicated that believing in God, painting, praying, having support from her mother, and keep herself busy were her coping mechanics to survive. Destiny said that I got my mother's love all the time and prayers. That was it....I realized that God has a plan for everything he has created...We are put in one this universe to be tested by God with our patience with our goodness with our abilities, coping with the things, evilness whatever. So, we can get some grace.

[I had my mother's love all the time, and her prayers. That was it...I realized that God has a plan for everything he has created. We are put in this universe to be tested by God, with our patience, with our goodness, with our abilities, coping with things; evilness, whatever. So that we can get some grace.]

Also, she mentioned that ignoring her husband and trying to do what she should do at home—to avoid making him angry—was another strategy for her. In addition, Destiny mentioned that she started painting to help herself escape from her negative feelings and thoughts.

Ruhi reported that having a trusted friend helped her through the process. She said that her friend helped her a lot during this time. She also said that she hesitated to tell her family about the abuse, because she did not want them to worry about her. For others, family was a major source of support. Sky mentioned that her family was always supportive of her and she shared that having someone there for her was a relief. Wonder Woman reported that her mother and her relatives were very supportive to her. In addition, she did exercise and played tennis to escape her negative feelings. Wonder Woman said that:

I started swimming the summertime. So, exercise played a big role in helping me staying busy. I realized that I love, I have a passion for cooking. So, I learned how to make macaroni and I started making them and I started other things.

Participants Derin, Grace, and Engel mentioned that having faith and praying to God were coping mechanisms. Derin also stated that she accepted that her partner had mental health issues and a difficult childhood, and she believed that his behavior came from his traumatic childhood. For her, it helped to have an excuse for his aggressive behaviors.

### ***Coding Category 3: Experience of Living in the United States***

**Interview Question.** How was your experience living in the United States? All the participants described their living experiences in the United States. Participants discussed the process of adapting to life in a new country, and the ways that this may have affected, or been affected by, their experiences of IPV.

**Theme 1: Feeling Homesick.** Most of the participants reported that they felt homesick while they lived in the United States. Destiny said that:

In the beginning, I was always homesick. Missing my old friends about five years. I practically cried. I missed my friend, I missed my family, I missed sharing with my family everything and the telephones were not like. Nowadays there is WhatsApp I can call free. It was not like that. It was 5\$ in a minute. Telephone communications were very very limited. I missed a lot of my old position at my job, my freedom you know everything.

[In the beginning, I was always homesick. Missing my old friends, for about five years. I practically cried. I missed my friends, I missed my family, I missed sharing with my family everything, and the phone was not the same. Nowadays there is WhatsApp, so I can call for free. It was not like that before. It was \$5 a minute. Telephone communications were very, very limited. I missed a lot of my old work from my job, my freedom... you know, everything.]

Engel shared that she missed home a lot and she tried to find other Jews in the community to be able to share her own culture and celebrate holidays together. Engel said that “we had difficult time to adjust ourselves in the new environment. I missed home a lot. I found Jews community to feel at home. I did not want to feel lonely here.” [We had a difficult time, adjusting to the new environment. I missed home a lot. I found a Jewish community, to feel at home. I did not want to feel lonely here.]

Grace also stated that she felt homesick when she came to the United States. Grace said that “I was homesick but the people around me, they were really kind. Also, I was homesick and missed my family a lot. I was crying every day to miss my family.” [I was homesick but the people around me, they were really kind. I was homesick and missed my family a lot. I was crying every day, because I missed my family.] Ruhi also mentioned that she missed her family, her country, and her country’s food.

**Theme 2: Language Barriers.** In the study, most of the participants mentioned that one of their main challenges when moving to the United States was the language barrier. Engel stated that she had an accent and some people teased her because of it. Grace indicated that she did not know English until she came to the United States. Grace said that, “I have a language barrier but I learned English very fast. If you don’t drive and don’t speak English, you have to depend on your husband.” Sky indicated that she enrolled in English courses to learn English, so that she could be more independent.

Honey reported that she always was worried about her English when she applied for jobs in the United States. Honey also shared that she did not understand the letter that the police gave her when she called 911. Honey was afraid to ask the police further questions at that time. She

was already very afraid in the situation and expected the police would take her husband away. However, the police only gave her a paper and she did not understand what she supposed to do.

**Theme 3: Access to Resources.** Some participants were aware of available resources such as law enforcement, shelter services, the police, and counseling. However, they had different experiences when utilizing community resources, and some of them hesitated to apply. One participant mentioned challenges to accessing the police. Honey said that in Alaska when she called the police, they put him jail. When Honey called 911 in Florida, however, the police officer simply gave her a paper and did not explain the details. Honey stated:

When I was in Florida, when I call 911, I was expecting the police will put him jail.

However, they did not. I was supposed to apply court first then they will begin process. If the judge decides suspension, then the police will help me.

[When I was in Florida, when I called 911, I was expecting the police would put him in jail. However, they did not. I was supposed to apply to go to court first, and then they would begin our process. If the judge decided on a suspension, then the police would help me.]

She reported she did not know about this law, so she stayed and continued to be exposed to abuse from her husband until she divorced. Honey discussed the gaps in resources and laws. Honey said that “There are gaps and lack of resources in the laws. They should create a book for immigrants and the language should be clear.” Honey also mentioned that she stayed in a domestic shelter after she divorced, and she participated in an emotional support group therapy program.

Participant Sara expressed that she hesitated to go counseling because she thought she would have to report her husband if she sought help from a counseling service. Destiny and

Wonder Woman mentioned that they sought private counseling services to get help for their depression and to heal their negative feelings and thoughts.

#### ***Coding Category 4: Challenges of Survivors***

**Interview Question.** What things inside of you and outside of you made it more challenging to survive? All the participants described their challenges when they survived with IPV, including the ways that IPV changed them personally, and the trajectory of their lives.

**Theme 1: Having Kids.** Most of the participants had children and mentioned them in the interview. In this study, participants reported that their children were witnesses of the abuse. Participants reflected on how the abuse affected their children's lives and their behaviors. Destiny observed that her oldest son witnessed the most violence at home, and she noticed the impact this had on him. Sky mentioned the same concern and reported that her son mirrored his father's behavior and became more aggressive.

Grace mentioned that at the beginning of the abuse she could not leave because of her daughter. Her ex-partner might not give her permission to travel with her daughter, so she felt she would have had to leave without her daughter and risk not seeing her again. Another participant shared that her divorce process was slow because her daughter did not want her to divorce. She and her ex-husband explained to their daughter slowly and repeatedly, until her daughter became accustomed to the idea that her parents would separate, and then they divorced. Some of the participants mentioned that they were happy to not have kids from their ex-partner.

**Theme 2: Depending on the Partner.** The participants mentioned how they were dependent on their partners. One participant mentioned that her visa status depended on her partner. If she left her abusive house, she would have to go back her country, so she stayed in the relationship until she got her citizenship. The same participant explained that she was also

financially dependent on her husband. She did not have a job and income; she was not able to live by herself.

Another participant shared that she had a job but she shared her money with her ex-husband, so she did not have any saving after they divorced. She built a new business, by herself, after she divorced. One participant reported that she and her abusive husband built a big company together and she had put a lot of effort into it, so she did not want to leave him and allow him to financially benefit by keeping control of the company. She mentioned that even though they built the company together, he controlled everything.

On the other hand, one reason a participant shared for why she did not leave at the beginning of the relationship was emotional attachment. She had fallen in love. So, she felt as though she could not leave him, and she forgave her ex-partner many times.

**Theme 3: The Impact of Culture.** A pattern emerged among participants in their analysis of ways that their culture influenced their perspectives on violence. In the interview, Sara shared that when she lost her virginity, she felt bad about it because of cultural expectation and stigma. Sara also observed that in her culture, people feel entitled to talk about other people's lives, which bothered her; she felt motivated to escape from this cultural norm.

Another participant, Destiny, mentioned that she and her partner grew up in different cultures, which affected their relationship, because they saw the world differently. Destiny explained:

Well he comes from a small town which has different cultural influences and very male dominant and very male said so what he says. So those type of culture. They will not acknowledge their mistakes and they will not apologize as for the wrong things they do. My culture is from western part of Turkey. It is totally very European not European but

yes basic culture of Turks. So, woman can talk, woman can do anything they desire to do. So, and that is the difference.

[Well, he comes from a small town, which has a different cultural influence and is very male-dominated...In those types of cultures, [men] will not acknowledge their mistakes and they will not apologize for the wrong things that they do. My culture is from the Western part of Turkey. It is totally, very European—not European, but yes, the basic culture of Turks. So, women can talk; women can do anything they desire to do, and that is the difference.]

Destiny discussed her opposition to patriarchal society. Destiny stated:

It was never for me and I never obey those rules never. I always whatever they called in English “black sheep” of the family. I did but I felt like it was right within the limits of morals and everything and I always went against to patricidal situations”

[It was never for me, and I never obey those rules. Never. I was always what they call in English the “black sheep” of the family. I felt like I was right, within the limits of morals...I always went against patriarchal situations.]

Sky also shared that she and her partner had grown up in different cultures, so even their kitchen styles were different, and it caused issues at home. In addition, in the interview, Ruhi also mentioned that even though she and her partner grew up in the same culture, her partner came from a military background family, wherein he experienced abuse and aggression by his father.

### ***Coding Category 5: Strengths of Survivors***

**Interview Question.** What were your strengths to survive the effects of IPV? What things inside of you and outside of you helped you to survive? In the interviews, the participants

reported about personal strengths and strengths in their lives that helped them to survive the effects of IPV.

**Theme 1: Personality of the Survivors.** Some of the participants mentioned that they are strong. They reported they fight every challenge in their life to survive, for themselves and for their children. One participant shared that continuing her education and having a goal for her future helped her to heal herself. Another participant mentioned that she felt she could not give up and return to her country after living in the United States for a long time, and that motivated her. One participant reported that having her family support and friend support helped her to survive. Another participant mentioned that having faith and doing meditation helped her to heal her soul. In addition, the participants chose to seek out professional help to deal with IPV and escape from their abusive partners, in order to survive. In the relationship, some of the participants mentioned that they used to avoid their partners, to escape fighting with them. Those are the resilience factors that participants reported helped them to survive.

### **Summary**

The data analysis of this study revealed five coding categories: coping strategies, descriptions of IPV, experiences of living in the United States, challenges of survivors, and strengths of survivors. Also, each coding category had themes, as described in the results section. In the next chapter, the themes and subthemes will be discussed, and I will explore the relevant implications.

## CHAPTER 5

### DISCUSSION

The purpose of this study was to examine the lived experience of Middle Eastern Immigrant Female IPV survivors and their coping strategies. In the literature, there are limited studies about Middle Eastern women who have experienced IPV in their lives. This study increases understanding of the Middle Eastern immigrant female's experience with IPV and provides useful information about how Middle Eastern immigrant women cope with IPV. Also, the study provides valuable information that policymakers, researchers, and service providers can utilize to enhance intervention in the population.

This study built on previous research around lived experiences of IPV survivors, immigration statuses, the role of culture, and coping mechanisms, and applied it to Middle Eastern immigrant women survivors by using a diverse sample of survivors from different countries. In the study, each participant shared their lived experiences of IPV and the coping strategies they used to survive. Identifying coping strategies used by Middle Eastern immigrant women IPV survivors provided essential insights for professionals, researchers, and policy makers to understand their cultural background, perspectives, and belief systems. They also expressed the challenges and strengths in their lives as immigrants in the United States. In this chapter, the themes will be discussed and implications for social work are provided.

## **Discussion of Findings**

The findings from this study contribute to the literature about Middle Eastern Immigrant IPV survivors' lived experiences and their coping strategies. Middle Eastern immigrant women IPV survivors shared their stories, their coping strategies, and their experiences of living in the United States. From the participants' responses, data emerged with five coding categories and ten themes from the data analysis. The themes answered the research questions. The research questions were:

1. What is the essence of the lived experience of Middle Eastern immigrant women IPV survivors in the United States?
2. How do Middle Eastern immigrant women survivors of IPV cope with IPV in their lives?
3. How do they view or perceive the role of immigration status in their experience of IPV?

### ***Cycle of Violence***

In the study, the participants spoke about their lived experience of IPV and it helped to address the research question. According to the Middle Eastern immigrant women IPV survivors in this study, they stayed in the relationship until violence became severe. Until this time, they were in the cycle of violence and could not leave their batterer. One participant stated that "I wish I could have left him at the beginning of the relationship, but unfortunately I could not." In this study, the participants expressed their feeling why they could not leave their partner in the relationship. The participants' reports were consistent with Walker's cycle of violence theory (2016). Walker uses the cycle of violence theory to analyze why violence occurs again and again, and why women stay in the relationship. According to Walker, the IPV

relationship has three phases, which are repeated over and over again. Without support or intervention, the abuse in an IPV relationship might also increase over time.

In the cycle of violence, the first stage is “tension building” (Walker, 2016). In this stage, survivors have experienced less violent forms of abuse, and feel that they are able to control the batterer’s behaviors. In this phase, survivors may feel fear but they have hope and use anger reduction techniques to calm the abuser down. Women find excuses as to why their abusers are angry and aggressive.

The second phase of the cycle of violence is named “acute battering,” which is when the crisis phase starts (Walker, 2016). In this stage, survivors experience uncontrolled physical, emotional or sexual violence. In this stage, threats are increased, and violence becomes worse than before. During this stage, survivors can be injured, resulting in broken bones, bruises, and even miscarriage. Also, in this stage survivors are afraid about their life and about their children’s safety. In the study, participants shared that they went through this stage and they lived with fear and worry until they left the abusive relationship. Some participants shared that their ex-partners intended to kill them using different methods, such as disabling the car brake and driving fast, in order to crash and die together. One participant also reported that her husband denied her permission to see her daughter if she left the house. In this stage, men can use their power to control abused women’s behaviors.

Walker called the last stage the “honeymoon” stage (2016). In this stage, perpetrators ask for forgiveness, say that the abuse will never happen again, and show their love and kindness. This is the calm phase. During this stage, perpetrators apologize, and use gifts and words of love to win survivors’ trust again. The survivors believe that the violence will never happen again. Survivors also find excuses to justify forgiving the abuser. Thus, survivors stay in

the relationship. Once this cycle begins, it is difficult for survivors to leave without help from outside the relationship. In the study, Middle Eastern immigrant female IPV survivors shared that all of them believed their abusers when they went through the “honeymoon” stage. The participants reported their abusers begged them to forgive and to stay in the relationship. Some of the participants reported that their abusers had apologized to them and asked for forgiveness. All the participants in the study gave their abusers another chance to stay in the relationship. In this study, the participants described why they did not leave their abusive partners. All the participants reported that they attempted to break up and leave their partners, but they would later forgive the batterer and give them a second chance. Walker’s cycle of violence theory, when applied to the lived experiences of Middle Eastern Immigrant Female IPV survivors in this study, indicates that all of the participants went through the three stages of the cycle of violence. And, as discussed in Walker’s theory, once the abuse starts again, it continues and increases in severity.

However, some other scholar criticized Walker’s cycle of violence theory. Gondolf and Fisher (1988) argues that women who are abused do not become trapped in the relationship but instead actively attempt to seek help from resources and they are survivors not victims. Gondolf and Fisher (1988) developed the “survivor theory” to highlight that survivors are not passive but actively seek out help while in an abusive relationship, and that insufficient resources can cause learned helplessness and inability to reach out to the services. Survivor theory calls attention to the creative ways women try to cope with escalating abuse (Hayes, 2013). In this study, the participants mentioned why they stayed in their abusive relationship and how the abuse happened again, as well as how they coped in the abusive relationship.

Understanding the cycle of violence is important in order to recognize why women stay in an abusive relationship and how this cycle affects the lives of women in abusive relationships. In the study, Middle Eastern Immigrant Female IPV survivors reported that they had psychological issues such as depression, along with sleeping issues, bruises on the leg and neck, and anger management issues when they stayed in the relationship. In this study, women experienced violence patterns that matched with Walker's cycle of violence theory. Walker's research highlighted that the repeated cycle of violence can cause severe mental, physical, and psychological symptoms (2017). Research shows that severe physical abuse is linked with an increase in PTSD symptoms, depression, and substance abuse for female survivors (Hedtke et al., 2008).

### ***Power and Control***

In this study, the participants highlighted the issue of power and control between survivors and abusers when they spoke about their lived experience of IPV. Power inequity is common in IPV relationships, including unequal and unfair decision-making power between partners (Jewkes et al., 2010). The power and control wheel illustrates the overall pattern of violent behaviors, as well as why survivors often cannot leave and how abusers control survivors' behavior. Domestic violence intervention programs in Minnesota developed the original power and control wheel, known as "Duluth model" (see Figure 1) in the early 1990s (Domestic Abuse Intervention Project, ca. 1993). The wheel covers male privilege, coercion and threats, intimidation, emotional abuse, economic abuse, using children, isolation, and minimizing, denying, and blaming.

**Figure 1**

*Power and Control Wheel*



In the study, the participants indicated that their partners used their children, their immigration status, financial dependency, male privilege, blaming, and cultural expectations to control the participants' behaviors. The participants who had kids shared that they had to stay in the relationship and could not leave their house, due to threats related to their children. One participant stated that "I did not divorce him when the abuse got worse because of my daughter. I was scared [that] if he [might] keep my daughter. He had more power than I did." On the other hand, the participants who were not married or did not have children with their batterer appeared to be more easily able to leave the abusive relationship. In this study one participant said "I am so glad to not be married to him and not have a child from him. It would be hell if I got married

to him.” Consistent with earlier research, it was clear that the presence of children was one of most significant reasons for the women’s decision to stay with their abusive partner (Meyer, 2012).

In addition, the women described how they felt shame and guilt for the violence, even though they had high education levels. One participant stated that “I am a PhD student and he made me feel small in my own eyes. I have a good education; I am smart but this guy is treating me really badly.” Wilkinson (2005) described that we have concerns and worries about how we are seen by others, and demonstrated how this links to feelings of shame, social anxiety, and fear. Some of the existing literature demonstrated that intimate partner violence might even occur among women who have a degree and who are financially independent. Midlarsky et al. (2006) conducted a study among the South Asian and Chinese immigrant community in the U.S to explore IPV among highly educated women. Their study revealed that South Asian and Chinese immigrant women may be more vulnerable to abuse even though they have a career life because of gender role, lack of support, their family values, and other stress factors as an immigrant. Another study was conducted among 83,627 married Indian women aged 15 to 49 years old, to examine effects of women’s and their husband’s level of education on women’s risk of recent and lifetime IPV (Ackerson et al., 2008). This study found that women who had the highest level of education, compared to that of their partners, were more likely to report IPV. On the other hand, another study found that women who had completed more than five years of education had lower chances of being abused than uneducated women (Sen, 1999). Having education can increase women’s self-esteem and their ability to link local organization to receive support to be more able to resist violence.

In this study, some participants mentioned that their partner abused them financially and that they were depending on him. One participant mentioned that she worked during her marriage, but she did not have her own private bank account. She deposited her salary every month into her ex-husband's bank account. When she left the house, she did not have any money. Her ex-husband forced her into poverty so that she was unable to buy a plane ticket to go back to her country. In this study, Middle Eastern immigrant women explained how their unique experience in being an immigrant intersected with the financial challenge of how their partner manipulated them to keep them in this country and dependent on their abusive partners.

Financial abuse is another common component to IPV relationships. Financial or economic abuse is described as the use of resources to threaten the economic security and potential for self-sufficiency of another (Adams et al., 2008). Thus, an economic abuse perpetrator controls what their victim can and cannot do. Survivors may be financially dependent on their abusive partner, or they might work together in the same company. This finding was consistent with other studies that showed how a survivor's decision to stay or leave the abusive partner related to financial dependency (Anderson et al., 2003; Davis, 2002; Kim & Gray, 2008).

Survivors feel love for their abusive partner. At the start of the relationship, the perpetrator can be charming and attractive in appearance, finances, or career. One participant reported that her ex-partner was one of the best scientists in Europe; he had a good job and appearance, and she trusted him. Until she decided to leave him, she always felt hope that her partner would go back to being a nice person, as he had been at the beginning. The participant stated that "I was so excited when he texted me the first time. Oh my God, I cried, I have fallen in love with him."

### *Help-Seeking*

The second research question was, “How do Middle Eastern immigrant women survivors of IPV cope with IPV in their lives?” In this study, the participants reported that they utilized various services when the violence escalated, such as calling police, seeking help from the domestic violence shelter, and counseling, as well as relying on their faith.

Other literature supported the results of this study. The researchers revealed that survivors seek help in the abusive relationship when the violence is severe and gets worse (Macy et al., 2005; Nurius et al., 2011). Liang and colleagues (2005) identified the help-seeking behaviors of survivors of IPV. Their study explored that women’s intentions of help-seeking depended on individual, family, cultural, and economic influences. Utilizing formal and informal social supports has been demonstrated to increase survivor's mental health, as well as their willingness to seek help from formal resources to stay safe (Liang et al., 2005).

In this study, most of the participants responded that they received support from their trustworthy friends and families, and that they prayed to God. The literature confirmed that the support of friends and relatives is a key protective factor associated with improved mental health outcomes among IPV survivors (Astin et al., 1993; Carlson et al., 2002; Gondolf & Fisher, 1988).

In the study, participants identified religion and faith as playing a significant role when they experienced IPV. Participants reported that faith helped them continue to fight against the challenges in their life. One participant expressed that “Believing in God and asking his help is necessity for human being. So that helped tremendously in hard times because there is somebody even though you do not see you know you believe him, you have faith.” [Believing in God and asking His help is a necessity for human beings. So that helped tremendously in hard times

because there is somebody that, even though you do not see Him, you know Him. You believe in Him, and you have faith.] Other women stated that “I prayed a lot. I remember I cried and begged God to help him to stop fighting with me.” This result was also consistent with previous research that showed how having faith and religion can provide women with the strength to survive IPV (Mahapatra & DiNitto, 2013; Khan, 2015). Additionally, another study also revealed that praying to God is one of the methods among IPV survivors to reduce their anxiety and worries (Bhandari, 2018).

Among IPV survivors, those who have received tangible and emotional support can have less psychological impacts of their partners’ abuse, such as depression, anxiety, suicide attempts, and PTSD (Liang et al., 2005). Research has revealed that having social support might affect survivor's mental health by moderating their well-being, or by mediating the relationship between violence and mental health (Arias et al., 1997; Thompson et al., 2000). In the study, participants indicated that they shared their abusive experiences and received emotional support from their friends or families, which helped them cope. In the study, most of the participants reported that they feel comfortable talking to friends and some relatives about their situation. One participant highlighted that her best friend helped her during her recovery, and that having emotional support from a close friend protected her from deep depression and from feeling alone.

However, some studies have shown that even for survivors who receive the support of family and friends, this support might be insufficient to prevent the violence or stop the abuse (Liang et al., 2005). In the study, one participant mentioned that her mother showed her love and affection, but her mother suggested for her to stay in the relationship to protect her financial income.

On the other hand, formal support can influence the physical safety of the survivors. Women who have received professional support and used domestic violence services are twice as likely to be free of IPV compared to women who did not receive professional support (Sullivan & Bybee, 1999). In the study, one participant reported that she stayed in a domestic violence shelter after she left her house. At the beginning of the abuse, she called the police, and the police put her batterer in jail and provided her a civil protection order. She expressed that she felt that she was safe because of this experience. Another participant mentioned that after she called the police, her partner felt afraid that he might be deported, so he stopped bothering her. The participant stated that “I felt powerful when I called 911. I swore to him if he called me again, I would call 911 to have him arrested.”

While formal supports have been shown to help increase safety for survivors of IPV, some survivors hesitate to access domestic violence services due to the potential costs of services, as well as due to stigma, impact on family reputation, and threats on their lives (Fleury et al., 1998; Goodkind et al., 2003; Lempert, 1997). In this study, one participant mentioned that she was hesitating to consult with a divorce lawyer because of the cost. Another participant stated that:

I went to a shelter again and consulted about a lawyer. They gave me a lawyer’s name and she requested \$3000 for the case, I did not have any money so I was obliged to call my mother to ask for the money.

A study among Vietnamese American women revealed that interpersonal and socio-cultural factors influence women’s help-seeking decisions (Bui, 2003). Additionally, Bui found that Vietnamese women were less likely to utilize services if the services were not provided in the Vietnamese language. Also, Vietnamese women reported being concerned about inviting unfair

racial prejudice to their abusive partner, so they hesitated to seek help from mainstream agencies (Bui, 2003). Among the ten Middle Eastern immigrant female survivors in this study, one participant opined that the agency should provide services in another language, such as Turkish. The participant shared that she struggled with her language barrier when trying to explain her feelings, and she hesitated to ask questions to police officers when she sought help. The participant stated that “after I learned English well, I began voluntarily helping survivors who are from same country as me with translation. I know how it can be hard for them to express their feelings in another language.” Understanding why survivors do or do not choose to seek help from professional services is important to consider when assessing a service’s quality, cultural competence, and accessibility.

In this study, the primary research question was: “What is the essence of the lived experience of Middle Eastern immigrant women IPV survivors in the United States?” The women in this study spoke about their lived experience of violence: psychological/emotional, sexual, and physical. They also described the pattern of the violence which they have experienced: pain, threats, cultural impact, and challenges of being an immigrant.

### ***Challenges and Barriers***

Previous research shows that women who lived in a minority group as immigrants often found themselves at the intersection of numerous inequalities and encountered additional issues, including a higher risk of violence (Thiara & Gill, 2010). Having challenges and barriers affected participants’ decisions to seek help. The significant barriers for Middle Eastern immigrant female IPV survivors included having fear of losing child custody, language barriers, financial dependency, and fear of deportation.

In this study, even though most of the participants were well educated, they had to learn English when they came to the United States. One participant identified that the language barrier affected her ability to understand policy in the U.S. so that she could know how to represent herself when she attended court and had to speak in front of the judge. This is one of the challenges intersect being an immigrant. This finding is consistent with other studies involving immigrant women with other nationalities and languages. Similar research has shown that immigrant women in Canada are accepted as dependent on their partners, even if the women and men have equal job skills and education qualifications (Guruge et al., 2019). Such cultural norms can facilitate the abusive partner's control.

Previous studies have also highlighted that services and service providers need to address language barriers in order to better serve immigrant survivors (Bhuyan & Velagapudi, 2013; Reina et al., 2014). Another study among immigrant women in the United States noted that in the child protection system, there is a lack of language services, so parents fear losing their children because of their lack of understanding, due to limited English ability (Earner, 2007).

Additionally, the participants identified that feeling homesick and being away from their original countries were challenges for them. One participant stated that "I was always homesick missing my old friends and I practically cried [for] about five years [straight]." Another participant said that "sometimes you just want to speak with your friends in your own language to express your feelings." In the literature, homesickness is defined as grieving for one's lost home and relationships, including having a preoccupation with family members in the original country. This can cause negative attitudes toward the new environment, challenges in adapting, and less interest in interacting with new people (Van Tilburg et al., 1996).

Homesickness can be a form of acculturative stress that impedes cultural adaptation (Spiegler et al., 2019).

This study reveals that Middle Eastern immigrant females face acculturative stress factors including less communication with their family, not having trusted friends, and feeling as if they do not belong in this culture. Previous studies have shown that other immigrant populations have similar experiences. One study revealed that immigrants from Mexico face a multitude of challenges and acculturative stressors related to low self-esteem, symptoms of depression, and intention of suicide (Gonzalez et al., 2002). Another study showed that Turkish immigrants reported to be moderately homesick when they moved to another country (Spiegler et al., 2015). Understanding the challenges and barriers faced by Middle Eastern immigrant female IPV survivors contributes to existing literature and reinforces the value of listening to immigrant women in order to be able to develop appropriate programs for this population.

### ***Culture***

In this study, some of the participants spoke about their experience of IPV within the context of gender inequality reinforced by their cultural influences. In many cultures, women and men are not treated equally by custom and law, and women and men can have different roles and expectations in the different cultures. The participants mentioned about their partners having grown up in patriarchal societies with male domination. Commonly, men are used to having privilege, and culturally men have more power in the society. In describing their partner's cultural effects on abuse one women stated "he had a cultural view which was not acceptable and not even existent in my world. That cultural difference really screwed up a lot of things." The

participant mentioned that she did not accept her husband's cultural view related to male domination and women's role in the family. Another woman said that:

Men think you are an "it," like a possession. They think they are the best and they just act with animal instincts rather than thinking like a human and acting like human. I am sorry that there are such heavy burdens on the men; that is how it is in that culture. They want to have all the control.

In order to understand gendered violence, social and cultural differences should be considered. According to intersectionality theory, it is important to understand violence through the lenses of various intersecting identities, including class and cultural context (Crenshaw, 1991). In the data, cultural factors also emerged in terms of specific family values, expectations of women in the family, and the unique beliefs of various cultural groups.

In the study Middle Eastern immigrant women described how their male-dominant culture affected their partner's views of women. One participant mentioned that her partner sees her as a slave to serve him all the time. She said that in the court after he described how she served him at home, the judge asked him "was she a slave or a wife for you?" And he said, "of course she had to do what I asked, I am her husband; this is how I have been brought up to be." The same women also mentioned that she was a feminist and she insisted that her mother divorce her abusive father, but she said that "I don't know how I stayed with this sick guy even though I believe in gender equality; when my mom heard what happened in my marriage, she was shocked." As a researcher, my interpretation about why she stayed in the relationship could be related to the fact that she was in a new country and could want give her husband the chance that he would change. Also, she did not have a job and was financially dependent on her husband. As a person who comes from a male dominant society, even though some women believe that

women and men need to be equal, as we grow up our subconscious is impressed by the cultural expectation that women serve their family and should take care of all the household things and their husband/children. I believe that we have learned the gender roles while growing up. Although we may be against those gender roles and expectation as women, we might still follow them as we learned from our family.

The Middle Eastern region has some patriarchal societies and cultures. Patriarchy is defined by two components, including a structure in which men have more privilege and power than women and an ideology that legitimizes this conception (Smith, 1990). Over the past decades, familial patriarchy might have dwindled, but the ideology still appears in the society (Ahmad et al., 2004; Barrett, 1980). In the patriarchal family system, the wife has to follow the rules in the house and if the wife does not conform to these norms, abuse is justified (Dobash & Dobash, 1979; Kandiyoti, 1988; Kim et al., 2007). In society, patriarchy impacts societal structures for men and women. Throughout history, and especially within male-dominated societies, women have been vulnerable to male violence (Kennedy & Dutton, 1989; Straus & Gelles, 1986).

Violence against women is strongly related to gender lines; violent victimizations can be different for males and females (Hunnicut, 2009). For instance, women are more likely to be murdered by an intimate partner than men in a male-dominant society (Tonsing & Tonsing, 2019). Perceptions of IPV can be affected by an historical context of male power, which often determines social laws and policies about violence against women, as well as legal, cultural, and social expectations from women. Even though the ideology of patriarchy can be changed, it still has continued to endure in many societies (Tonsing & Tinsing, 2019). In Middle Eastern culture, women link themselves to social and cultural rules shaped by male dominance (Clark et al.,

2010). In the study, some participants spoke of how growing up in a male-dominant society affected their relationships. One participant indicated that she felt pressure to make her husband happy and to take care of the household. Desai and Krishnaraj (2004) found that women self-sacrifice and self-efface in the family, in order to be seen as faithful and devout mothers.

Another participant mentioned that when she lost her virginity, she felt guilty and ashamed because of cultural expectation. Patriarchal systems and religious leaders have used stigma related to female virginity to control behavior and values over the years (Ababio & Yendork, 2017). Kefallinos (2012) discussed that within strict patriarchal or cultural norms, to lose virginity before marriage can cause decreased self-worth in women. Also, Christianity, Islam, and other traditional religions all discourage sex before marriage, labeling it as sin or an abomination (Akintude & Ayantayo, 2005).

Another participant mentioned that she witnessed her father's abusive behaviors, and she observed her mother through her childhood. The participant's mother was a role model for her. According to social role theory, individuals learn femininity and masculinity through social conditions, and learn to link gender roles to their biological sex as well as according to social structures (Alsop, et al., 2002). Therefore, exploring of the impact of society, culture, religion, and family values will provide a lens to help understand women's perspectives of family structure and how they perceive and respond to IPV in their lives.

### **Similarities and Differences among Middle Eastern Immigrant Women**

In this study, ten Middle Eastern immigrant IPV survivors reported their experiences of IPV, their coping strategies, and their views of the role of their immigration experiences to their IPV experience. Among the ten Middle Eastern immigrant women IPV survivors in this study, both similarities and differences emerged among the intersectionalities between them.

One of the most similar patterns that all of ten women experienced was psychological emotional abuse by their partners. All of them had experienced psychological abuse and they had similar violence pattern experiences, patterns that match those reported in previous research with other cultural groups. In this study, even though all women were able to speak with me, they had various language levels when they came to the U.S. at the beginning of their language experience living in the U.S were different. Grace mentioned that she did not know how to speak English at the beginning of her experience of living in the U.S., while Honey mentioned that she only knew a basic level of English and she did not feel comfortable to speak with police officers. In this study, women who came to the U.S. for doctoral education reported that they knew English before they came, however they were still struggling with language barriers after a couple of years. Other women mentioned that they learned and improved their language ability during their stay in the U.S. In this study, half of the women were originally from Turkey, while others were from Afghanistan, Iran, Israel, and Syria. These ten women each came from different cities and various cultural backgrounds. However, all of them highlighted that they had grown up in a male-dominant society. In this study, all of the women were legally staying in the U.S. Moreover, the participants discussed their coping strategies and all of them highlighted that even though they had different belief systems, having faith was one of the strongest coping mechanisms for them.

On the other hand, those ten women had differences in education level, marital status, having or not having children, and financial dependency. In this study, women who had been engaged to or dating their abusive partners mentioned that they were able to leave their abusive partner more quickly than those who were married to their abusive partner. In addition, women who had children reported that it was harder for them to begin the divorce process because of

their children, than did women who had no children. Moreover, in this study, women who came to the U.S. for education were able to separate and be more independent than women who came to the U.S. for marriage reason.

There were financial differences among those ten women. The women who came to the U.S. for education reasons were more independent financially than women who came as marriage partners. In the study, women who were in doctoral programs and dated their partner reported that they were more financially independent than women who were married and had a job. In this study, women reported that even though they had their own job, their partner checked their bank account and they shared the money together. In addition, although all of the women were in the U.S. legally, they had different visa types. In the study, women whose visa depended on their partner stayed in the abusive relationship until they received their U.S. citizenship.

Therefore, it is important to be aware of those different intersects and experiences among IPV survivors. Every survivor has unique experiences in her life even though it seems similar with the others. Understanding these unique and varying intersections will assist us to consider their strengths and needs when we provide assistance to them.

### **Implications for Social Work and Practice**

It is important for all social workers, and especially for professionals who work with this population, to hear the voices of Middle Eastern Immigrant Female IPV survivors, including the details of their lived experiences of IPV and their coping mechanisms. In society, there might be some stereotypes of Middle Eastern women, such as those Middle Eastern women are not educated, that they only have a role being a mother, that violence comes from their religious background, and that Middle Eastern women are oppressed and simply accept the violence. However, this study provides information directly from Middle Eastern Immigrant

women, and it encourages professionals to view the experience of IPV among this population as a subjective and complex phenomenon that can be affected by histories and values.

Findings from this study provide awareness of this underserved population. Middle Eastern immigrant females, and especially IPV survivors, comprise a challenging population to reach. They might hesitate to speak about their abusive relationships due to family privacy and other issues arising from being immigrants and from having a language barrier. However, this study shows that even though this may be a challenging population to reach, some of the women were willing to share their stories and how they coped with IPV during the relationship and in their recovery.

As social workers, we have a responsibility to include IPV issues in policies, practice, and advocacy. We need to provide essential services to survivors of IPV and to their children. Women of all races and ethnic minorities are at risk of IPV, and recommendations for preventing IPV and creating effective supportive services should reflect cultural- and population-based differences in how they perceive IPV. In the Middle Eastern region, there are different cultural differences and religions, so social workers and other professionals who work with Middle Eastern immigrant women IPV survivors should be aware of those differences when they provide the services. For example, if women have language barriers, social workers should be able to help to provide a translator. In the United States, some states have a larger immigration population especially from Middle Eastern countries, but some states have less immigrant populations. In the field, if a social worker might not have been exposed to Middle Eastern immigrant women before, they can connect with other agencies which provide services to the Middle Eastern population and can receive training to gain knowledge about their culture and attitudes in order to better help them. From a social worker perspective, we have to provide their

basic needs first and put them in a safe place, while being warm, supportive, welcoming, and culturally respectful.

Also, in this study, the women were immigrants in the United States, so the helpers should be aware of their immigration challenges and know how to provide appropriate resources for immigrant IPV survivors. In the field, social workers should be able to tailor services to meet with women's individual needs. Social workers who work with immigrant populations should be trained to work specifically with the immigrant population, and they should know their challenges such as immigration status (do they have their own passport? does their visa depend on their abusive partner), language barriers, and economic circumstances. For example, women might need an advocator, lawyer, and other professionals in the justice system, so social workers and other professionals should be able to help the survivors of IPV regarding these needs. The study results find the significance of increasing services to help members of this population to access supports for IPV survivors.

Additionally, professionals should refrain from judging Middle Eastern immigrant women IPV survivors if they refuse to seek formal help, as this may be due to other conditions in their life, such as having children, being dependent on their abusive partners, and culture-related shame. Professionals are encouraged to understand Middle Eastern Immigrant women's decisions and help-seeking behaviors in the context of the unique challenges that they face when trying to escape from abusive environments. Furthermore, in the study, most of the women reported that they utilized informal coping mechanisms to survive with IPV, such as having faith or having a trusted friend. Providers can serve as a bridge between informal and formal forms of support for women who have been abused. The professional can connect survivors with appropriate formal services, as well as with informal communities such as their

supportive faith community and community leaders that can support women if they prefer. In addition, the professional should be aware of the women's unique needs. For instance, survivors of Middle Eastern immigrant women IPV can have children, and children can expose the violence at home. In this study, some women had children who were witnesses to the violence. In the field, professionals have to know how violence is linked to children's health, their ability to succeed in school, and their lives in general. The Adverse Childhood Experiences study, conducted between 1992 and 1995 in San Diego, found that there is significant relationship between childhood experiences of abuse and violence and a negative impact on adult mental and physical health (Felitti et al., 1998). Therefore, the professional who works with survivors of IPV needs to understand IPV consequences for survivors and children.

The needs of women who have been abused may evolve over time, and it will be important to have supports that may be flexible to those changing needs in order for survivors to be able to maintain their safety and mental health. In this study, one participant mentioned that a social worker helped her by explaining the policies of the criminal justice system in the United States. One of the biggest challenges for immigrant women is that they might not know the laws in the state where they live, or how those laws can apply to them. The same participant reported that the police did not clearly explain the law process to her, which affected her ability to understand and advocate for her legal rights. Another important implication in this study is the need to educate the police about domestic violence issues. Intervention plans should target the response of police officers to survivors needs.

Given the dearth of research on the Middle Eastern population, it will be beneficial to amplify the voices of such research participants in order to increase awareness and understanding of this population and to improve the accessibility and quality of available services. In the future,

using social media, podcasts, workshops, and other tools might be helpful to share their stories with other women. As a social worker, I think that this study provides the professional descriptive knowledge of the Middle Eastern immigrant population and women's voices. Each woman in the study has unique experiences, strengths, and challenges

All service professionals should be trained to consider the impact of language and other barriers to immigrant women's knowledge about the legal system in the United States. All types of professionals who work with domestic violence victims and immigrants, including victim advocates, social workers, and mental health providers should receive cultural competence training in order to effectively intervene when working with immigrant IPV.

### **Implications for Research**

With regards to problem definition, we must attempt to understand the lived experiences of Middle Eastern immigrant women IPV survivors and their coping strategies from their own perspectives using research samples. In the research, it is important to know how Middle Eastern immigrant women experienced IPV to aid in designing effective services to women who are in an ethnic minority population. In the literature, other studies focused on various immigrant populations and reported similar results, but this study focused on Middle Eastern Immigrant female IPV survivors which, as a population, has received little attention and has been difficult to reach. As a researcher, when I began my research and during the data collection process, I had a difficult time connecting to the population and could not obtain sufficient support from domestic violence agencies to connect these women. Additionally, other researchers had mentioned that this study could be difficult for me; that data collection might be hard. It was not easy, but it was not impossible. One of the unique aspects of this study was that researcher was able to successfully reach out to the population. As it turns out, there are women who come from

Middle Eastern countries and who are willing to speak about their experiences. This study endeavored to increase attention to this population, and the study results reveal that connection can be made in order to learn more about the population.

This study provides a model for researchers to explore the patterns of help-seeking by this population, from both formal and informal supports, as well as the effects of IPV on these women's lives and the methods of coping that they have used to survive. As a researcher, one of my challenges was writing part of the literature review due to lack of research and current statistical knowledge regarding IPV in Middle Eastern countries and this immigrant population in the United States. Due to these reasons, it is crucial that we understand the processes by which they choose specific forms of help to cope with IPV. Additionally, it is critical that we explore Middle Eastern Immigrant women's life experiences with IPV and their challenges and strengths as immigrants in the United States. This study can be a resource for the researcher and audience to learn and understand IPV issues regarding women who came from Middle Eastern countries and contribute to their own study, intervention, and prevention.

In this study, most of the participants mentioned that they were glad to share their life experiences to contribute to literature. Future studies can utilize this study as a basis for understanding the lived experiences of Middle Eastern Immigrant Female IPV survivors and the coping mechanisms they use to survive. Future studies can evaluate the concepts of women's coping strategies and the effectiveness of those coping strategies, as well as the impacts that immigration to the United States can have on a woman's life. In addition, this study can provide information for researchers to discuss the similarities and differences among populations in terms of the resources utilized to cope with IPV and the process of help-seeking. This study can also provide information to researchers as to why Middle Eastern Immigrant female IPV survivors

stay in abusive relationships, including details that help to understand their unique challenges and other factors that are relevant in their lives. A major contribution of the study was that even though the population was a challenging population to reach, doing so was possible, so this gives encouragement to other researchers to focus and study within this population and other populations that may appear almost impossible to study.

### **Implications for Policy**

In the United States, at the federal level, congress passed the Violence Against Women Act (VAWA) 1994. The primary goal of the VAWA is to protect the people who have experienced domestic violence, dating violence, sexual assault, and stalking, and to address concerns about violent crime as well as to increase awareness of domestic violence in United States society (Modi et al., 2014; Sacco, 2014). Since 1994, the act was reauthorized with several modifications. The Act was reauthorized in 2013, expanding protection to improve and update legislation for immigrants. Also, it included new groups, such as the LGBT population, Native American women, immigrant women, and college students, and also included support for work with tribes and tribal organizations (Modi et al., 2014; Sacco, 2014). Lastly, the VAWA was reauthorized in 2019 through 2024 to improve the program and increase funding for grant programs by state and local service providers Even though there is an Act to protect immigrant women, there is still a process that they must go through in order to access help.

In this study, one of the participant's experiences showed that immigrant women have challenges due to not understanding the laws. According to the law, a survivor of violence against women has to fill out a self-petition form to prove that her partner abused her. In addition, the woman must be a U.S. citizen or lawful permanent resident. If you are undocumented in this country, you are not eligible for VAWA protections. Furthermore,

married women have to prove that the abuse happened during the marriage. In the study, one participant mentioned that she called the police five times, and each time the police gave her a letter that she did not understand. The police did not interfere in the situation, so the woman felt she had to stay at home with her abusive husband. This woman had a language barrier and the police did not inform her clearly. Of significance, this study's findings bring immigrant population needs to the attention of policymakers. Immigrant women might need specific support from professionals who work with IPV cases. In the criminal justice system, professionals should be aware of insufficient response to specific populations and police officers should have training on how to respond to survivors' needs, especially for specific populations such as immigrants. In addition, educating community leaders and providing training in the community can be effective to prevent domestic violence.

The study findings reveal that policy should be strengthened and that legislators need to engage stakeholders and give an opportunity to IPV survivors who feel hopeless and powerless. At the federal level, Congress should continue to support the Violence Against Women Act to protect women and children. At the state and local level, policymakers are recommended to make sure that laws are understandable and easy to access for immigrants. Courts, hospitals, shelters, social services, and other domestic violence agencies should have interpreters for as many languages as possible, to adequately serve IPV victims. All providers should ensure that their policies treat people from various cultures and backgrounds with respect. In addition, one participant mentioned that the domestic shelter did not have enough funding to provide her with a divorce lawyer, and she could only stay in the domestic shelter for a limited number of days. Policymakers need to provide more funding to domestic violence shelters to provide enough services to support survivors of IPV. Also, policies need to promote the funding

of legal education services and enhance the employment opportunities for Middle Eastern immigrant female survivors.

Currently and globally, we face the Covid-19 pandemic situation, and policy makers should be aware of increasing domestic violence situations in the country. Even though this is hard for the citizens of the U.S., it would be harder for the immigrant women to be safe and have resources. There could be barriers to reporting IPV during the pandemic and people can be discouraged from seeking help through the legal system. Also, some shelters are closed or reduced in capacity due to Covid-19. Policy makers should increase funding for domestic shelters at state and federal levels to ensure the survivors safety and needs.

Based on the intersectionality perspective, a policy or intervention will not be experienced by different communities in the same way, so the aim is to identify the needs of each specific group in order to address inequalities across immigrant status, ethnicity, class, gender, and disability (Hankivsky & Cormier, 2011). The intersectionality approach is not focused on one single solution; instead, it forces researchers and policymakers to focus on specific phenomena to solve the issues of each unique population (Day & Gill, 2020). This study highlights that Middle Eastern immigrant female IPV survivors hope to be able to apply for help through the courts and use the legal system without being limited by their immigrant status and language barriers and they would like to have more rights in legislation.

### **Recommendations for Future Research**

This study population included Middle Eastern immigrant female IPV survivors in the United States. The research subjects were ten Middle Eastern immigrant women IPV survivors in various states in the United States. Future research might concentrate on the same population but in a different area or broader geographic location. Future research could include women in other

states who are Middle Eastern female IPV survivors, to increase the number of participants and thereby obtain more information. Additionally, the participants in this study have been in the United States for at least two years. Future studies could concentrate on newly arrived immigrant IPV survivors who had experiences in their own countries before moving to the U.S. A comparative study of survivors, juxtaposing Middle Eastern immigrant women in their own country, and women who were originally from the Middle East but migrated to the U.S. and experienced violence in the U.S., could provide a different perspective on seeking help, coping, and lived experience of violence.

This was a qualitative study. It may be beneficial to conduct a mixed method or quantitative study related to Middle Eastern Immigrant Female IPV survivors' coping strategies and lived experiences. This study focused on the lived experiences of Middle Eastern immigrant female IPV survivors and the coping mechanisms they use to survive. Future studies could be more focused on Middle Eastern immigrant female IPV survivors' needs as immigrants and as IPV survivors. This study included heterosexual women; future research can extend to explore same gender relationships or transgender relationships among Middle Eastern Immigrant IPV survivors.

Additionally, I would recommend that future researchers continue to focus on effective prevention and intervention programs and tools to empower Middle Eastern Immigrant women and survivors of IPV. Also, future studies could concentrate on resources, as well as formal and informal supports, for IPV survivors. Future studies could be focused on the immigration process and other stressors and mediating factors in the Middle Eastern immigrant household. This study did not focus on IPV survivors' mental health issues; future studies could concentrate on mental health issues in order to contribute to existing literature. Additionally, future studies could

include professionals who work with Middle Eastern immigrant female IPV survivors, to explore professionals' ideas about working with this population. Future researchers could also contribute to existing literature by utilizing research methods to understand IPV perpetrators' behaviors, such as what leads them to abuse and their underlying motives.

### **Limitations and Delimitation**

There were some limitations that influenced the study process. One of my most prominent challenges was connecting with agencies and receiving approval from them to recruit my participants. So, I had a difficult time reaching out to the population, and it altered the study timeline. Because of the large amount and depth of data, analysis of the data took a long time, perhaps more than I anticipated. Moreover, the phenomenological approach requires the researcher's perspective and interpretations, so it was difficult to determine how my own biases fit into the process. Likewise, I did not have another coder, so I was the only person coding the data. For that reason, I could not provide a Kappa value in the data analysis. To minimize the limitation, I did member checking to ensure the quality of the study.

Another challenge was that English is my second language as well as the participants'. Interviews were conducted in English and Turkish, so it was possible that I might have lost some of the meaning of what the participants wanted to convey. I did not receive enough funding to hire a translator to conduct interviews in their own language. Also, the study utilized the phenomenological approach, and the participants had to articulate their thoughts and feelings in the study. However, it could have been difficult for the participants to accurately express themselves while talking about their experience of violence, due to language barriers or other factors

There were some delimitations within the study. This study focused on heterosexual relationships and male-female IPV, so the study was delimited to exclude female-male IPV and same-sex relationships. The study was only focused on Middle Eastern immigrant women who had experienced IPV by their current partners or ex-partners in the past and lived in the United States; thus, I did not include other immigrant populations. Also, the study included women who were over 18 years old and had voluntarily participated in the study.

### **Conclusion**

The purpose of this phenomenological study was to explore coping mechanisms of Middle Eastern Immigrant Female IPV survivors and their lived experiences. I used a purposive sampling method, including snowball technique, to recruit ten Middle Eastern immigrant women IPV survivors who lived in the United States. I had challenges in reaching out to this population. I concentrated on the saturation of the data instead of the number of participants. Ten participants' responses provided rich data; data saturation was reached after interviewing ten participants. I utilized audio recording of semi-structured interviews with open-ended questions that lasted at least 60 minutes in length. The participants were interviewed two times each. Only four participants participated in member-checking interviews and were interviewed a third time.

This study was approved by the University of Alabama IRB for data collection. The data analysis procedure was based on Moustakas' (1994) modified version of the Stevick-Colaizzi Keen method of analysis. Even though all ten participants had experienced IPV in their life, each of them had unique lived experiences and used different coping strategies to survive. This study provided an opportunity to give a current platform for Middle Eastern immigrant

female IPV survivors to share, in their own voice, their lived experiences of utilizing coping strategies to survive with IPV.

Approximately 1.2 million Middle Eastern and North African immigrants live in the United States, and the immigrant population has been growing every year (Cumoletti & Batalova, 2018). A study revealed that immigrant women were at risk of experiencing IPV after migrating to the United States because of lack of social support, English language challenges, and struggles with understanding the legal system (Erez et al., 2009). However, there was a dearth of research on Middle Eastern immigrant female IPV survivors. I intended my efforts as a beginning to address that gap.

As a researcher and social worker, I recognize that those women are willing to share their stories and would like to speak if they have a chance. I believe that in breaking the silence to hear unheard stories from Middle Eastern immigrant female IPV survivors contributed significantly to literature in new ways. Those stories came directly from Middle Eastern immigrant female IPV survivors which was one of the most challenging populations to reach in this country. All of the participants highlighted that they would like to receive more attention, to be able to speak about their stories. They mentioned that they feel gratitude and relief in sharing their lived experiences of IPV with other survivors. I believe that this study provided an opportunity to those ten women to feel worthy and valuable by having a voice to express their feelings in this society. I hope that this study will enhance efforts to concentrate on surviving Middle Eastern immigrant women and will stimulate other researchers, practitioners, and policymakers to change and provide more opportunities for the benefit and well-being of these women.

Overall, I explored the Middle Eastern Immigrant Female IPV survivors' lived experiences and their coping strategies as well as their challenges and strengths as immigrants. I found that their abuse experiences were varied. Their reasons for staying in the IPV relationship included concern for their children, financial dependency, and visa status. It emerged that the participants had challenges with accessing resources. The participants had different experiences with formal resources, such as the police and counseling services. In summary, the results suggest there is considerable need for future research to extend the study of this population, as well as an urgent need to increase accessible resources to empower abused immigrant IPV survivors in the United States.

## REFERENCES

- Ababio, P., & Yendork, J.S. (2017). "When you talk about virginity It's about females": Views on virginity among University of Ghana students. *Sexuality & Culture*, 21(2), 549-568. <https://doi.org/10.1007/s12119-016-9404-8>
- Ackerson, L.K., Kawachi, I., Barbeau, E.M., & Subramanian, S.V. (2008). Effects of individual and proximate educational context on intimate partner violence: A population-based study of women in India. *American Journal of Public Health*, 98(3), 507-514. <https://doi.org/10.2105/AJPH.2007.113738>
- Adams, A.E., Sullivan, C.M., Bybee, D., & Greeson, M.R. (2008). Development of the scale of economic abuse. *Violence Against Women*, 14(5), 563-588. <https://doi.org/10.1177%2F1077801208315529>
- Ahmad, F., Ali, M., & Stewart, D.E. (2005). Spousal-abuse among Canadian immigrant women. *Journal of Immigrant and Minority Health*, 7(4), 239-246. <https://link.springer.com/article/10.1007/s10903-005-5120-4>
- Ahmad, F., Rai, N., Petrovic, B., Erickson, P.E., & Stewart, D.E. (2013). Resilience and resources among South Asian immigrant women as survivors of partner violence. *Journal of Immigrant and Minority Health*, 15(6), 1057-1064. <http://doi.org/10.1007/s10903-013-9836-2>
- Ahmad, F., Riaz, S., Barata, P., & Stewart, D.E. (2004). Patriarchal beliefs and perceptions of abuse among South Asian immigrant women. *Violence against Women*, 10(3), 262-282. <https://doi.org/10.1177%2F1077801203256000>
- Akintunde, D.O., & Ayantayo, J. K. (2005). Sexuality and spirituality: Possible bedmates in the religious terrain in contemporary Nigeria. *Understanding human sexuality seminar series 4*. Africa Regional Sexuality Resource Centre.
- Akyüz, A., Şahiner, G., & Bakir, B. (2008). Marital violence: Is it a factor affecting the reproductive health status of women? *Journal of Family Violence*. <http://doi.org/10.1007/s10896-008-9169-4>
- Alase, A. (2017). The Interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), 9-19. <http://dx.doi.org/10.7575/aiac.ijels.v.5n.2p.9>

- Ali, P.A., & Naylor, P.B. (2013). Intimate partner violence: A narrative review of the feminist, social and ecological explanations for its causation. *Aggression and Violent Behavior*. <http://doi.org/10.1016/j.avb.2013.07.009>
- Ali, T.S., Asad, N., Mogren, I., & Krantz, G. (2011). Intimate partner violence in urban Pakistan: Prevalence, frequency, and risk factors. *International Journal of Women's Health*, 3, 105-115. <http://doi.org/10.2147/IJWH.S17016>
- Almosaed, N. (2004). Violence against women: A cross-cultural perspective. *Journal of Muslim Minority Affairs*, 24 (1), 67-88. <http://doi.org/10.1080/1360200042000212124>
- Alsop, R., Fitzsimons, A., & Lennon, K. (2002). *Theorizing gender*. Polity.
- Amanor-Boadu, Y., Messing, J.T., Stith, S.M., Anderson, J.R., O'Sullivan, C.S., & Campbell, J. C. (2012). Immigrant and nonimmigrant women: Factors that predict leaving an abusive relationship. *Violence against Women*. <http://doi.org/10.1177/1077801212453139>
- Asian Americans / Pacific Islanders in Philanthropy (2011). *AMEMSA Fact Sheet*. Retrieved from <https://aapip.org/sites/default/files/incubation/files/amemsa20fact20sheet.pdf>
- Anderson, M.A., Gillig, P.M., Sitaker, M., McCloskey, K., Malloy, K., & Grigsby, N. (2003). "Why doesn't she just leave?": A descriptive study of victim reported impediments to her safety. *Journal of Family Violence*, 18(3), 151-155. <https://doi.org/10.1023/A:1023564404773>
- Anson, O., & Sagy, S. (1995). Marital violence: Comparing women in violent and nonviolent unions. *Human Relations*, 48(3), 285-305. <http://doi.org/10.1177/001872679504800304>
- Arias, I., Lyons, C.M., & Street, A.E. (1997). Individual and marital consequences of victimization: Moderating effects of relationship efficacy and spouse support. *Journal of Family Violence*, 12(2), 193-210.
- Astin, M.C., Lawrence, K.J., & Foy, D.W. (1993). Posttraumatic stress disorder among battered women: Risk and resiliency factors. *Violence and Victims*, 8(1), 17-28.
- Babu, B.V., & Kar, S.K. (2009). Domestic violence against women in eastern India: A population-based study on prevalence and related issues. *BMC Public Health*, 9(1), 129. <http://doi.org/10.1186/1471-2458-9-129>
- Barkho, E., Fakhouri, M., & Arnetz, J.E. (2011). Intimate partner violence among Iraqi immigrant women in Metro Detroit: A pilot study. *Journal of Immigrant and Minority Health*, 13(4), 725-731. <http://doi.org/10.1007/s10903-010-9399-4>
- Barret, M. (1980). *Women's oppression today: Problems in Marxist feminist analysis*. New Left Books.

- Belmont Report. (1979). *Ethical principles and guidelines for the protection of human subjects of research*. The National Commission for the Protection of human subjects of biomedical and behavioral research. Retrieved from <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>
- Bevan, M.T. (2014). A method of phenomenological interviewing. *Qualitative Health Research*, 24(1), 136-144. <https://doi.org/10.1177%2F1049732313519710>
- Bhandari, S. (2018). South Asian women's coping strategies in the face of domestic violence in the United States. *Health Care for Women International*, 39(2), 220-242. <https://doi.org/10.1080/07399332.2017.1385615>
- Bhuyan, R., & Velagapudi, K. (2013). From one “dragon sleigh” to another: Advocating for immigrant women facing violence in Kansas. *Affilia*, 28(1), 65-78. <https://doi.org/10.1177%2F0886109912475049>
- Biasetti, G. (2016). Benefits of an interpretation course for foreign language learning and development. *Hispania-a Journal Devoted to the Teaching of Spanish and Portuguese*, 99(4), 615-634. <http://doi.org/10.1353/hpn.2016.0107>
- Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research: Probing data and processes. *Journal of Research in Nursing*, 13(1), 68-75. <https://doi.org/10.1177%2F1744987107081254>
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), 1802-1811. <https://doi.org/10.1177%2F1049732316654870>
- Black, M.C. (2011). Intimate partner violence and adverse health consequences: Implications for clinicians. *American Journal of Lifestyle Medicine*, 5(5), 428-439. <https://doi.org/10.1177%2F1559827611410265>
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M L., Merrick, M. T., & Stevens, M.R. (2011, November). *The national intimate partner and sexual violence survey (NISVS): 2010 summary report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from [https://cdc.gov/ViolencePrevention/pdf/NISVS\\_Report2010-a.pdf](https://cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf)
- Blakey, J.M. (2016). The role of spirituality in helping African American women with histories of trauma and substance abuse heal and recover. *Social Work and Christianity*, 43(1), 40.
- Bonomi, A.E., Anderson, M.L., Rivara, F.P., & Thompson, R.S. (2007). Health outcomes in women with physical and sexual intimate partner violence exposure. *Journal of Women's Health*, 16(7), 987-997. <https://doi.org/10.1089/jwh.2006.0239>

- Boy, A., & Kulczycki, A. (2008). What we know about intimate partner violence in the Middle East and North Africa. *Violence against Women*.  
<http://doi.org/10.1177/1077801207311860>
- Brabeck, K.M., & Guzmán, M.R. (2008). Frequency and perceived effectiveness of strategies to survive abuse employed by battered Mexican-origin women. *Violence Against Women*, 14(11), 1274-1294. <https://doi.org/10.1177%2F1077801208325087>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Breiding, M.J., Chen, J., & Black, M.C. (2014). *Intimate partner violence in the United States: 2010*. Centers for Disease Control and Prevention.
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513-530. <https://doi.org/10.1037/0003-066X.32.7.513>
- Browne, L. (2006). Domestic violence in barriers to health care for HIV-positive women. *AIDS Patient Care & STDs*, 20(2), 122-132. <https://doi.org/10.1089/apc.2006.20.122>
- Bryman, A., Lewis-Beck, M., & Liao, T. (2004). *The Sage encyclopedia of social science research methods*. Library and Information Science Research.
- Bui, H.N. (2003). Help-seeking behavior among abused immigrant women: A case of Vietnamese American women. *Violence against Women*, 9(2), 207-239. <https://doi.org/10.1177%2F1077801202239006>
- Bui, H.N., & Morash, M. (1999). Domestic violence in the Vietnamese immigrant community: An exploratory study. *Violence against Women*, 5(7), 769-795. <https://doi.org/10.1177%2F10778019922181473>
- Caldwell, J.C. (1982). *Theory of fertility decline*. Academic Press.
- Campbell, J., Jones, A.S., Dienemann, J., Kub, J., Schollenberger, J., O'campo, P., Gielen, A. C., Wynne, C. (2002). Intimate Partner Violence and Physical Health Consequences. *Arch Intern Med*, 162(10), 1157-63.
- Carbone-López, K., Kruttschnitt, C., & Macmillan, R. (2006). Patterns of intimate partner violence and their associations with physical health, psychological distress, and substance use. *Public Health Reports*, 121(4), 382-92. <http://doi.org/10.1177/003335490612100406>
- Carey, M. (2013). *The social work dissertation: using small-scale qualitative methodology: Using small-scale qualitative methodology*. McGraw-Hill Education (UK).

- Carlson, B.E., McNutt, L.A., Choi, D.Y., & Rose, I.M. (2002). Intimate partner abuse and mental health: The role of social support and other protective factors. *Violence Against Women, 8*(6), 720-745.
- Centers for Disease Control and Prevention (2017). *Intimate partner violence: Definitions*. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>
- Choi, Y.J., Elkins, J., & Disney, L. (2016). A literature review of intimate partner violence among immigrant populations: Engaging the faith community. *Aggression and Violent Behavior, 29*, 1-9. <http://doi.org/10.1016/j.avb.2016.05.004>
- Clark, C.J., Silverman, J.G., Shahroui, M., Everson-Rose, S., & Groce, N. (2010). The role of the extended family in women's risk of intimate partner violence in Jordan. *Social Science & Medicine, 70*(1), 144-151.
- Connelly, L.M. (2016). Trustworthiness in qualitative research. *Medsurg Nursing, 25*(6), 435-436.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *U. Chi. Legal F.*, 139.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stan. L. Rev.*, 43, 1241.
- Creswell, J.W. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. Sage.
- Creswell, J.W., & Plano Clark, V.L. (2011). *Designing and conducting mixed methods research*. Sage.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Sage.
- Cumoletti, M. & Batalova, J. (2018, January 10). *Middle Eastern and North African Immigrants in the United States*. Retrieved from <https://www.migrationpolicy.org/article/middle-eastern-and-north-african-immigrants-united-states>
- Cutcliffe, J.R., McKenna, H.P. (1999). Establishing the credibility of qualitative research findings: The plot thickens. *Journal of Advanced Nursing, 30*, 374–380.
- Cwikel, J., Lev-Wiesel, R., & Al-Krenawi, A. (2003). The physical and psychosocial health of Bedouin Arab women of the Negev Area of Israel: The impact of high fertility and pervasive domestic violence. *Violence Against Women, 9*(2), 240-257. <http://doi.org/10.1177/1077801202239008>

- Davis, R.E. (2002). Leave-taking experiences in the lives of abused women. *Clinical Nursing Research, 11*(3), 285-305.
- Day, A.S., & Gill, A.K. (2020). Applying intersectionality to partnerships between women's organizations and the criminal justice system in relation to domestic violence. *The British Journal of Criminology, 60*(4), 830-850. <https://doi.org/10.1093/bjc/azaa003>
- De Mendonça, M.F.S., & Ludermir, A.B. (2017). Intimate partner violence and incidence of common mental disorder. *Revista de Saúde Pública, 51*, 32. <http://doi.org/10.1590/S1518-8787.2017051006912>
- Desai, N., & Krishnaraj, M. (2004). An overview of the status of women in India. *Class, Caste, Gender, 296-319*.
- Deyessa, N., Berhane, Y., Alem, A., Ellsberg, M., Emmelin, M., Hogberg, U., & Kullgren, G. (2009). Intimate partner violence and depression among women in rural Ethiopia: a cross-sectional study. *Clinical Practice and Epidemiology in Mental Health, 5*(1), 8. <https://doi.org/10.1186/1745-0179-5-8>
- Dobash, R.E., & Dobash, R. (1979). *Violence against wives: A case against the patriarchy* (pp. 179-206). Free Press.
- Domestic Abuse Intervention Project. (n.d. circa 1993). *Power and control wheel*. National Center on Domestic and Sexual Violence.
- Doyle, J.L. (2020). Experiences of intimate partner violence: The role of psychological, economic, physical and sexual violence. In *Women's Studies International Forum, 80*, 102370. Pergamon. <https://doi.org/10.1016/j.wsif.2020.102370>
- Douki, S., Nacef, F., Belhadj, A., Bouasker, A., & Ghachem, R. (2003). Violence against women in Arab and Islamic countries. *Archives of Women's Mental Health, 6*(3), 165-171 <http://doi.org/10.1007/s00737-003-0170-x>
- Dwairy, M.A. (2006). *Counseling and psychotherapy with Arabs and Muslims: A culturally sensitive approach*. Teachers College Press.
- Earner, I. (2007). Immigrant families and public child welfare: barriers to services and approaches for change. *Child Welfare, 86*(4).
- Ellsberg, M., Jansen, H.A., Heise, L., Watts, C.H., & Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *The Lancet, 371*(9619), 1165-1172. [https://doi.org/10.1016/S0140-6736\(08\)60522-X](https://doi.org/10.1016/S0140-6736(08)60522-X)

- El-Zanaty, F., & Way, A. (2006). *Egypt Demographic and Health Survey 2005*. Population (English Edition).
- Englander, M. (2012). The interview: Data collection in descriptive phenomenological human scientific research. *Journal of Phenomenological Psychology, 43*(1), 13-35. <https://doi.org/10.1163/156916212X632943>
- Erickson, J. (2017). Intersectionality theory and Bosnian Roma: Understanding violence and displacement. *Romani Studies, 27*(1), 1-28.
- Erez, E., Adelman, M., & Gregory, C. (2009). Intersections of immigration and domestic violence: Voices of battered immigrant women. *Feminist Criminology, 4*(1), 32-56.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine, 14*(4), 245-258.
- Flasch, P., Murray, C.E., & Crowe, A. (2017). Overcoming abuse: A phenomenological investigation of the journey to recovery from past intimate partner violence. *Journal of Interpersonal Violence, 32*(22), 3373-3401. <https://doi.org/10.1177/0886260515599161>
- Fleury, R.E., Sullivan, C.M., Bybee, D.I., & Davidson II, W.S. (1998). Why don't they just call the cops?: Reasons for differential police contact among women with abusive partners. *Violence and Victims, 13*(4), 333-346.
- Fochtman, D. (2008). Phenomenology in pediatric cancer nursing research. *Journal of Pediatric Oncology Nursing, 23*(4), 203-210. <http://doi.org/10.1177/1043454208319186>
- Freeland, R., Goldenberg, T., & Stephenson, R. (2018). Perceptions of Informal and Formal Coping Strategies for Intimate Partner Violence Among Gay and Bisexual Men. *American Journal of Men's Health, 12*(2), 302-312. <https://doi.org/10.1177/1557988316631965>
- Fuchsel, C. (2012). The Catholic Church as a support for immigrant Mexican women living with domestic violence. *Social Work & Christianity, 39*(1), 66-87.
- Fusch, P.I., & Ness, L.R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report, 20*(9), 1408.fush
- Garcia-Moreno, C., Jansen, H. a F. M., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet, 368*(9556), 1262-1269. [http://doi.org/10.1016/S0140-6736\(06\)69523-8](http://doi.org/10.1016/S0140-6736(06)69523-8)

- Gerbrandij, J., Rosenfeld, B., Nijdam-Jones, A., & Galietta, M. (2018). Evaluating risk assessment instruments for intimate partner stalking and intimate partner violence. *Journal of Threat Assessment and Management*, 5(2), 103. <https://psycnet.apa.org/doi/10.1037/tam0000101>
- Glaser, B.G., & Strauss, A.L. (2017). *Discovery of grounded theory: Strategies for qualitative research*. Routledge.
- Gondolf, E.W., & Fisher, E R. (1988). *Battered women as survivors: An alternative to treating learned helplessness*. Lexington Books/DC Heath and Com.
- Giorgi, A. (2012). The descriptive phenomenological psychological method. *Journal of Phenomenological Psychology*, 43(1), 3-12. <https://doi.org/10.1163/156916212X632934>
- Given, L.M. (2008). *The Sage encyclopedia of qualitative research methods*. Thousand Oaks. <http://doi.org/10.4135/9781412963909>
- Gonzales, N.A., Knight, G.P., Morgan-Lopez, A.A., Saenz, D., & Sirolli, A. (2002). Acculturation and the mental health of Latino youths: An integration and critique of the literature. *Latino Children and Families in the United States: Current Research and Future Directions*, 45-74.
- Gonzalez, J. (2010). The battered woman experience: A phenomenological study exploring the lives of Latina women and their experience with domestic violence. ProQuest Dissertations and Theses, 143. Retrieved from [http://search.proquest.com/docview/607289602?accountid=14553%5Cnhttp://openurl.lib.rary.uiuc.edu/sfxlc13?url\\_ver=Z39.88-2004&rft\\_val\\_fmt=info:ofi/fmt:kev:mtx:dissertation&genre=dissertations+&+theses&sid=ProQ:ProQuest+Dissertations+&+Theses+Full+Text&atit](http://search.proquest.com/docview/607289602?accountid=14553%5Cnhttp://openurl.lib.rary.uiuc.edu/sfxlc13?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation&genre=dissertations+&+theses&sid=ProQ:ProQuest+Dissertations+&+Theses+Full+Text&atit)
- Goodkind, J.R., Gillum, T.L., Bybee, D.I., & Sullivan, C.M. (2003). The impact of family and friends' reactions on the well-being of women with abusive partners. *Violence Against Women*, 9(3), 347-373.
- Guba, E.G., & Lincoln, Y.S. (1982). Epistemological and methodological bases of naturalistic inquiry. *ECTJ*, 30(4), 233-252.
- Gupta, R.N., Wyatt, G.E., Swaminathan, S., Rewari, B.B., Locke, T.F., Ranganath, V., Sumner, L.A., Liu, H. (2008). Correlates of relationship, psychological, and sexual behavioral factors for HIV risk among Indian women. *Cultural Diversity & Ethnic Minority Psychology*. <http://doi.org/10.1037/1099-9809.14.3.256>

- Guruge, S., Shirpak, K.R., Hyman, I., Zanchetta, M., Gastaldo, D., & Sidani, S. (2010). A meta-synthesis of post-migration changes in marital relationships in Canada. *Canadian Journal of Public Health, 101*(4), 327-331.
- Hacettepe University Institute of Population Studies (2015). *Domestic violence against women in Turkey*. Hacettepe University Institute of Population Studies, T.R. Ministry of Family and Social Policies, Ankara, Turkey. Retrieved from <http://www.hips.hacettepe.edu.tr/KKSA-TRAnaRaporKitap26Mart.pdf>
- Haj-Yahia, M.M. (2000). Wife abuse and battering in the sociocultural context of Arab society. *Family Process, 39*(1), 1-14. <http://doi.org/10.1111/j.1545-5300.2000.39207.x>
- Hamza, M. (2010). *A phenomenological study of the symptoms of expression of intimate partner violence in Arab Women* (Doctoral dissertation, Argosy University/San Francisco Bay Area).
- Hankivsky, O., & Cormier, R. (2011). Intersectionality and public policy: Some lessons from existing models. *Political Research Quarterly, 64*(1), 217-229.
- Hass, G. a., Dutton, M.A., & Orloff, L.E. (2000). Lifetime prevalence of violence against Latina immigrants: Legal and policy implications. *International Review of Victimology, 7*(1-3), 93-113. <http://doi.org/10.1177/026975800000700306>
- Hayes, B. E. (2013). Women's resistance strategies in abusive relationships: An alternative framework. *Sage open, 3*(3). <https://doi.org/10.1177/2158244013501154>
- Hazen, A.L., & Soriano, F.I. (2007). Experiences with intimate partner violence among Latina women. *Violence Against Women, 13*(6), 562-582. <http://doi.org/10.1177/1077801207301558>
- Hedtke, K.A., Ruggiero, K.J., Fitzgerald, M.M., Zinzow, H.M., Saunders, B.E., Resnick, H.S., & Kilpatrick, D.G. (2008). A longitudinal investigation of interpersonal violence in relation to mental health and substance use. *Journal of Consulting and Clinical Psychology, 76*(4), 633.
- Henriques, G. (2014). In search of collective experience and meaning: A transcendental phenomenological methodology for organizational research. *Human studies, 37*(4), 451-468. <https://doi.org/10.1007/s10746-014-9332-2>
- Heru, A.M. (2007). Intimate partner violence: treating abuser and abused. *Advances in Psychiatric Treatment, 13*(5), 376-383. <http://doi.org/10.1192/apt.bp.107.003749>
- Hulko, W. (2009). The time- and context-contingent nature of intersectionality and interlocking oppressions. *Affilia - Journal of Women and Social Work, 24*(1), 44-55. <http://doi.org/10.1177/0886109908326814>

- Hunnicut, G. (2009). Varieties of patriarchy and violence against women: Resurrecting “patriarchy” as a theoretical tool. *Violence Against Women, 15*(5), 553-573.
- Im, E-O., & Chee, W. (2012). Practical guidelines for qualitative research using online forums. *Computers, Informatics, Nursing: CIN*. <http://doi.org/10.1097/NXN.0b013e318266cade>
- Jewkes, R.K., Dunkle, K., Nduna, M., & Shai, N. (2010). Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: A cohort study. *The Lancet, 376*(9734), 41-48.
- Johnson, N. (2009). The role of self and emotion within qualitative sensitive research: A reflective account. *Enquire, 2*(4), 23-50.
- Kanagaratnam, P., Mason, R., Hyman, I., Manuel, L., Berman, H., & Toner, B. (2012). Burden of womanhood: Tamil women’s perceptions of coping with intimate partner violence. *Journal of Family Violence*. <http://doi.org/10.1007/s10896-012-9461-1>
- Kandiyoti, D. (1988). Bargaining with Patriarchy in Gender and Society. *Gender and Society, 2*, 3.
- Kefallinos, E. (2012). Eternal hymen: Greek-Australian female narratives of virginity in the post-modern epoch. *Modern Greek Studies (Australia and New Zealand), 15*.
- Kennedy, L.W., & Dutton, D.G. (1989). The incidence of wife assault in Alberta. *Canadian Journal of Behavioural Science/Revue Canadienne des Sciences du Comportement, 21*(1), 40.
- Khan, A.R. (2015). Women's coping strategies and help-seeking practices: Some observations on domestic violence in rural Bangladesh. *Asian Journal of Women's Studies, 21*(3), 252-272.
- Khan, S.N. (2014). Qualitative research method-phenomenology. *Asian Social Science, 10*(21), 298. <http://dx.doi.org/10.5539/ass.v10n21p298>
- Kim, J., & Gray, K.A. (2008). Leave or stay? Battered women's decision after intimate partner violence. *Journal of Interpersonal Violence, 23*(10), 1465-1482.
- Kim, J., & Lee, J. (2013). Prospective study on the reciprocal relationship between intimate partner violence and depression among women in Korea. *Social Science & Medicine*. <http://doi.org/10.1016/j.socscimed.2013.10.014>
- Kim, J.J., Lau, A.S., & Chang, D.F. (2007). Family Violence among Asian Americans. In F. Leong, A. G. Inman, A. Ebero, L. Yang, L. M. Kinoshita, & M. Fu (Eds) *Handbook of Asian American Psychology*, pp. 363-78. Sage.

- King, N. (2004). Using templates in the thematic analysis of text. In C. Cassell & G. Symon, (Eds.), *Essential guide to qualitative methods in organizational research* (pp. 257-270). Sage.
- Koppes, C.R. (1976). Captain Mahan, General Gordon, and the origins of the term 'Middle East.' *Middle Eastern Studies*, 12(1), 95-98.  
<https://doi.org/10.1080/00263207608700307>
- Krause, E.D., Kaltman, S., Goodman, L.A., & Dutton, M.A. (2008). Avoidant coping and PTSD symptoms related to domestic violence exposure: A longitudinal study. *Journal of Traumatic Stress*, 21(1), 83-90.
- Kulwicki, A., Aswad, B., Carmona, T., & Ballout, S. (2010). Barriers in the utilization of domestic violence services among Arab immigrant women: Perceptions of professionals, service providers & community leaders. *Journal of Family Violence*.  
<http://doi.org/10.1007/s10896-010-9330-8>
- Kumar, S., Jeyaseelan, L., Suresh, S., & Ahuja, R.C. (2005). Domestic violence and its mental health correlates in Indian women. *The British Journal of Psychiatry: The Journal of Mental Science*. <http://doi.org/10.1192/bjp.187.1.62>
- Lacey, K.K., McPherson, M.D., Samuel, P.S., Powell Sears, K., & Head, D. (2013). The Impact of different types of intimate partner violence on the mental and physical health of women in different ethnic groups. *Journal of Interpersonal Violence*.  
<http://doi.org/10.1177/0886260512454743>
- Lazarus, R.S., & Folkman, S. (1984). Stress, appraisal, and coping in child sexual abuse: A theoretical and empirical review. *Psychological Bulletin* (Vol. 116).  
<http://doi.org/10.1037//0033-2909.116.2.340>
- Lee, J., Pomeroy, E.C., & Bohman, T.M. (2007). Intimate partner violence and psychological health in a sample of Asian and Caucasian women: The roles of social support and coping. *Journal of Family Violence*, 22(8), 709-720.  
<https://doi.org/10.1007/s10896-007-9119-6>
- Lempert, L.B. (1997). The other side of help: Negative effects in the help-seeking processes of abused women. *Qualitative Sociology*, 20(2), 289-309.
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4(3), 324-327. <https://doi:10.4103/2249-4863.161306>
- Lewis-Beck, M.S., Bryman, A., & Futing Liao, T. (2004). *The SAGE encyclopedia of social science research methods*. Sage. <https://doi:10.4135/978141295058>

- Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology*, 36(1-2), 71-84.
- Lincoln, Y., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Logan, T.K., Cole, J.R., & Shannon, L.A. (2007). A mixed-methods examination of sexual coercion and degradation among women in violent relationships who do and do not report forced sex. *Violence and Victims*, 22(1), 71-94.
- Lopez, G., Radford, J. (2017). *Facts on U.S. immigrants, 2015: Statistical portrait of the foreign-born population in the United States*. Pew Research Hispanic Center, Washington, DC (2017). Retrieved from: <http://www.pewresearch.org/fact-tank/2018/09/14/key-findings-about-u-s-immigrants/>
- Ludermir, A. B., Schraiber, L.B., D'Oliveira, A.F., França-Junior, I., & Jansen, H.A. (2008). Violence against women by their intimate partner and common mental disorders. *Social Science & Medicine*, 66(4), 1008-1018. <https://doi.org/10.1016/j.socscimed.2007.10.021>
- Macy, R.J., Nurius, P.S., Kernic, M.A., & Holt, V.L. (2005). Battered women's profiles associated with service help-seeking efforts: Illuminating opportunities for intervention. *Social Work Research*, 29(3), 137-150.
- Mahapatra, N., & DiNitto, D.M. (2013). Help-seeking behaviors of South Asian women experiencing domestic violence in the United States. *Partner Abuse*, 4(3), 295-313.
- Marecek, J. (2016). Invited reflection: Intersectionality theory and feminist psychology. *Psychology of Women Quarterly*, 40(2), 177-181.
- Mason, M. (2010, August). Sample size and saturation in PhD studies using qualitative interviews. In *Forum qualitative Sozialforschung/Forum: Qualitative Social Research*, 11(3). <http://dx.doi.org/10.17169/fqs-11.3.1428>
- Maziak, W., & Asfar, T. (2003). Physical abuse in low-income women in Aleppo, Syria. *Health Care for Women International*. <http://doi.org/10.1080/07399330390191689>
- McConnell-Henry, T., James, A., Chapman, Y., & Francis, K. (2010). Researching with people you know: Issues in interviewing. *Contemporary Nurse*, 34(1), 2-9.
- McCusker, K., & Gunaydin, S. (2014). Research using qualitative, quantitative or mixed methods and choice based on the research. *Perfusion*. <http://doi.org/10.1177/0267659114559116>
- Menjívar, C., & Salcido, O. (2002). Immigrant women and domestic violence: Common experiences in different countries. *Gender & Society*, 16(6), 898-920.

- Meyer, S. (2012). Why women stay: A theoretical examination of rational choice and moral reasoning in the context of intimate partner violence. *Australian & New Zealand Journal of Criminology*, 45(2), 179-193. <https://doi.org/10.1177%2F0004865812443677>
- Michaels-Igbokwe, C., Abramsky, T., Devries, K., Michau, L., Musuya, T., & Watts, C. (2016). Cost and cost-effectiveness analysis of a community mobilisation intervention to reduce intimate partner violence in Kampala, Uganda. *BMC Public Health*, 16(1), 196. <https://doi.org/10.1186/s12889-016-2883-6>
- Midlarsky, E., Venkataramani-Kothari, A., & Plante, M. (2006). Domestic violence in Chinese and South Asian Immigrant Communities. *Annals of New York Academy of Sciences*, 1087(1), 279-300. <https://doi.org/10.1196/annals.1385.003>
- Mohajan, H.K. (2018). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People*, 7(1), 23-48.
- Moustakas, C. (1994). *Phenomenological research methods*. Methods. <http://doi.org/10.4135/9781412995658>
- National Center for Injury Prevention and Control. (2003). Costs of intimate partner violence against women in the United States. *Centers Dis Control Prev*, 1-64.
- National Institute of Justice (2017). *Intimate partner violence*. Retrieved from <https://www.nij.gov/topics/crime/intimate-partner-violence/Pages/welcome.aspx>
- Noble, H., & Smith, J. (2015, April). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing*, 18(2), 34-35. <http://doi.org/10.1136/eb-2015-102054>
- Nurius, P.S., Macy, R.J., Nwabuzor, I., & Holt, V.L. (2011). Intimate partner survivors' help-seeking and protection efforts: A person-oriented analysis. *Journal of Interpersonal Violence*, 26(3), 539-566. <https://doi.org/10.1177%2F0886260510363422>
- Ozaki, R., & Otis, M. D. (2017). Gender equality, patriarchal cultural norms, and perpetration of intimate partnr violence: Comparison of male university students in Asian and European cultural contexts. *Violence Against Women*, 23(9), 1076-1099. <http://doi.org/10.1177/1077801216654575>
- Ozturk, B., Li, Q., & Albright, D.L. (2019). Coping strategies among immigrant women who have experienced intimate partner violence in North America: A narrative review. *Aggression and Violent Behavior*, 48, 17-23. <https://doi.org/10.1016/j.avb.2019.06.001>
- Pico-Alfonso, M.A., Garcia-Linares, M.I., Celda-Navarro, N., Blasco-Ros, C., Echeburúa, E., & Martinez, M. (2006). The impact of physical, psychological, and sexual intimate male partner violence on women's mental health: Depressive symptoms,

- posttraumatic stress disorder, state anxiety, and suicide. *Journal of Women's Health*, 15(5), 599-611. <https://doi.org/10.1089/jwh.2006.15.599>
- Polkinghorne, D.E. (1989). Phenomenological research methods. In *Existential-phenomenological perspectives in psychology* (pp. 41-60). Springer.
- Raj, A., & Silverman, J. (2002). Violence against immigrant women: The roles of culture, context, and legal immigrant status on intimate partner violence. *Violence against Women*, 8(3), 367-398. <http://doi.org/10.1177/10778010222183107>
- Rani, M., & Bonu, S. (2009). Attitudes toward wife beating: A cross-country study in Asia. *Journal of Interpersonal Violence*, 24(8), 1371-1397. <http://doi.org/10.1177/0886260508322182>
- Rani, M., Bonu, S., & Diop-Sidibe, N. (2004). An Empirical investigation of attitudes towards wife-beating among men and women in seven sub-Saharan African countries. *African Journal of Reproductive Health*, 8(3), 116-136. <http://doi.org/10.2307/3583398>
- Reina, A.S., Lohman, B.J., & Maldonado, M.M. (2014). "He said they'd deport me": Factors influencing domestic violence help-seeking practices among Latina immigrants. *Journal of Interpersonal Violence*, 29(4), 593-615. <https://doi.org/10.1177%2F0886260513505214>
- Richards, L. & Morse, J.M. (2013). *README FIRST for a user's guide to qualitative methods* (3<sup>rd</sup> ed.). Sage.
- Roulston, K., & Shelton, S.A. (2015). Reconceptualizing bias in teaching qualitative research methods. *Qualitative Inquiry*, 21(4), 332-342. <https://doi.org/10.1177%2F1077800414563803>
- Runner, M., Yoshihama, M., & Novick, S. (2009). *Intimate partner violence in immigrant and refugee communities: Challenges, promising practices and recommendations*. Robert Wood Johnson Foundation. <https://doi.org/10.1007/s11136-011-0083-5>
- Şahin, H.A., & Şahin, H.G. (2003). An unaddressed issue: Domestic violence and unplanned pregnancies among pregnant women in Turkey. *European Journal of Contraception and Reproductive Health Care*, 8(2), 93-98. <http://doi.org/10.1080/ejc.8.2.93.98>
- Saldaña, J. (2016). *The coding manual for qualitative researchers* (3<sup>rd</sup> ed.). Sage.
- Sarpong, J.K. (2015). Partner violence, help-seeking, and coping: Perceptions of African immigrant women survivors. *ProQuest Dissertations and Theses*.

- Savin-Baden, M., & Major, C.H. (2013). Qualitative Research: The Essential Guide to Theory and Practice. *Qualitative Research: The Essential Guide to Theory and Practice* Routledge, 10, 11.
- Schwandt, T.A. (2000). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism. *Handbook of Qualitative Research*, 2, 189-213.
- Sen, P. (1999). Enhancing women's choices in responding to domestic violence in Calcutta: A comparison of employment and education. *The European Journal of Development Research*, 11(2), 65-86. <https://doi.org/10.1080/09578819908426739>
- Singer, A. (2013). Contemporary immigrant gateways in historical perspective. *Daedalus*, 142(3), 76-91.
- Smith, M.D. (1990). Patriarchal ideology and wife beating: A test of a feminist hypothesis. *Violence and Victims*, 5(4), 257-273.
- Smith, S.G., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *National intimate partner and sexual violence survey (NISVS): 2010-2012 state report*.
- Sokoloff, N.J. (2008). Expanding the intersectional paradigm to better understand domestic violence in immigrant communities. *Critical Criminology*, 16(4), 229. <https://doi.org/10.1007/s10612-008-9059-3>
- Solberg, L.B. (2010). Data mining on Facebook: A free space for researchers or an IRB nightmare? *Journal of Law, Technology & Policy*, 12 (2010), 313-325. <https://ssrn.com/abstract=2182169>
- Spiegler, O., Leyendecker, B., & Kohl, K. (2015). Acculturation gaps between Turkish immigrant marriage partners: Resource or source of distress? *Journal of Cross-Cultural Psychology*, 46(5), 667-683. <https://doi.org/10.1177%2F0022022115578686>
- Spiegler, O., Thijs, J., Verkuyten, M., & Leyendecker, B. (2019). Can children develop a dual identity when immigrant mothers feel homesick? A short-term longitudinal study among Turkish immigrants. *European Journal of Developmental Psychology*, 16(5), 581-594. <https://doi.org/10.1080/17405629.2018.1482742>
- St. Pierre, E.A., & Jackson, A.Y. (2014). Qualitative data analysis after coding. *Qualitative Inquiry*, 20(6), 715-719. <https://doi.org/10.1177%2F1077800414532435>
- Stockman, J.K., Hayashi, H., & Campbell, J.C. (2015). Intimate partner violence and its health impact on ethnic minority women. *Journal of Women's Health*, 24(1), 62-79. <https://doi.org/10.1089/jwh.2014.4879>

- Straus, M.A., & Gelles, R.J. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and the Family*, 465-479. <https://doi.org/10.2307/352033>
- Stylianou, A.M. (2018). Economic abuse experiences and depressive symptoms among victims of intimate partner violence. *Journal of Family Violence*, 33(6), 381-392. <https://doi.org/10.1007/s10896-018-9973-4>
- Sullivan, C.M., & Bybee, D.I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 67(1), 43.
- Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian journal of hospital pharmacy*, 68(3), 226-231. <http://dx.doi.org/10.4212/cjhp.v68i3.1456>
- Szaflarski, M., & Bauldry, S. (2019). The effects of perceived discrimination on immigrant and refugee physical and mental health. *Advances in Medical Sociology*, 19, 173-204. <https://doi.org/10.1108/S1057-629020190000019009>
- Ting, L. (2010). Out of Africa: Coping strategies of African immigrant women survivors of intimate partner violence. *Health Care for Women International*, 31(4), 345-364. <http://doi.org/10.1080/07399330903348741>
- Thiara, R.K., & Gill, A.K. (2010). Understanding violence against South Asian women. *Violence against Women in South Asian Communities*, 40(6), 29-54. <https://doi.org/10.1093/bjsw/bcq094>
- Thompson, M P., Kaslow, N.J., Kingree, J.B., Rashid, A., Puett, R., Jacobs, D., & Matthews, A. (2000). Partner violence, social support, and distress among inner-city African American women. *American Journal of Community Psychology*, 28(1), 127-143. <https://doi.org/10.1023/A:1005198514704>
- Tobin, G.A., & Begley, C.M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, 48, 388-396. <https://doi:10.1111/j.1365-2648.2004.03207.x>
- Tonsing, J.C., & Tonsing, K.N. (2019). Understanding the role of patriarchal ideology in intimate partner violence among South Asian women in Hong Kong. *International Social Work*, 62(1), 161-171. <https://doi.org/10.1177%2F0020872817712566>
- Tufts, K.A., Clements, P.T., & Wessell, J. (2010). When intimate partner violence against women and HIV collide: Challenges for healthcare assessment and intervention. *Journal of Forensic Nursing*, 6(2), 66-73. <http://doi.org/10.1111/j.1939-3938.2010.01071.x>
- UN General Assembly (1993). *Declaration on elimination of violence against women*. Retrieved from: <http://www.un.org/documents/ga/res/48/a48r104.ht>

- U.S. Census Bureau (2017). *About foreign born population*. Retrieved from [https://www.census.gov/topics/population/foreign-born/about.html#par\\_textimage](https://www.census.gov/topics/population/foreign-born/about.html#par_textimage)
- Van Tilburg, M.A., Vingerhoets, A.J., & Van Heck, G.L. (1996). Homesickness: a review of the literature. *Psychological medicine*, 26(5), 899-912. <https://doi.org/10.1017/s0033291700035248>
- Vung, N.D., Ostergren, P.O., & Krantz, G. (2009). Intimate partner violence against women, health effects and health care seeking in rural Vietnam. *European Journal of Public Health*, 19(2), 178-182. <https://doi.org/10.1093/eurpub/ckn136>
- Walby, S., & Allen, J. (2004). *Domestic violence, sexual assault and stalking: Findings from the British crime survey*. Home Office.
- Walker, L.E. (1979). *The battered woman*. Harper & Row.
- Walker, L.E. (2016). *The battered woman syndrome*. Springer.
- Wilkinson, R.G. (2005). *The impact of inequality: How to make sick societies healthier*. The New Press.
- Willis, D.G., Sullivan-Bolyai, S., Knafl, K., & Cohen, M.Z. (2016). Distinguishing features and similarities between descriptive phenomenological and qualitative description research. *Western Journal of Nursing Research*, 38(9), 1185-1204. <https://doi.org/10.1177/0193945916645499>
- Wilson, A. (2015). A guide to phenomenological research. *Nursing Standard (2014+)*, 29(34), 38. <http://dx.doi.org/10.7748/ns.29.34.38.e8821>
- Wong, J., & Mellor, D. (2014). Intimate partner violence and women's health and wellbeing: Impacts, risk factors and responses. *Contemporary Nurse*, 46(2), 170-179. <https://doi.org/10.5172/conu.2014.46.2.170>
- World Health Organization. (2005). *WHO Multi-country study on women's health and domestic violence against women: Summary report of initial results on prevalence, health outcomes, and women's responses*. World Health Organization.
- World Health Organization. (2010). *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Retrieved from <http://apps.who.int/iris/bitstream/handle/10665/44350/9789241?sequence=1>
- World Health Organization (2012). *Understanding and addressing violence against women. 2012*. Retrieved from [http://apps.who.int/iris/bitstream/handle/10665/77432/WHO\\_RHR\\_12.36\\_eng.pdf?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1)

- World Health Organization. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. <http://doi.org/10.1007/s13398-014-0173-7.2>
- Yick, A.G. (2007). Role of culture and context: Ethical issues in research with Asian Americans and immigrants in intimate violence. *Journal of Family Violence*, 22(5), 277. <http://doi.org/10.1007/s10896-007-9079-x>
- Yin, R.K. (2017). *Case study research and applications: Design and methods*. Sage.
- Yingling, J., Morash, M., & Song, J. (2015). Outcomes associated with common and immigrant group-specific responses to intimate terrorism. *Violence against Women*, 21(2), 206-228. <http://doi.org/10.1177/1077801214564769>
- Yoshihama, M., Bybee, D., Dabby, C., & Blazeovski, J. (2011). Lifecourse experiences of intimate partner violence and help-seeking among Filipina, Indian, and Pakistani women: Implications for justice system responses. National Institute of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/236174.pdf>

**APPENDIX A**  
**Timeline for Study Completion**

**Projected Timeline for Completing the Dissertation**

	<b>12/1- 12/14</b>	<b>12/18 1/18</b>	<b>1/18 2/18</b>	<b>3/ 4 6/30- 2020</b>	<b>7/1 7/30</b>	<b>8/1 8/30</b>	<b>9/1 9/30</b>	<b>10/1 10/30</b>
<b>Proposal Defense and Revisions</b>	X							
<b>IRB Draft and Approval</b>		X						
<b>Agency Request and Approval</b>			X					
<b>Write Chapter 1-3 (Revised and add if it is needed)</b>	X	X	X					
<b>Data Collection and Analysis</b>				X	x			
<b>Write Chapter Result 4</b>					X			
<b>Write Chapter Conclusion 5</b>						X	X	
<b>Submit Dissertation Draft to Committee</b>							X	
<b>Revise Dissertation in Response to Committee Input</b>							X	X
<b>Dissertation Defense</b>								X

**APPENDIX B**  
**Semi-Structured Interview Protocol**

Date:

Pseudonym: (I will give them another name)

Time of interview:

Place:

- Introduce myself and the study
- Explain consent form and obtain their permission to participate while recording
- Explain structure of the interview
- Respond if there are any questions
- Collect demographic information
- Check the digital recording
- Double-check the participant's comfort level

**Topic 1: Obtaining participants' lived experiences:**

- How do you describe intimate partner violence?
- What is like to have experienced of intimate partner violence? How has it affected your life?
- Please share a story about your abuse that has affected you the most?
- How did you feel when your partner abused to you?

- How did you feel that you do not have the right to say “no” when your partner wanted something from you?
- When the abuse did start?
- How do you feel living in the United States?
- What you think living in another country how does affects to occur violence at home?
- Is there anything else would you like to share about your experience?

## **Topic 2: Focus on coping strategies**

- How do you describe coping (explain to the participants what does coping mean?)
- How have family or friends helped you to cope to survive? What was that like?
- Could you describe your experience using religion to cope to survive?
- If you have asked for professional help (police or domestic violence shelters or social workers or councilors) could you describe your experience calling police and seeking help from domestic shelters or other professionals to survive?
- What were your strengths to survive the effects of IPV? What things inside of you and outside of you helped you to survive?
- What things inside of you and outside of you made it more challenging to survive?
- ✓ Ask if the participants have any questions.
- ✓ Offer thanks to participants for talking with me.

## **APPENDIX C**

### **Informed Consent Form**

I invite you to participate in a research study called “Unheard Stories from Middle Eastern Female Intimate Partner Violence Survivors”. My name is Burcu Ozturk and I am a doctoral student at the University of Alabama in the School of Social Work. Dr. Debra Nelson-Gardell, an Associate Professor of Social Work, is my dissertation advisor.

Intimate partner violence exists around the world. The U.S. immigrant population has been grown year by year. The Middle Eastern population comprises one of the largest segments among immigrants and Middle Eastern immigrant women IPV survivors. Those individuals need help and appropriate intervention. My study seeks to explore the experiences of women who have experienced domestic violence. I want to understand what the experiences of Middle Eastern Immigrant IPV survivors and how they cope with violence in their lives. The results of the study will bring Middle Eastern immigrant women survivors’ voices into the research. I think what I learn could also help professionals who works with Middle Eastern immigrant IPV survivors to bring appropriate services to them.

Participation in this study is voluntary and it is your free choice. You may choose not to be in it at all. In order to participate you must be over 18 years old and migrated from Middle Eastern Countries to the USA with a history of experiencing interpersonal violence now or in the past. I intend to interview at least eight to ten people for this study.

If you agree to be in this study, I will interview you in a place of your own choosing that is safe for both us and convenient for you. I want you to decide where we will talk you so can

feel comfortable and not worried about being overheard. I want to record the interview to be sure that all your words are captured accurately. After the recording is transcribed it will be erased. The interview should last about 60 minutes, depending on how much information about your experience you choose to share. In appreciation of your time, you will receive a \$25 gift card before the interview.

There is no known financial or physical risk in this study. The only cost to you from this study is your time. However, you might find the discussion of your experiences to be sad or stressful. You can control this possibility by not participating, by refusing to answer a particular question, or by not telling me things you find to be sad or stressful. You have right to not answer questions and skip question when you feel uncomfortable Deciding to skip questions or not participate the study will not affect or cause loss of benefits to which you are entitled. I will share information about how to find help if you feel anxiety or emotional distress in the study.

The University of Alabama Institutional Review Board is a committee that looks out for the ethical treatment of people in research studies. They may review the study records if they wish. This is to be sure that people in research studies are being treated fairly and that the study is being carried out as planned. If you have questions about this study right now, please ask them, if you have questions later on please call me, Burcu Ozturk at 267-6788988. If you have questions or complaints about your rights as a research participant, call Ms. Tanta Myles, the Research Compliance Officer of the University at 205-348-8461 or toll free at 1-877-820-3066.

I have read this consent form. I have had a chance to ask questions. I know I can keep this copy of this form. I will verbally indicate my agreement to participate while being recorded to indicate my willingness.

## APPENDIX D



### Research Flyer

**Rationale:** The survival stories of women born in the Middle Eastern region of the globe and who immigrated to the U.S. are missing from the professional literature, including the literature of social work.

The **Aims** of this study include:

- ✓ To understand the lived experiences, the first-hand accounts, of intimate partner violence and cultural features for Middle-Eastern born immigrant women in the United States
- ✓ To explore women's coping mechanisms in diverse cultural contexts to help professionals understand women's survival strategies and

coping skills with the goal of supporting resilience

- ✓ To explore women's impressions of living through their immigration processes with a focus on the connections between immigration and intimate partner violence

The study **Objectives** include:

- ✓ To interview women who have immigrated to the U.S. and have experienced intimate partner violence
- ✓ To analyze their accounts to learn more about how women survive immigration, already a challenging experience, in conjunction with surviving the experience of intimate partner violence
- ✓ To increase awareness of the existence and needs of this vulnerable population
- ✓ To support effective support to maximize immigrant intimate partner violence survivors' resilience

Privacy and Confidentiality are my top priority, so participants' information will not be shared.

Best Regards,

For information: Ms. Burcu Ozturk

Email: [bozturk@crimson.ua.edu](mailto:bozturk@crimson.ua.edu)

Google Voice: 205-201-0864

## APPENDIX E

### Glossary

*Epoche*: Researcher will bracket her own perspective about IPV and rely on the participant's experiences. It provides bias-free environment.

*Horizontalizing*: It is a list including relevant expressions.

*Intimate Partner Violence*: For purpose of this study, IPV includes emotional, physical, psychological and sexual treated between couple. They might be partner in love or marital relationship.

*Immigrant*: Immigrants who was born in their own country and migrated to other country for some reasons such as education, marriage, job, escaping from war.

*Imaginative Variation*: It is an analysis process that depends on the researcher imagination. It aims to approach possible meaning from the participants.

*Middle Eastern*: Middle East is not a continent or a country. It is a region that was created by European people and has different countries and ethnic cities. For this study, it includes Jordan, Turkey, Cyprus, Oman, Iraq, Iran, Yemen, Syria, Israel, Egypt, Sudan, Saudi Arabia, Kuwait, Qatar, United Arab Emirates, Libya, Palestine, the West Bank, the Gaza Strip and Bahrain and also Afghanistan.

*Middle Eastern Immigrant*: Middle Eastern Immigrants were born in Middle Eastern countries and migrated to United States.

*Middle Eastern Immigrant Women Survivors:* Middle Eastern immigrant women who have experienced violence in a love or marital relationship, and were born in Middle Eastern countries and migrated to United States.

*Phenomenology:* It aims to describe and explore lived experiences of the participants. For the purpose of this study, it will focus on what is the lived experiences of Middle Eastern Immigrant IPV survivors and how they cope it.

*Phenomenological Reduction:* There is not only one truth, and everyone can have different experiences. This is a process to describe individual experiences narratively and eliminate overlapping and repetitive expressions.

*Survivors:* Refers to person who cope from violence.

*Structural description:* Deep description of how the participant experiences it and then researcher will create structure.

*Textural description:* Textural description refers to a narrative text including what the participant said in the interview. It provides common themes and detailed insight into the meanings.

**APPENDIX F**  
**IRB Approval Letter**



March 29, 2019

Burcu Ozturk, MSW  
Doctoral Student  
School of Social Work  
The University of Alabama  
Box 870314

Re: IRB # 19-OR-091 "Unheard Stories from Middle Eastern Immigrant Female Intimate Partner Survivors: A Qualitative Study"

Dear Ms. Ozturk:

The University of Alabama Institutional Review Board has granted approval for your proposed research. Your application has been given expedited approval according to 45 CFR part 46. You have also been granted the requested waiver of documentation of informed consent. Approval has been given under expedited review category 7 as outlined below:

*(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.*

The approval for your application will lapse on March 28, 2020. If your research will continue beyond this date, please submit a continuing review to the IRB as required by University policy before the lapse. Please note, any modifications made in research design, methodology, or procedures must be submitted to and approved by the IRB before implementation. Please submit a final report form when the study is complete.

Please use reproductions of the IRB approved informed consent form to obtain consent from your participants.

Good luck with your research.

Sincerely,

*Carpantato T. Myles, MSM, CIM, CIP*  
Director & Research Compliance Officer

APPENDIX G  
Recruitment Flyer



**Research Participants Needed**  
**UP TO \$25 IN GIFT CARDS**  
**AVAILABLE TO COMPENSATE**  
**FOR HER TIME.**

**CONTACT:** *Burcu Ozturk,*  
*Researcher*

*Email:* [bozturk@crimson.ua.edu](mailto:bozturk@crimson.ua.edu)

*Phone:* 205-201-0864

**PRIVACY & CONFIDENTIALITY RESPECTED**

- DO YOU KNOW A WOMAN WHO MOVED FROM ONE OF THESE MIDDLE EASTERN COUNTRIES?
- HAS SHE EXPERIENCED ABUSE FROM A HUSBAND OR