Domestic Violence and Integrating Spirituality

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An Investigation of Intimate Partner Violence Survivors and Whether Increased Self-efficacy Occurs when Spirituality is Integrated into their Lives.

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Abstract:
The sample was purposefully drawn from shelters and advocacy agencies of a predominantly female-identified population who endorsed experiencing some form of Intimate-partner Violence (IPV) within the past five years. The sample was drawn from a population of female-identified participants from an IPV advocacy agency, with (n= 250) and an age range of (25-66). This study was conducted by the Portland State psychology department, overseen by Dr. Mankowskie. The study met with all internal review standards. For the experimental portion, a spirituality based intervention was given to the experimental group whereas, for the control group received a non-spirituality based intervention. Before and after the experiment, a questionnaire was administered and was based upon multi-dimensional measures to see whether or not integrating spirituality would increase an IPV survivor’s self-efficacy. For this study, self-efficacy is isolated to a person’s overall sense of well-being.

Key Words:
Coping mechanisms, spirituality, self-efficacy, abuse.

Introduction:
Intimate Partner Abuse is a pervasive issue that affects countless people on a daily basis. Intimate partner abuse affects a person physically, emotionally, as well as spiritually. The purpose of this study was to investigate whether integrating spirituality would increase the sense of self-efficacy within an IPV survivor’s life. Intimate partner violence occurs on average, to 24 people per minute. Intimate partner violence on average 80%, affects female-identified persons within the United States (www.bjs.gov/pub/.../11facts/ndv0312.pd...). Which means approximately over 1.3 million people or nearly 3 out of 10 are female-identified persons who experience some form of intimate partner violence (www.thehotline.org.recources) & (http://dosomething.org/.../11facts...).
This research was conducted due to the frequency of Intimate Partner Violence (IPV) occurrences, in hopes of providing IPV survivors with a coping mechanism which can help this population live a better quality of life. Will the introduction of spirituality into the lives of IPV survivors help them increase their level of self-efficacy? Will this sense of well-being lead to a better quality of life with reduced rates of depression?

**Literature Review:**
The research domains were pulled from previous studies which are mentioned in this article due to their connectivity to the research topic. In particular; Gillium’s study investigated spirituality based coping mechanisms. The subject of spirituality skirted around in previous studies due to the fact that spirituality is difficult to define and falsify. There for, spirituality was integrated into other factors, such as being defined as a by-product of resiliency (Gillium, T.; Sullivan, C.; Bybee, D. 2006). Limited research exists relating to spirituality and IPV especially concerning demographical variants; but the studies conducted by Bowland, Arnette, and Madesen are good examples thereof. Bowland investigated the effects of spirituality upon a senior citizen population of IPV survivors (Bowland, S., Edmond, T., Fallot, R. 2012). Arnette and Madesen investigated variants relating to ethnicity, spirituality, and IPV (Arnette, N., Mascaro, N., Santana, M., Davis, S., & Kaslow, N. 2011).

**Spiritual Coping:**
Spirituality is believed to function as part of a supportive mechanism which if implemented into a person’s daily life, is thought to increase a person’s optimism, resiliency, and problem-solving skills (Madesen, M.; Abell, N. 2010). Implementation of religious and or spiritual beliefs and practices can serve as part of a coping method which may assist an IPV survivor by promoting self-efficacy and therefore experience decreased negative affect (Arnette, et. al. 2007). This study used previously validated scales for the survey portion, such as the Trauma Resiliency Scale (TRS) and the Religious Well-Being Scale (RECOPE).
Spiritual Identity and Religiosity Functioning as Social Support:
Inter Partner Violence Survivors have often reported turning to spirituality and or their chosen religion for varying reasons. Within this community, IPV survivors have gained social support as well as an increased sense of agency which served as a significant component to helping these survivors rebuild their lives (Gillum, et. al. 2006).

Fear of re-victimization:
Previous studies concerning this subject have been non-probability style sampling due to the limited availability of advocacy agencies, cultural barriers, and low levels of reported IPV instances (Fowler, et. al. 2007). Extra Caution was used with knowledge that conducting any study which delves into IPV experiences may trigger instances of Post-Traumatic Stress Syndrome (PTSD) as well as having the potential of putting participants at risk for re-victimization.

Definitional Disagreements:
The researchers in this study point to the vague nature of spirituality and religiosity. This may be due to the all-encompassing nature of spirituality or the paradoxical role which faith can contribute to (Bowland, et. al. 2012). The attempt was to simplify spirituality. Instead of attempting to isolate spirituality, several previous studies viewed spirituality as a function of a subcategory which relates to coping. The fact that spirituality is so difficult to define and isolate, may warrant attention to any possible confounding variables.

Potential Barriers and Research Gaps:
There is concern that spirituality may prevent IPV survivors from seeking assistance due to the perceived short comings of resources offered from religiously affiliated agencies. Many previous studies lacked a broader range of demographically varying participants; including participants who identified as a male as well as ethnically diverse persons (Fowler, et. al. 2011).
All of the previous studies were performed with the aspiration of
providing IPV survivors with a useful tool which could possibly reduce the risk of trauma and depression and therefore, would increase their satisfaction and quality of life.

**Conceptual Definitions:**

*Spirituality* can be experienced and defined in many various ways but for this study, was based on a broad spectrum of beliefs of a higher being which are believed to be experienced via: prayer, meditation, and religious services (Arnette, et. al. 2007).

*Domestic Violence* can be defined as a person who experiences being injured, assaulted, or physically threatened by the person’s intimate partner (The Center for Disease Control. 2003).

**Hypothesis:**

The hypothesis was that there would be a measurable increase and casual link between self-efficacy and spirituality. And as spirituality would increase, depression would decrease. The dependent variable was perceived self-efficacy and the independent variable was spirituality of IPV survivors.

**Methodology:**

The sample was a non-probability sample and was purposefully drawn from a population of 1,000 female-identified participants from a Domestic Violence advocacy agencies residing within the Portland-metro area. Out of the original 1,000 persons, a sample of (n= 250) participants were chosen. 75% of the participants were female-identified persons who endorsed experiencing some form of IPV within the last five years. The participants consisted of an age range of (25-66) years. The sample was randomly split up into two groups: a control and experimental group.

The participants were given an incentive of a voucher for a class offered at a local community college which focuses on non-traditional students through advocacy and assistance with gaining employment and transition into a college. This is a free course offered by Portland Community College called The Transitions Program. This was thought to be a good incentive, since this program would provide many resources which would increase the
quality of the participant’s lives. This study was administered at Portland State University and throughout the entire process, Dr. Eric Mankowski PhD. oversaw the research. The Survey was administered in an empty classroom on the Portland State campus to ensure privacy and anonymity.

**Informed consent:**

Being that such a sensitive population was being studied, it required not only a high evaluation process from the IRB but also the well-fare of the participants had to be continually reevaluated and accounted for. Counseling as well as resources including IPV shelters were provided for and continually endorsed. Between the time points, check-ups were conducted to adjust for any potential drop-outs and to attend to any possibly triggered participants. Informed consent forms were administered and reinstated throughout the duration of the entire study. The informed consent forms were administered via typed forms as well as read to the participants to ensure comprehension. Within the forms included a brief description of the study, including when and where the study would be performed and the approximant length of time the study would last. The participants were ensured that their anonymity would be protected at all times. All records and sensitive information which was gathered was kept on encrypted and password protected documents which were kept on a flash drive that was kept in a locked safe in Dr. Mankowski’s office. The names of the participants were not kept, instead each participant was randomly assigned an identifier number to avoid any bias. All of the information gathered will be destroyed after five years. The participants were informed that they could leave or end research at any point during the study. The incentive was given to the participants at the beginning of the research. The participants were ensured that if they chose to leave the study, there was no threat to losing their incentive.

The study was quasi-experimental in nature and was comprised of a questionnaire as well as a manipulation component which employed a complex experimental design. This study was a
2X2X2 factorial design where spirituality was measured as a mediator which contained three independent variables (IV): IV1: IPA, IV2: Spirituality, IV3: Time points (T1 and T2). This was thought to increase the internal as well as external validity of this research as well as provide the study with ecological validity.

**Illustrated manipulations were assumed to be measured as follows:**

**T1: Pretest**
- IV: IPV high
- DV: Self-efficacy low
- IV: Spirituality low
- DV: Depression high

**T2: posttest**
- IV: Spirituality high
- DV: Depression low
- IV: Self-efficacy high
- DV: IPV low

*Spirituality can function as a mediator between:*
The researchers were trained prior to administering the experiment as well as the questionnaire. Also it must be noted that for the experimental portion, the participants as well as the researchers were double-blinded to avoid any potential bias. The sample was randomly split up into two groups: a control and experimental group. Randomization of the treatments assigned was achieved via using each person’s assigned identifier number being drawn through a lottery system. Any participants who ended the study were accounted for by using the standard error of measurement. The pretest questionnaire was veiled with unrelated items to limit any expectancy bias within the participants. The manipulation (experimental portion) was offered through a spirituality based intervention program. The spiritual intervention was comprised of an interfaith (Unitarian Universalists) service. The control group was offered a spiritually neutral intervention. The participants had to attend the services once a week for the two month period. Both the control and experimental groups were administered surveys at two separate time points. Time one was administered before the treatment (pre-test) and time two was administered after the treatment (posttest). The length of time was decided upon between the pre and posttest was two months.
Each subject was clearly defined and spirituality and depression were defined according to current APA definitions. The questionnaire was written at a 6th grade reading level and was administered in written form, via Apple iPads on a Qualtrix app which were given to the participants at two different time points. Before the survey began, a video was played which gave step by step instructions on how to use the Qualtrix app. There was a researcher available to answer any questions the participants may have but stayed in a separate room during the survey to avoid any potential bias. Non-response error was also accounted for in the results.

The survey was comprised of separately measured domains: Spiritual coping was measured on the Positive Religious Coping Evaluation (RECOPE) and Religious Well-Being measured (RWB). RECOPE and RWB are believed to capture a person’s ability to implement religious and or spiritual practices into their daily lives and is believed to show increased coping skills (Arnette, et. al. 2007). The Trauma Resiliency Scale (TRS) indicates a person’s ability to cope and recover after experiencing some form of trauma (Fowler, et. al. 2007). Over-all quality of life was measured on the Rosenberg Self-Esteem Inventory, which consists of five positively worded items and five negatively worded items and measures state self-esteem (Gillum, et. al. 2006). Anxiety and depression were measured on the Generic Depression Scale (GDS), and the Beck Anxiety Inventory (BAI) (Bowland, et. al. 2012). And intimate partner aggression experienced was measured on the Conflict Tactics Scale (CTS) (Gillium, et. al. 2006). CTS is extensively implemented in IPA research and has been determined to be a highly reliable measure.

The survey was piloted for the purpose of deleting any poorly worded items. All of the items were previously endorsed for their reliability and validity. Some of the questionnaire domains were edited to contain only 10 items a piece to avoid participant exhaustion or over-loading the working memory. All of the items were placed on a 4-point, Likert-type scale which ranged from:
Therefore, the CTS which was originally a 24 item, yes or no scale, was condensed down to a 10 item, 4-point, Likert scale (Gillum, et. al. 2006). Spirituality was measured as a mediator between TRS and self-efficacy, which were both originally measured on a 5-point Likert scale (Fowler, et. al. 2007). And an abbreviated version of RECOPE was employed, which was originally a 14 item Likert-type scale (Arnette, et. al. 2007). The final items chosen contained queries which were in alignment with the hypothesis and examples thereof are, the contents of the TRS: a) I find creative solutions to my life’s problems, b) I seem able to make and keep supportive relationships in my life (with negative wording replaced), c) I am optimistic about my life and future, and d) I have beliefs and practices that are deeply personal and are spiritual or religious in nature (with complex terminology and religious ideas simplified) (Madesen, et. al. 2010). RECOPE examples are as follows: a) I look for a stronger connection to God, b) I have wondered if God has abandoned me, and c) I feel God is a source of strength and comfort to me (Arnette, et. al. 2007). Depression items included: a) I felt that everything I did was an effort. And Self-esteem queries included statements such as: a) I feel able to do things as well as other people (Gillum et. al. 2007).

For the statistical testing:
Reliability and validity were checked by using a Chi-Squared goodness of fit test and Cronbach’s Alpha. For Cronbach’s alpha, items scoring < .70 were felt to be unreliable (with RECOPE, RWB, and TRS having been previously measured at >.85). The variances between the variables were measured using an Analysis of Variance or (ANOVA). Correlations and significance were determined using Pearson’s Product-Moment Correlation. The pretest and post-test was implemented to assess reliability, internal consistency and internal reliability. It was believed that the items would relate highly with one another. The observed correlation between spirituality and depression, as well as self-esteem with
IPV was multiplied by the true correlation by the square root of the reliabilities. Lastly, trauma experienced via IPV was measured at two separate time points to verify whether or not it had an effect on the self-efficacy of the participants. A level of significance of 0.01 was used, therefore, any confidence intervals would be within 99%. Therefor, for any P-value < 0.05 and the null hypothesis would be rejected and therefor, there would be support for the hypothesis used in this research.

**Conclusion:**
It is hoped that the findings in this study can raise awareness to the importance and usefulness of spirituality which can serve as a coping mechanism to help make meaning out of traumatic circumstances and decreases levels of depression.

Five studies were highlighted in this paper and their findings are reiterated due to the hypothetical nature of this study:

- Gillium’s study found: 97% of the participants reported that God was a source of strength for them. 45% indicated that that their involvement with religiously oriented services provided them with strength and comfort. Religious participation was found to significantly predict decreasing depression ($\beta = -.11, \Delta R^2 = .03$) and increasing over-all quality of a person’s life ($\beta = .17, \Delta R^2 = .02$). Therefore, from the findings there is enough evidence to suggest that spiritual involvement may promote psychological well-being while decreasing depressive symptoms (Gillium, et. al. 2006).

- Arnette’s study concluded: using a chi-square test, predicted decreasing levels of perceived depression and hopelessness based upon the TRS, measuring at an acceptable level of .78. Changes were identified and validated via two separate testing time points. Changes in positive coping skills were insignificant ($P = .07$) yet appeared to trend toward a positive direction. Therefore, it can be ascertained that the lower the levels of perceived helplessness may possibly increase a person’s sense of over-all well-being. For this study, the chi-squared test was found to be a poor performing model with ($X^2 = 2.44$, with a d.f. = 10). With so many poorly
performing items, concern has been raised concerning whether Religious Well-Being can be sustained over time (Arenette, et. al. 2007).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Test Type</th>
<th>Test Statistic</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive coping skills</td>
<td>Pearson’s Coefficient</td>
<td>P= .07</td>
<td>Poor/Positive</td>
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<tr>
<td>Well-being</td>
<td>Chi-Square</td>
<td>X^2= 2.44 w/ d.f.= 10</td>
<td>Poor/no change</td>
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<td>Trauma Resiliency</td>
<td>Cronbach’s Alpha</td>
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<td>Acceptable</td>
</tr>
<tr>
<td>Depression</td>
<td>Standard Error Test</td>
<td>β= -.11, ∆R^2= .03</td>
<td>Good/Negative</td>
</tr>
<tr>
<td>Religious Coping</td>
<td>Cronbach’s Alpha</td>
<td>α= .85</td>
<td>Good</td>
</tr>
<tr>
<td>Religious Well-Being</td>
<td>Cronbach’s Alpha</td>
<td>α= &lt;.85</td>
<td>Excellent</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>Standard Error Test</td>
<td>β= .17, ∆R^2= .02</td>
<td>Okay/Positive</td>
</tr>
</tbody>
</table>

*(Arnette, et. al. 2007) & (Gillian, et. al. 2006)*

**Limitations:**
Several limitations arose within this study which should be further investigated: demographical variants. Spirituality which appears not to function in and of itself but as part of a component of a sub-category relating to coping. Concepts surrounding well-being and coping warrant further investigations. Concerns surrounding cultural barriers which create a preference in some IPV survivors to avoid services and or advocacy agencies due to their mistrust in government-ran agencies and such agencies providing insufficient support (Fowler, et. al. 2007). Concern has also arisen over religiously oriented persons declining assistance of government ran
agencies for religious based assistance. This is of such great concern, since these IPV survivors may not receive the adequate psychological care that is needed.

**Summary:**

This paper was based upon a hypothetical research which postulated that spiritual integration would increase an IPV survivor’s sense of self-efficacy. Stemming from conclusions drawn from previous studies, there is evidence that a spirituality based intervention would increase a person’s over-all sense of well-being though as stated before, there is concern surrounding the longevity of this change. There is enough evidence to suggest that self-efficacy correlates in a positive direction and depression correlates in a negative direction; suggesting that as depression decreases, self-efficacy increases. Spirituality appears to function as mediator between the other two variables. Over-all, spirituality appears to function as a component of coping and or resiliency. Yet caution is suggested since the positive effects of spirituality does not appear to sustain itself over time.

**Discussion:**

Various suggestions can be made for those interested in conducting further research on this topic: more investigations should be done with an ethnically diverse population. Also, attention should be brought to previously missed factors in an IPV survivor’s sense of well-being. Perhaps the act of leaving an abuser led to survivors feeling empowered. And perhaps participating in anything involving community support was a source of strength for IPV survivors but this strength may be divergent from religion. Two out of the five of the studies reviewed for this paper had modest to insignificant findings which may suggest that spirituality may have no effect on a person at all. Also internal validity of the previous studies should be investigated since several studies mentioned were unable to confidently attribute an effect on the independent variable. Further studies should be conducted which implement an experiment that has a repeated measure component and or an
independent groups design. All of the studies researched appeared to isolate spirituality to the Christian faith and a more diverse religious population should be investigated. It should also be noted that spirituality varies from person to person and beyond cultural background as well as education and personal experience alter someone’s spiritual beliefs. Any investigation concerning IPV survivors needs to be conducted with empathy and a genuine desire to help this often misrepresented and misunderstood population. This paper was written to highlight a pervasive issue of depression and suicide which exists within the IPV survivor community with the aspiration that the findings could be implemented into programs designed to give this population a better quality of life.

Annotated Bibliography:


The purpose of the study conducted by Arnette and his associates was to investigate whether religion served as part of a function which promoted an increased sense of intimate partner violence survivor’s level of well-being. Arnett drew a sample from a population of 208 African American female identified persons. The data was gathered via self-report which was measured on two domains: hopelessness and religious coping strategies of female-identified participants who had reported experiencing some form of intimate partner violence. In previous research, IPV had been related to poor physical and psychological health. This study found that low-income African American female-identified persons are 35% higher than non-ethnically diverse populations to experience intimate partner violence at some point in their lives. The hypothesis was that hopelessness would be a predictor of suicide and consequently, suicide would be linked to domestic violence trauma experienced. Spirituality was seen to be an important aspect
of the lives of the African American community and was investigated to see if spirituality increased IPV survivor’s coping abilities. A t-test was employed to check for attrition. The survey measured: hopelessness as well as religious coping which consisted of various subscales and were measured via descriptive statistics, Pearson’s correlation, and path analysis longitudinal relation was entered into AMOS. A significant relationship was discovered between divorced women and the Existential Well-Being (EWB) scale which was also linked with religiosity and Positive Religious Coping (PRECOPE). Two of the findings were found to be not significant: no change was found in positive coping and the Chi-Square model did not show any significance. Time one PRECOPE and time two Religious Well-being (RWB) did show significance which lends credibility to the given hypothesis. This lends validity to the idea that as hopelessness lowered, spirituality levels remained constant.


The researchers who conducted this study were interested in investigating varying forms of adaptation when implemented into the lives of survivors of intimate partner violence and relations were measured on the Trauma Resilience Scale (TRS). The TRS model had been validated in a previous study in violence was broken down into three predefined subcategories: Domestic Violence, Sexual abuse, and Assault. In this study, data was gathered to find relationships between to three domains: Supportive relationships, optimism, problem solving, and spirituality which was assessed via self-report measures from 577 adult participants with varying ethnicities. Out of the participants, 47.3% reported experiencing some type of violence. A gap was found with concern to resiliency which was not measured directly but was accounted for in this study through investigations concerning protection and adaptability and some items were
changed due to this. Descriptive statistics were implemented using Cronbach’s coefficient for alpha which was used to ensure for reliability, as well as the standard error of measurement, factor analysis, standard equation analysis, and ANOVA were used. A 95% confidence Interval was constructed and correlations between variances were found with problem-solving and optimism with ratings at 43% and 49% respectively. Contrary to previous thought, ethnicity was not correlated with spirituality. Validity was found within the Global Resilience Subscale (GRS) but there was only a small amount of variance between each factor. This study lent validity to using the TRS scale. Many of the correlations found were promising yet more research needs to be done with respect to this topic.


The researchers involved in this study were interested in investigating intimate partner violence and the various types of coping strategies survivors use. This study consisted of 151 female-identified participants, 97% reported that some form of spirituality served as part of their coping strategies. The desire was to see whether religiosity would give an IPV survivor agency and postulated that IPV was not only physically harmful but causes spiritual distress. The findings were measured upon several domains: physical abuse, psychological abuse, depression, quality of life, social support, self-esteem, God and its source of strength, and involvement in organized religion. A hierarchy of multiple regression analysis (MANOVA) was employed as well as Cronbach’s Alpha which was measured within each subcategory. Physical abuse and depression generated the highest alpha values of .92 and .90 respectively. 76% of the women reported that God was an important aspect in their lives, and 45% of these felt their attendance to religious services improved their daily lives. Additionally, abuse was correlated positively with
depression but negatively correlated with social support. Ethnicity was found to be linked with religiosity. These findings give support to the researcher’s hypothesis that spirituality can be a useful part of an IPV survivor’s life and gives validity to the idea that when well-being increases, depression will decrease.


This study was based on 45 and older female identified participants. This population appears to have increased depression and physical health due to IPV. Implementing a spirituality focused type of intervention was felt to encourage personal growth and increase overall sense of well-being. Over-all, incorporating spirituality is believed to fit into established models which encourage successful aging. In this study, spirituality is defined as: rituals, doctrines, and practices where in there is observation of a sacred source. A sample of 28 participants were taken from an advocacy agency and IPV was measured on the Trauma Related Mental Health Symptoms (TREM). The age averaged around 61.3 years. 84% of the participants were Caucasian in decent. With a mean of 7.89, suggests a strong link between spirituality and coping. The domains of this study were: Post traumatic stress syndrome (PTSD) which was measured within the Generic Depression Scale (GDS), the Beck Anxiety Inventory (BAI), the Health Somatic Symptom Severity Scale (PHQ-15), and RECOPE which served as part of a subgroup. All measures had been previously validated for validity and reliability. The test was conducted at three different time points and was measured using a MANOVA, chi-squared test, and Cronbach’s Alpha. The Alpha scores ranged from .78 to .93. There were several hypothesis which the findings supported: H1: intervention would lead to lower depressive symptom scores. H2: Anxiety levels would drop significantly in intervention group. And, H3: Lower physical health symptoms. There for, the study found a causal relationship between spiritual interventions and trauma symptoms.

The purpose of this study was investigating the influence of spirituality as it would relate to whether an IPV survivor would seek out services offered and their over-all levels of satisfaction. As well as bringing attention to the usefulness spirituality and how it may serve as a positive coping tool which can be implemented in an IPV survivor’s daily life. Spirituality was viewed as a determinate of whether or not survivors would seek help. The findings of these researchers were that the beliefs of IPV survivors would predict the types of assistance IPV survivors would seek and their over-all satisfaction of the process. The sample was drawn from participants with a diverse ethnic background, of n= 151 of participants from a domestic violence shelter. The hypothesis was that the role and meaning of spirituality would determine types of services IPV survivors used. The domains were: spirituality and faith based activities which were drawn from findings from the Faith Trust Institute, the National Recourse Center of Domestic Violence, and the National Online Resource Center on Violence Against Women. Multi-regression techniques were used to investigate the impact of spirituality on an IPV survivor to see if it gave them a sense of direction and meaning. The hypothesis was that spirituality will be significantly related to the service utilization and satisfaction of faith-based resources. The domains measured were: spirituality which was measured on the Daily Spiritual Experiences (DSE), IPV was measured on the Abusive Behavior Observation Checklist (ABOC) which was an expansion of the Conflict Tactics Scale (CTS). Separate analysis were run for each of the variables. DSE and EBOC showed high levels of spirituality (3.12 and 55.27) respectively. This showed that female-identified persons may be equally likely to use DV shelter as well as faith-based resource. Higher levels of spirituality showed that women were less likely to use IPV resources and more likely to use faith-based resources instead. The findings also illuminated that IPV was not significantly correlated between spirituality and service utilization. There were also no significant relationships found in connection to service satisfaction.
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