

# Poster Presentations

Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 309

## Poster Session 8: Intimate Partner Violence

### #52 Exploring the Physical and Psychological Health Implications of Post-Separation Abuse: A Qualitative Research Study- Amanda Romero, Ed.D, MSW

#### Exploring the Physical and Psychological Health Implications of Post-Separation Abuse: A Qualitative Research Study

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#### INTRODUCTION

Intimate partner violence (IPV) remains a pervasive and deeply concerning issue worldwide, with significant ramifications for survivors and their families. While separation from an abusive partner is often considered a pivotal step towards safety and recovery, it can also precipitate a distinct form of abuse known as post-separation abuse. Post-separation abuse encompasses a range of behaviors aimed at maintaining power and control over the survivor, even after the relationship has formally ended.

This qualitative research article delves into the experiences of 225 survivors of intimate partner violence, shedding light on the often-overlooked physical and psychological implications of post-separation abuse. Drawing data from participants recruited from a family court advocacy group, this study offers a comprehensive examination of the multifaceted nature of post-separation abuse and its profound impact on survivors and their children.

Key findings reveal a disturbing escalation in the frequency and severity of abuse following separation. Participants recounted incidents of physical harm towards themselves and their children, accompanied by threats of custody loss and coercive control tactics targeting familial, financial, and emotional spheres. Moreover, the pervasive use of technology-enabled harassment through texts and social media further exacerbated survivors' distress, blurring the boundaries between physical and digital spaces.

Of particular concern are the reported encounters with the legal system, wherein survivors faced re-traumatization and perceived injustices. Accounts of verbal threats, mockery, and marginalization within courtroom settings underscore the urgent need for systemic reforms and enhanced training for legal professionals. The pervasive sense of distrust in existing support systems highlights the critical imperative for holistic interventions that prioritize survivor safety and empowerment.

In light of these findings, this study underscores the pressing need for systemic changes to legal proceedings and a comprehensive overhaul of support mechanisms for IPV survivors. By amplifying survivors' voices and shedding light on the nuanced manifestations of post-separation abuse, this research advocates for a paradigm shift towards trauma-informed approaches that prioritize survivor agency, dignity, and holistic well-being.

#### METHODS

This is a qualitative narrative study, which incorporates a feminist theory framework. Narrative study methodology was selected for this study since it allows the researcher to provide an in-depth and detailed account of both written and spoken accounts of lived experiences or events (Creswell, 2007). Polkinghorne (1995) describes narratives as a method of storytelling to describe human action. Hinchman and Hinchman (1997) stated that "narratives (stories) in the human sciences should be defined provisionally as discourses with a clear sequential order that connect events in a meaningful way for a definite audience and thus offer insights about the world and/or people's experiences of it" (p. 16).

In this study, data was collected through interviews and demographic questionnaires from a sample of 225 participants representative of the United States population. The purpose of the data collection was to gather information on the physical and psychological symptoms associated with complex PTSD, depression, anxiety, and related mental health conditions, as well as to explore their demographic characteristics.

#### Participants

A total of 225 participants completed both an interview and a demographic questionnaire. The participants were recruited from various regions across the United States to ensure geographic diversity and representativeness of the population.

#### Interview Protocol

The interview protocol consisted of a series of structured questions designed to elicit information on the participants' experiences with physical and psychological symptoms, including but not limited to chronic pain, sleep disturbances, cognitive difficulties, emotional regulation, and interpersonal challenges. The interviews were conducted by trained researchers or mental health professionals to ensure consistency and reliability in data collection.

#### Demographic Questionnaire

Participants also completed a demographic questionnaire to provide information on their age, gender, race/ethnicity, education level, employment status, income level, and geographic location. This allowed for the characterization of the sample and exploration of potential demographic correlates of the observed symptoms.

#### Ethical Considerations

Ethical approval was obtained from the relevant institutional review board (IRB) prior to data collection, and informed consent was obtained from all participants. Confidentiality and anonymity of the participants' responses were maintained throughout the study to protect their privacy and ensure ethical conduct.

#### Data Analysis

Quantitative data obtained from the demographic questionnaire were analyzed using descriptive statistics to characterize the sample. Qualitative data from the interviews were analyzed using thematic analysis to identify recurring themes and patterns related to physical and psychological symptoms.

#### Data Analysis

The interviews and questionnaire yielded over 100 significant statements. Thirty-seven codes were identified and applied which were then condensed into 6 categories. The 6 categories were then clustered into 4 broad themes after analyzing the data for central themes. The collected data were analyzed using two approaches. First, Mishler's (1986) core narrative structure was utilized to provide a clear framework of the orientation, abstract, complicating action, and resolution found in each narrative. Second, Polkinghorne's (1995) analysis of narratives was used to identify common themes across stories. It is also important to note that each theme and narrative is organized within a chronological sequence (Creswell, 2007).

#### RESULTS

##### I. Physical Symptoms:

- Complex PTSD: Interviewees reported various physical symptoms including chronic pain, muscle tension, headaches, and fatigue as a result of complex PTSD.
- Migraines: Several participants mentioned experiencing frequent migraines, which often accompany stress and anxiety.

##### II. Psychological Symptoms:

- Depression: A significant number of interviewees described experiencing symptoms of depression, such as persistent sadness, low energy, and feelings of hopelessness.
- Anxiety: Anxiety was a prevalent theme, with participants reporting feelings of restlessness, nervousness, and constant worry.
- Panic Attacks: Many interviewees recounted experiencing sudden, intense episodes of fear or panic, often accompanied by rapid heartbeat, sweating, and difficulty breathing.
- Nightmares: Disturbing dreams and nightmares were frequently mentioned, indicating disturbances in sleep patterns and psychological distress.

##### III. Sleep Disturbances:

- Interviewees reported experiencing sleep disturbances, including difficulty falling asleep, frequent awakenings, and nightmares, which contributed to feelings of fatigue and daytime drowsiness.

##### IV. Cognitive Symptoms:

- Memory Issues: Many participants described difficulties with memory and concentration, which affected their ability to focus on tasks and recall information.
- Inability to Focus: A common complaint was the inability to concentrate or stay focused on tasks, which negatively impacted productivity and daily functioning.

##### V. Emotional Symptoms:

- Loss of Self-Trust: Some interviewees expressed feelings of self-doubt and a loss of trust in themselves, often stemming from past traumatic experiences.
- Loss of Interest: Participants reported a diminished interest in activities they once enjoyed, which is characteristic of depression and PTSD.

##### VI. Relationship and Social Symptoms:

- Separation Anxiety: Several interviewees discussed experiencing intense fear or anxiety when separated from loved ones or familiar environments.
- Dissociative Disorders: Some individuals described experiences of disassociation, feeling disconnected from their thoughts, feelings, or surroundings.

##### VII. Physical Health Issues:

- Digestive Challenges: Many interviewees mentioned experiencing digestive issues such as irritable bowel syndrome (IBS), which can be exacerbated by stress and anxiety.
- Weight Fluctuations: Participants reported difficulties with weight management, including both excessive weight loss and an inability to lose weight despite efforts to do so.

##### VIII. Sensory Challenges:

- Vision and Hearing Issues: A few interviewees mentioned experiencing challenges with vision or hearing, which may be related to stress or trauma.

##### IX. Hypervigilance:

- Many individuals described being in a constant state of hypervigilance, characterized by heightened alertness and sensitivity to potential threats in their environment.

#### DISCUSSION

The findings from the interviews shed light on the intricate interplay between physical and psychological symptoms commonly associated with complex PTSD, depression, anxiety, and related mental health conditions. Understanding these results offers valuable insights into the holistic impact of trauma on individuals' well-being and underscores the importance of addressing both physical and psychological aspects in therapeutic interventions.

##### 1. Integrated Nature of Symptoms:

The research highlights the interconnectedness of physical and psychological symptoms experienced by individuals with complex PTSD and related disorders. Physical manifestations such as chronic pain, migraines, and digestive issues often co-occur with psychological symptoms like depression, anxiety, and sleep disturbances. This underscores the need for comprehensive assessment and treatment strategies that target both domains to promote holistic healing.

##### 2. Impact on Daily Functioning:

The prevalence of cognitive symptoms such as memory issues and difficulty focusing underscores the significant impact of trauma-related conditions on individuals' cognitive functioning and daily activities. These challenges can impair work performance, academic achievement, and interpersonal relationships, contributing to functional impairment and diminished quality of life.

##### 3. Complexities of Emotional Regulation:

The findings underscore the complexities of emotional regulation and self-perception among individuals with complex PTSD and related disorders. Loss of self-trust, feelings of hopelessness, and disinterest in previously enjoyed activities reflect the profound emotional toll of trauma and underscore the importance of addressing core beliefs and self-concept in therapeutic interventions.

##### 4. Interpersonal Dynamics and Social Isolation:

Relationship and social symptoms such as separation anxiety and dissociative experiences highlight the impact of trauma on interpersonal dynamics and social functioning. These symptoms can contribute to social withdrawal, isolation, and difficulties in forming and maintaining meaningful connections with others, further exacerbating feelings of loneliness and alienation.

#### Implications

##### 1. Treatment Approach:

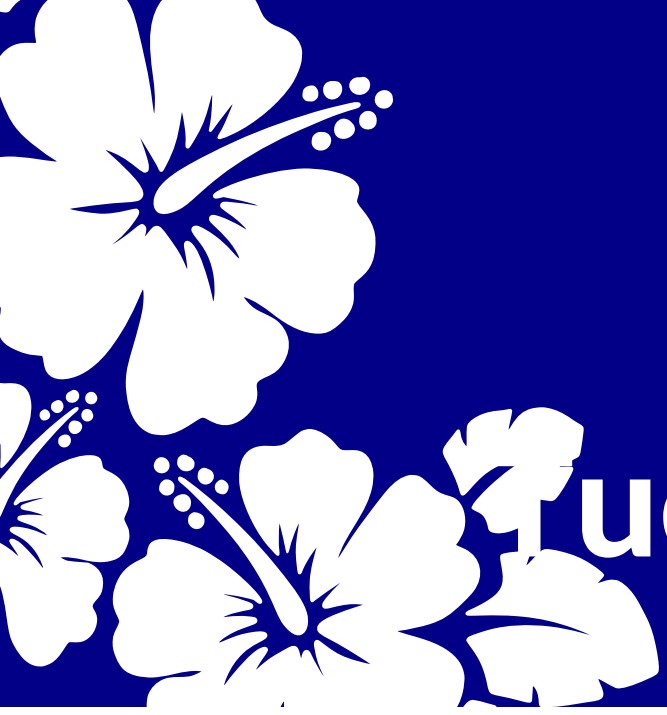
The integrated nature of physical and psychological symptoms calls for a multidisciplinary treatment approach that addresses the complex needs of individuals with trauma-related disorders. Integrating evidence-based therapies such as cognitive-behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), and psychopharmacological interventions can help alleviate both physical and psychological symptoms and promote recovery.

##### 2. Trauma-Informed Practices:

Incorporating trauma-informed practices across various settings, including healthcare, education, and social services, is essential for creating safe and supportive environments for individuals affected by trauma. This involves recognizing the prevalence and impact of trauma, adopting sensitive and empowering communication approaches, and integrating trauma-informed care principles into service delivery.

In conclusion, the physical and psychological symptoms identified in the research underscore the complex and multidimensional nature of trauma-related disorders. By recognizing the integrated nature of these symptoms and implementing holistic, trauma-informed approaches to care, healthcare





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Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 309

## Poster Session 8: Intimate Partner Violence

### # 51 Undercounted: Limitations of Capturing Survivors of Intimate Partner Violence Experiencing Homelessness in HUD's Point in Time Count-Janice Miller, Dr. Michele Decker

*Undercounted: Limitations of capturing survivors of intimate partner violence experiencing homelessness in HUD's Point in Time Count.* - Janice Miller

#### Abstract:

HUD's annual Housing Inventory and Point in Time counts (HIC/PIT) is a snapshot of the magnitude and trends of homelessness in the U.S. and are used to drive funding decisions and interventions. Policy and practice decisions designed to protect safety unintentionally removed survivors from the count. Original research conducted in 2021 looked at (1) the magnitude of survivor undercounting in Maryland, and (2) perceived barriers and opportunities reported by Victim Service Providers (VSP) to participating in the HIC/PIT. Results estimate 20% of survivors were undercounted in the 2019 count and 28% were undercounted in the 2020 count. Looking at just VSPs that stated they did not contribute data to the annual counts, the percent of survivors undercounted jumped to 61% in 2019 and 58% in 2020. Results point to the likelihood that survivors are undercounted in other states as well. Provider insight points to relatively simple steps VSPs can take to improve survivor visibility in the HIC/PIT.

#### Study Design:

- Parallel mixed methods using data from HUD's published HIC/PIT counts and an electronic survey sent via email.
- Purposive sampling was used to ensure respondents had the necessary expertise to answer both quantitative questions regarding VSP shelter counts on the nights of 1/23/19 and 1/23/20 and qualitative questions regarding barriers to HIC/PIT participation

#### Methods:

- For IPV Providers who stated they contributed to their HIC/PIT count:
  - Estimated Sheltered = Published HIC/PIT count.
- For IPV Providers who stated they had not contributed to the count:
  - Estimated Sheltered = Published HIC/PIT + IPV provider reported sheltered that night.
- For IPV Providers who did not participate (2) in the study:
  - Missing data treated as if the provider contributed data to the HIC/PIT count that year.

# 20%-28% of Maryland Survivors are missing from the HIC/PIT



#### Results (2019):

2019 CoC	Did IPV organization contribute data to HIC/PIT?	Published HIC/PIT(s)	# VSP Sheltered (n)	Est. sheltered survivors (n)	Estimated undercount (%)
Balt. City	yes, not this year	49	37	86	57 (43%)
Balt. County	yes, missing one agency	30	12	30	0
Carroll County	yes, missing data	4	-	4	0
Cumbersville/Allegany	yes, missing data	12	-	12	0
CoC County	yes	4	2	4	0
Frederick County	yes	18	13	18	0
Garrett County	yes	4	4	4	0
Harford County	yes	18	13	18	0
MidShore	yes	5	2	5	0
Montgomery	yes	131	8	131	0
Wicomico/Western MD/Wicomico	yes	3	2	3	0
	Subtotal: Contributors	278	-	319	37 (12%)
Inwood County	Unknown	11	-	11	0
Anne Arundel	No	8	4	12	4
Charles/ St. Mary's/ Calvert	No	11	0	11	0
Hagerstown/ Washington	No	1	4	5	4
Prince George's	No	5	15	40	15
	Subtotal: Non-Contrib.	25	-	68	43 (61%)
	<b>Total Counts:</b>		<b>322</b>		<b>402 80 (20%)</b>

- 80% of VSPs involved in the CoC contributed data as compared to 57% of non-involved VSPs.
- 61% of 2019 survivors and 58% of 2020 survivors were undercounted in non-contributing CoCs.

#### Barriers to Participation:

Survivor Safety/ Privacy Concerns (n=7)	VSPs need CoC guidance on data collection (n=7)	VSPs feel excluded by their CoC (n=5)	VSPs don't recognize CoC as/requirement (n=2)
"We are such a small community, simply sharing data about family size and date of shelter can potentially give away the family identity to close contact of perpetrator." - Provider 16	"The CoC isn't always prepared to give us support to meet the right definitions; there is very little time to ensure accuracy [of the data being pulled]." - Provider 1	"Getting the [CoC] to know they need it. We have the comparable database." - Provider 2	"We were originally invited and went to meeting, but it was mostly about HUD and regulations... it felt overly bureaucratic and there was no time to stop and explain." - Provider 12

#### Limitations:

- CoC-perceived barriers may be different.
- Some VSPs were unable to provide shelter counts. Undercounting may be higher.
- Study estimates sheltered counts; not unsheltered.
- Study only looked at Maryland. Not generalizable.

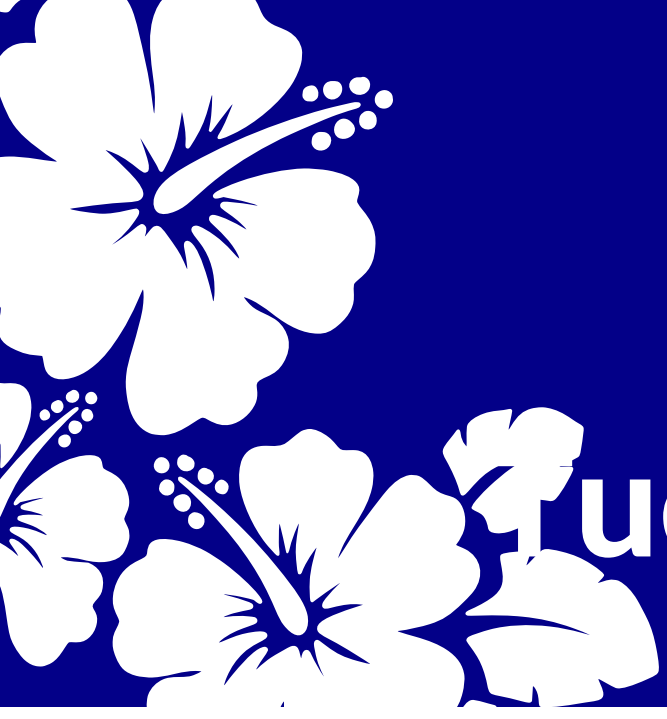
#### Help Survivors Count:

- Strengthening VSP participation in CoC can improve participation in the count, in ensuring safety of survivors, and improving trauma response overall.
- HUD can incentivize CoCs to include VSP shelter data in their HIC/PIT reporting.
- Expand research to see if results hold nationally and to identify CoC-perceived barriers.



For full paper





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## Poster Session 8: Intimate Partner Violence

### # 20 Intervention Needs of Women Who Have Experienced Cyber Intimate Partner Violence- Mylène Fernet, Geneviève Brodeur, Martine Hébert, & Aimée Wallace

### Intervention Needs of Women who have Experienced Cyber Intimate Partner Violence

Fernet, M., Brodeur, G., Hébert, M. & Wallace, A.  
Department of Sexology, University of Québec in Montréal

#### ABSTRACT

**Purpose.** In Canada and elsewhere, the emergence of information communication technologies has led to an increase in the prevalence of cyber intimate partner violence (cyber IPV) experienced by women in early adulthood. Yet, limited research is available on the intervention needs of women victims of cyber IPV. The goal of the current qualitative study was to assess the needs of women victims of cyber IPV for information, resources, and tools regarding cyber-IPV. **Method.** Semi-structured individual interviews and 4 online discussion groups were conducted with 28 Canadian women aged 18 to 29 who had experienced cyber IPV by a romantic or intimate partner or an ex-partner. Data were analyzed using thematic analysis. **Findings.** The key elements identified suggest that women need information to help them recognize the signs and different manifestations of cyber IPV, namely regarding the more subtle expressions of this form of partner violence. Moreover, participants revealed that having support online and offline would help them overcome their experience of cyber IPV. Women's narrative also documented their need for information on how to protect themselves from cyber IPV behaviors. **Conclusion.** Considering the results of the current study, cyber IPV prevention and intervention efforts must target knowledge (eg., the signs and expressions of cyber IPV), different support online and offline interventions strategies, as well as provide adult women various tools to prevent re-victimization.

#### CONTEXT

- Almost half (47.3%) of youth experienced cyber intimate partner violence (IPV) in the context of intimate relationships in the past year (Fernet et al., 2019).
- Younger women (aged < 25) are most at risk for cyber IPV (Bates, 2015).
- Limited research is available on the intervention needs of women victims of cyber IPV.
- Still, awareness and interventions for women are limited.

#### METHOD

**Online discussion groups (n = 23)**  
Asynchronous online chat  
One question per day, for 5 days on Telegram

**Interviews (n = 5)**  
Individual semi-structured (30 minutes)  
Topics addressed

- Need for awareness and support
- Role of family members and witnesses

**Analysis**

- Inductive thematic analysis

**Cyber IPV victimization**

Category	Percentage
Psychological cyber IPV	70%
Stalking	74%
Sexual cyber IPV	76%

#### NEED 2 - Tools to Prevent or to Escape from Cyber IPV Relationships

Practical guidelines to prevent cyber IPV

Visual tools on cyber IPV

"I wish I had a chart that said red flags! At the beginning of the relationship, there were already 3-4, which I had mistaken for "cute" jealousy!"

"I think that as part of prevention, it would be interesting for women to know what cyber-violence is and what tools they can use to protect themselves"

#### NEED 3 – Emotional Support to Navigate Cyber IPV Experiences

Reassurance that things will get better

Getting support from online resources

"Now I'm in a feminist Facebook group and I've seen a lot of posts on the subject of cyber-violence or domestic violence in the broadest sense. I'm sharing a bit of my experience and it makes me feel better (especially when women validate my experience, I don't have that around me)."

"I would have liked people around me to realize this and to distance themselves from him, or to tell him that it wasn't right"

#### IMPLICATIONS

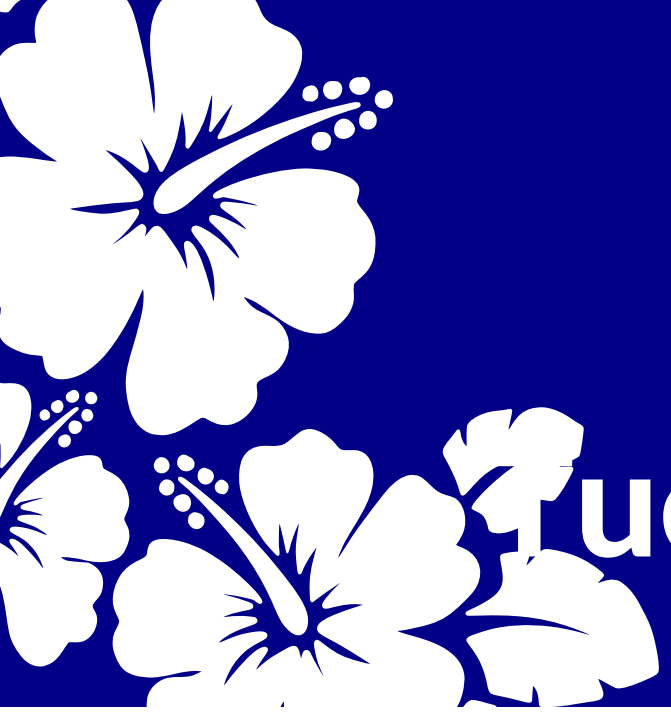
- Cyber IPV prevention and intervention efforts must target knowledge (eg., the forms and expressions of cyber IPV), to encourage recognition of women experiences.
- Women needs tools to protect themselves against cyber IPV (e.g. guide how to secure their phone, how to send photos safely).
- Offline online intervention strategies (e.g. discussion forums) would help victims to break the isolation and feel supported.
- Awareness-raising campaigns targeted relatives and bystanders could be a relevant strategy for supporting women experiencing cyber IPV and impact social norms regarding cyber IPV.

Secrétariat à la condition féminine  
**Québec**

**CYBER VIOLENCES**  
CHANGEMENTS PAR UN PARTENAIRE AVEC UN PAYSANNE AVEC UN PAYSANNE

Compagne de sensibilisation à l'encontre des journées Femmes  
Contact: [fernet.mylene@uqam.ca](mailto:fernet.mylene@uqam.ca)  
Instagram : lab\_evs





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## Poster Session 8: Intimate Partner Violence

**#50 Assessing Risk and Protective Factors in Faith Community Responses to DV- Geneece Goertzen**

**#35 A Phenomenological Study on Intimate Partner Violence amongst Women of Color Survivors of Intimate Partner Violence- Roneisha Simpson**

**#34 Institutional Betrayal, Intimate Partner Violence, and Military Spouses: An Explorative Study- Lea Messing**

