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Exploring themes of moral injury and resilience among women in a transitional living center

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EXPLORING THEMES OF MORAL INJURY AND RESILIENCE AMONG WOMEN IN A TRANSITIONAL LIVING CENTER

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by

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ABSTRACT

Moral injury is a construct that has primarily been studied in war veterans, police officers, and military nurses. It involves a change in an individual's expectations about their own or another's behavior in the face of events involving a violation of their beliefs about themselves, observation of unethical behavior by others, and/or witnessing human suffering that violates beliefs in the goodness of humanity. Research indicates that moral injury involves at least five major themes: betrayal and trust issues; social problems; spiritual/existential issues; psychological symptoms; and self-deprecation. Moral injury represents an important, emerging area of study that may facilitate a better understanding of the treatment and recovery needs of individuals who have experienced trauma. The purpose of the present study was to examine whether moral injury may be present in populations experiencing non-war-related trauma: specifically, women who have experienced homelessness and/or intimate partner violence (IPV). A second goal was to explore themes of resilience and coping. Eight women residing at a transitional living center were individually interviewed regarding their experiences; a brief demographic questionnaire and the Trauma History Screen - Lite Version were also administered. Participants were diverse with regard to age (M = 33.88 years) and ethnicity. All eight had experienced homelessness and seven reported IPV. The researcher conducted qualitative analyses, guided by grounded theory, of the interview transcripts. Ten major themes were identified, eight of which overlapped substantially with the five core themes of moral injury. Self-deprecation was the most prominent theme in the present study. It was relevant to experiences of both homelessness and IPV; it was expressed to some degree by all participants. Six major themes of coping and resilience were also identified, with personal factors related to the individual emerging as the most prominent. This exploratory study indicates that moral injury may be a relevant construct in understanding the experiences of

women who have endured extreme, non-war-related stressors such as IPV and homelessness. Consideration of moral injury may be useful in identifying treatment priorities, including the need to examine the impact of trauma on the self. Other findings, limitations, and research recommendations are also discussed.

Introduction

The concept of moral injury refers to the disruption of an individual's confidence and expectations about his or her own or another person's capacity to exhibit moral behavior, and it manifests in response to events that violate that individual's moral beliefs and expectations (Drescher et al., 2011). To date, the study of moral injury has focused on war veterans and police officers who may perpetrate, fail to prevent, or witness events that cause the pain, suffering, or death of another person while performing socially-sanctioned role obligations (Drescher et al., 2011; Litz et al., 2009). However, research is needed to explore whether moral injury may be a relevant construct in other populations that also face potentially morally injurious situations such as poverty, homelessness, and intimate partner violence.

This study sought to explore whether moral injury may be present in populations who have experienced trauma that is not specifically war-related. Inherent in the potential for a morally injurious experience is the assumption that there is a normative moral development that occurs during the lifespan. To understand the experience of an individual whose expectations for his or her own or another's moral behavior are violated, an understanding must be delineated of how these moral structures develop. Therefore, it is essential to understand the foundations of moral development before exploring the concept of moral injury.

Theories of Moral Development

Moral development is the process by which a child establishes attitudes about and behaviors toward others based upon what is expected and accepted by society. It involves the processes of emotion regulation and attachment that occur during childhood within the context of early caregiving relationships, including the development of the ability to both emotionally and

behaviorally self-regulate during times of conflict (Buchsbaum, Toth, Clyman, Cicchetti, & Emde, 1992).

Morals are the explicit and/or implied rules for social behavior that are both personal as well as shared by an individual's family, culture, and society. They provide a foundation upon which an individual understands how the world should operate and how he or she should behave within it. Such moral behavior includes those acts that are judged and accepted by society and, if violated, warrant punishment (Litz et al., 2009; Reynolds & Ceranic, 2007). Moral identity is an individual's view of his or her own moral standards within the context of these other factors (Reynolds & Ceranic, 2007).

Further, moral internalization represents the process through which individuals learn to navigate discrepancies between their needs and the greater rules and expectations of society, as well as the degree to which their own beliefs are reflected in their self-concepts (Hoffman, 1983; Reynolds & Ceranic, 2007). It involves moving from a focus on external controls as a means of regulating behavior to a focus on internal processes that have developed over time (Ryan, Deci, & Grolnick, 1995). As moral internalization develops, it theoretically decreases the likelihood for antisocial behavior and promotes prosocial behaviors. Research has also shown it to be positively correlated with healthy interpersonal relationships (Ryan et al., 1995). Research posits that people exhibit moral behavior both to avoid the shame and loneliness associated with social sanctions implemented for immoral acts, as well as the resulting disapproval of the self, and to experience subsequent feelings of self-satisfaction and self-respect associated with moral behavior (McNew & Abell, 1995).

Moral development begins in early childhood between the ages of birth and three years (Buchsbaum et al., 1992). Several behaviors that manifest during the first year of life are

understood to reflect the process of moral internalization, including an infant's tendency toward social referencing in ambiguous situations, as well as increased compliance and a decrease in unwanted behavior that align with the expectations of their caregiver (Buchsbaum et al., 1992; Klinnert, Campos, Sorce, Emde, & Svejda, 1983). During the second year of life, a child begins to develop empathy, an awareness of the expectations of others, and the ability to consider *good* versus *bad* (Kagan, 1981; Sander, 1975; Zahn-Waxler, Radke-Yarrow, & King, 1979). Further socialization often occurs within sibling relationships, allowing a child to develop an understanding of cooperation and conflict resolution (Dunn, 1988).

Theoretical foundations of moral development. Longstanding psychological theories have posited numerous explanations for the process of moral development and moral internalization. Traditional psychoanalytic theory views moral development as the process through which external conflict is internalized and regards the caregiving relationship as a key source of morality through which a child identifies with his or her parents' moral values (Eisenberg & Valiente, 2002; Freud, 1936; Kennedy & Yorke, 1982).

On the other hand, social learning theory posits that the key components of learning include reinforcement, punishment, and imitation (Eisenberg & Valiente, 2002). These behaviors are thought to imply the caregiver's moral values, and it is suggested that parents affect their child's moral development through expression of their expectations, contingencies for specific behaviors, and modeling, as well as through reinforcement and punishment (Eisenberg & Valiente, 2002; Gewirtz & Pelaez-Nogueras, 1991).

Cognitive developmental theory proposes another view of moral development in which children create their own moral identity through active interpretation of their environment (Kohlberg, 1969; Kohlberg, 1984). Stages of moral development begin with children's sense of

moral behavior being based on the use of punishment by external authority figures and their attempts to avoid it (e.g., pre-conventional). They then move toward moral behavior based upon interpersonal expectations and conformity (e.g., conventional), and later to morality based upon universal principles and care for the greater good (e.g., post-conventional; Colby & Kohlberg, 1987). In essence, individuals navigate through three stages: egocentric, societal, and universal, in which an individual's perspective is freed form moral judgment based upon individual needs and social convention and eventually moved toward universal principles of justice (Gilligan, 1977). Cognitive developmental theory suggests that moral development is only possible within the context of cognitive development when information pertaining to moral judgments is slightly beyond the child's current level of moral understanding (e.g., cognitive disequilibrium; Eisenberg & Valiente, 2002). In the context of this theory, parents play a more passive role in moral development but are responsible for providing opportunities for cognitive disequilibrium, as well as encouragement of certain cognitions and behaviors that may include perspective-taking and moral decision-making (Walker & Hennig, 1999).

Gilligan (1977) criticized Kohlberg's stages of development, which she described as gender-biased toward males. She argued that Kohlberg's theory emphasizes separateness of the self over connection with others, or autonomy over interdependence. Moreover, Gilligan highlighted the strong interpersonal bias that influences women's moral judgments, which originates in the values of "tact, gentleness, awareness of the feelings of others, strong need for security, and easy expression of tender feelings" that are highly valued in the feminine identity (Gilligan, 1977, p. 484). A concern has been that due to the conflict between the stages of development understood largely from a male perspective and the values that shape feminine identity, women are consistently viewed through the lens of Kohlberg's theory as remaining

longer in the conventional stage of development and progressing more slowly than men into the post-conventional realm. This often results in their description as "deficient in moral development" (Gilligan, 1977, p. 484). Inherent in Kohlberg's theory, then, is a bias that favors the male perspective and a tendency to regard women as less developed or mature (Gilligan, 1977). Gilligan posited that this is due to the gender-biased scoring system used by Kohlberg in his research of moral development, which comprised an all-male sample of participants. Principally, she indicated that it is Kohlberg's succession of stages that is problematic for women, particularly the shift from prioritizing interpersonal to societal needs.

Gilligan (1977) provided an alternative structure to moral development that is more sensitive to female conflict and is comprised of three levels, as well as two transitional conflicts to be resolved. She identified the first level as *orientation to individual survival*, or a focus on the self. The transition required at the end of this level is from selfishness to responsibility. The second level is identified as *goodness as self-sacrifice* in which moral judgments rely on shared norms and expectations, and survival is understood as to depend on acceptance by others. At this level, an individual is oriented toward ensuring protection for dependents, and good equates to caring for others. The subsequent transition required is from goodness to truth, in which individuals examine the inclination toward self-sacrifice in comparison with a morality of care. The third and final level identified is *the morality of nonviolence* in which the overarching requirement not to harm others governs all moral judgments, and care becomes a universal obligation. At this level, an individual is oriented toward concern over action and intention and in the condemnation of exploitation and harm (Gilligan, 1977).

Haidt and Joseph (2007) proposed a theory of moral internalization that focuses on five foundations: *harm/care, fairness/reciprocity, ingroup/loyalty, authority/respect, and*

purity/*sanctity*. It is posited that these five foundations relate to tendencies inherent in humankind as a result of seeking survival. First, the *harm*/*care* domain is said to result from the tendency to protect and care for the vulnerable that is triggered by their suffering, distress, or threat. One emotion commonly associated with the harm/care domain is compassion, and virtues said to develop as a result are *caring and kindness versus cruelty*. Second, the *fairness*/*reciprocity* domain develops in order to gain the benefits of cooperation with another and is triggered by cheating, cooperation, or deception. Associated emotions include anger, guilt, and gratitude, and the virtues said to develop as a result include *fairness, justice, honesty, and trustworthiness versus dishonesty*. Third, the *ingroup*/*loyalty* domain results from the desire to experience benefits associated with cooperation at the group level and is triggered by a threat or challenge to the group. Associated emotions include pride within the group, a sense of belongingness, and anger toward those that betray the group. Virtues that develop in response include *loyalty, patriotism, and self-sacrifice versus treason and cowardice*. Fourth, the *authority*/*respect* domain results from the desire to negotiate within the hierarchy of a system and is triggered by signs of dominance and submission. Emotions related to this domain include respect and fear, and associated virtues include *obedience and deference versus disobedience and aloofness*. Lastly, the domain of *purity*/*sanctity* develops in order to avoid experiences that can cause suffering, pain, or death. This may be triggered by exposure to dangerous materials or individuals who are sick, and the related emotion is disgust. Subsequent virtues include *temperance, chastity, piety, and cleanliness versus lust and intemperance* (Haidt & Joseph, 2007).

In all, moral development is a necessary process that facilities an individual's understanding of and expectations for his or her own behavior, as well as that of others, within

the context of society. The acquisition of a moral identity serves as a guide for behavior, providing valence to situations as right or wrong that further determines an individual's beliefs about one's self and others. In general, individuals are motivated to act in line with their moral identity in order to develop positive beliefs about the self, as well as to engage in healthy relationships. While many theories exist regarding the foundations of moral development, it appears that all agree that moral behavior is guided by a desire for positive experiences with others, while immoral acts result in negative consequences both within the self and within relationships. An understanding of moral development is necessary to understanding the concept of moral injury, which is born out of situations in which one's expectations about one's own or another's behavior is violated. It is within the context of moral development that one's negative response to a morally injurious event is understood. As such, it is crucial to understand the impact of moral injury on an individual's moral identity in order to facilitate an understanding of the longstanding implications of morally injurious experiences.

Moral Injury

Definition of moral injury. Moral injury is defined as "the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations" (Litz et al., 2009, p. 697). It has been described as a "disruption in an individual's confidence and expectations about one's own or another's motivation or capacity to behave in a just and ethical manner" (Drescher et al., 2011, p. 9). The most current working definition of moral injury describes it as:

> A disruption in an individual's confidence and expectations about their own or others' motivation or capacity to behave in a just and ethical manner brought about by bearing witness to perceived immoral acts, failure to stop such actions, or perpetration of immoral

acts, in particular actions that are inhumane, cruel, depraved, or violent, bringing about pain and suffering of others or their death. (Drescher & Foy, 2012, p. 91)

Morally injurious experiences include (a) those that violate an individual's beliefs about themselves, such as participating in either subtle or apparent inhumane acts or failing to prevent the immoral acts of others; (b) those that cause conflict when observing the unethical behavior of others, such as witnessing cruel acts committed by others; and (c) those that involve bearing witness to human suffering and cruelty that violates beliefs about the goodness of humanity, such as being exposed to the aftermath of serious and intense violence (Litz et al., 2009). The experience of moral injury is two-fold: it involves both the experience of these potentially morally injurious events and an awareness of the discrepancy between these acts and one's moral code, resulting in conflict and dissonance. Moral injury occurs when individuals are unable to accommodate these experiences into their beliefs about themselves, others, and the world.

Current research on moral injury. To date, moral injury has been studied primarily in military personnel and police officers and describes the inner conflict that results as a consequence of committing, failing to prevent, witnessing, or gaining an awareness of violent and cruel acts that occur within the line of duty and violate one's moral beliefs for the self and others. It is distinguished from the symptoms of Posttraumatic Stress Disorder (PTSD) because the *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition, Text Revision* (DSM-IV-TR) does not include the perpetration of trauma as part of its exposure criteria for PTSD. Moral injury incorporates the distinct emotional and psychological consequences of this aspect of trauma (Drescher et al., 2011; Drescher & Foy, 2012). Treatment for trauma patients tends to focus on the psychological sequelae resulting from the impact of life-threatening trauma, such as PTSD symptoms, and is done so primarily through fear conditioning and extinction

(Drescher et al., 2011; Litz et al., 2009). However, inherent in many of these traumatic experiences are the moral implications that arise, often resulting in feelings of shame and guilt, and this moral conflict is not sufficiently addressed in current treatment approaches. Further, the moral dilemma is exacerbated in military populations because acts of war that violate one's own beliefs are often socially sanctioned and even celebrated. Additionally, when such acts of war are not performed or are violated, an individual may even be punished (Drescher & Foy, 2012).

Research has shown that morally injurious events reported by military personnel include betrayal (e.g., failures in leadership, betrayal by peers and other trusted individuals, and failure to adhere to one's personal standards of morality); disproportionate violence (e.g., mistreatment of the enemy and acts of revenge); incidents involving civilians (e.g., assault and destruction of property); and within-rank violence (e.g., friendly fire, sexual trauma, and "fragging;" Drescher et al., 2011).

Furthermore, a moral injury can best be understood as "damage or harm received to one's moral center as a result of things experienced, seen, and done" in war (Drescher & Foy, 2012, p. 91). It can involve damage to an individual's view of himself or herself as worthwhile and can result in a distorted self-view and view of others that persists even after the trauma (Drescher & Foy, 2012). It is associated with significant psychological sequelae, including "inner turmoil, shame, concealment, and withdrawal" (Drescher & Foy, 2012, p. 92). The isolation that occurs can prevent an individual from engaging in corrective experiences that challenge thoughts related to shame. In addition to the impact of victimization and personal life-threat, killing in combat has been linked with a host of impairments in military populations, including moral conflict and feelings of shame and guilt (Maguen et al., 2009). Because moral injury involves a contradiction between an individual's actions and/or observations of others and his or her deeply held values

and rules for behavior, it involves dissonance and can therefore result in feelings of shame, guilt, and an inability for self-forgiveness (Litz et al., 2009). Feelings of shame and guilt, as well as the experience of moral conflict, have also been associated with killing in the line of duty for law enforcement populations (Komarovskaya et al., 2011).

Guilt is defined as the feelings of dissonance or remorse subsequent to a behavior that violates one's own expectations for conduct. It typically involves a negative self-evaluation related to the behavior, which may violate one's moral standards either due to empathy for the victim of the behavior or guilt about the inability to have controlled an impulse or to live up to one's internalized moral standards (Eisenberg & Valiente, 2002). *Shame*, on the other hand, involves a negative evaluation of the entire self, rather than just a specific behavior. It is a global process that can result in the individual feeling inherently flawed and has more significant psychological consequences than guilt.

Additionally, killing in combat is associated with the presence of PTSD symptoms in military populations, including violent behaviors and dissociation (i.e., an effort to minimize or avoid emotions associated with the act) that is then utilized as a coping strategy and contributes to the development of PTSD (Maguen et al., 2009). Research has found a correlation between killing in combat and the development of PTSD, as the impact of killing most highly correlates with the development of PTSD when compared with other general combat experiences (Maguen et al., 2009; Maguen et al., 2010). Killing has also been associated with impairments in psychosocial functioning, including anger and interpersonal difficulties (Maguen et al., 2010). It has been suggested that killing may be positively correlated with the experience of moral injury, as well as with changes in religiosity and spirituality. Killing has also been found to be associated with suicide attempts, whereas experiencing the personal threat of being killed is

associated more strongly with PTSD (Maguen et al., 2011). In addition, PTSD related to killing is associated with greater symptom severity than non-killing-related PTSD (MacNair, 2002). Therefore, personal responsibility may play a key role in predicting suicidality among combat veterans (Litz et al., 2009). Among law enforcement officers, killing has been associated with greater risk for the development of PTSD, as well as alcohol abuse, anger, and interpersonal difficulties. This is likely due to the impact of use of force in the line of duty that may result in the serious injury or death of another individual (Komarovskaya et al., 2011).

Trauma and Moral Injury

The American Psychiatric Association (APA) defines Posttraumatic Stress Disorder (PTSD) as the emotional and behavioral responses to the experience of an event involving real or threatened death or serious injury, as well as the concurrent experience of fear, helplessness, or horror. The trauma response typically involves re-experiencing symptoms (e.g., recurrent intrusive thoughts, nightmares, flashbacks, and physiological reactivity at reminders of the trauma); persistent avoidance behaviors (e.g., efforts to avoid reminders of the trauma, memory difficulties related to aspects of the trauma, diminished interest in activities, feelings of detachment, and a restricted range of affect, as well as feelings of a foreshortened future); and symptoms of hyperarousal (e.g., difficulty sleeping, irritability, concentration difficulties, and hypervigilance; American Psychiatric Association, 2000).

The APA's recent revision of their *Diagnostic and Statistic Manual – Fifth Edition* (DSM-5) included a change in the diagnostic criteria for PTSD (American Psychiatric Association, 2013). The new edition further specifies the types of stressors that can contribute to the development of PTSD, which include (a) direct exposure to a traumatic event; (b) witnessing, in person, a traumatic event; (c) indirectly experiencing a traumatic event by learning about

trauma experienced by a close friend or relative, including those that involve violent and/or accidental, actual, or threatened death; and (d) repeated or extreme indirect exposure to aversive details of a traumatic event, typically occurring in the course of professional duties (APA, 2013). Furthermore, DSM-5 includes four clusters of symptoms, as opposed to the previous three clusters. The updated clusters include (a) intrusion symptoms (i.e., memories, traumatic nightmares, dissociative reactions, intense or prolonged distress after exposure to traumatic reminders, and physiological reactivity after exposure to stimuli related to trauma); (b) avoidance symptoms (i.e., avoidance of thoughts, feelings, and external reminders of the trauma); (c) negative alterations in cognition and mood (i.e., inability to recall aspects of the traumatic event, persistent negative beliefs and expectations about the self and the world, persistent and distorted blame of self or others for causing the traumatic event, persistent negative trauma-related emotions, diminished interest in significant activities, alienation from others, and constricted affect); and (d) alterations in arousal and reactivity (i.e., irritable or aggressive behavior, self-destructive or reckless behavior, hypervigilance, exaggerated startle response, concentration difficulties, and sleep disturbance). Diagnostic considerations also include specifying whether the individual experiences depersonalization (i.e., feeling as though one is an outside observer or detached from oneself) or derealization (i.e., the experience of unreality; APA, 2013).

Furthermore, traumatic stress has been described as "devastating and long-lasting, interfering with a person's sense of safety, ability to self-regulate, sense of self, perception of control and self-efficacy, and interpersonal relationships" (Hopper, Bassuk, & Olivet, 2010, p. 80). The trauma response may also involve a disrupted view of the self, others, and the world, resulting in a perceived loss of control and difficulties in trusting others due to the violation of safety and security that occurs during trauma (Goodman, Saxe, & Harvey, 1991; McNew &

Abell, 1995; Van der Kolk, 1987). Additionally, the perceived inability to control the traumatic situation, such as feelings of powerlessness and being out of control, as well as the suddenness and/or unpredictability of the situation can intensify the impact of the traumatic event (Drescher & Foy, 2012). Research has demonstrated that trauma experiences contribute to serious symptomatology, either immediately following exposure or even years later. Moreover, the impact of different types of trauma on an individual's functioning appears consistent despite the nature of the traumatic experience (McNew & Abell, 1995).

What constitutes a traumatic event is often categorized into three groups: (a) natural disasters, which include events not brought about directly by human beings, such as floods, tornadoes, earthquakes, and hurricanes; (b) events caused unintentionally by human involvement, often resulting from carelessness, neglect, or a lapse in concentration, including car accidents, drowning, and structural collapses; and (c) human-caused traumas in which the event occurs deliberately as a result of human action, including assaults, rape, intimate partner violence, and war zone traumatic experiences (Drescher & Foy, 2012). Also important is the dose-response relationship established between exposure to trauma and risk of development of PTSD, as the more intense the trauma experience in severity, duration, and frequency, the greater the likelihood that PTSD will develop.

Currently, there are several theories of PTSD in the literature, including social-cognitive, emotional-processing, two-factor, and cognitive theories of PTSD. However, these theories focus on the impact of harm caused by others, including unpredictable environmental causes, and do not account for the harm caused by an individual's own involvement in these events, as is seen in moral injury (Litz et al., 2009). Therefore, while they may be helpful in explaining aspects of

moral injury, further explanation is needed to account for the psychological sequelae seen in individuals whose trauma involves perpetration or observation of traumatic events.

Social-cognitive theories. Social-cognitive theories focus on the impact of traumatic events on previously held schemas that individuals hold about themselves (i.e., the self as worthy), others (i.e., others as benevolent), and the world (i.e., the world as meaningful; Litz et al., 2009). When traumatic events violate these schemas, such as altering themes relating to safety, trust, and control, and an individual is unable to accommodate this new information, they are likely to experience intrusive thoughts (e.g., memories and nightmares) and subsequent distress, which may lead to utilization of avoidance strategies to cope. Though these strategies are initially helpful in reducing distress, they prolong the recovery process by interfering with an individual's ability to accommodate the new information into their pre-existing schemas.

This model may help explain the presence of moral injury in individuals who have experienced traumatic events. Specifically, moral injury is posited to violate an individual's schemas about right and wrong, as well as the sense of one's own goodness, resulting in inner conflict and subsequent distress. Moral injury occurs when the individual is unable to integrate the event with pre-existing schemas, and as a result, they are likely to experience guilt, shame, and anxiety that perpetuate avoidance behaviors.

Emotional-processing theories. The emotional processing theory of trauma posits that chronic PTSD develops as a result of three factors: schemas that existed prior to the traumatic event, the memory of the event, and the memory of experiences that occurred before the traumatic event. It is hypothesized that these factors interact and make it difficult for the individual to engage in emotional processing of the trauma. This interference can be understood as avoidance of emotional re-experiencing, which would naturally lead to extinction of the

anxiety response, and instead maintains PTSD symptoms. While moral injury can be understood in similar terms, as feelings of shame and guilt are likely maintained through avoidance behaviors, it may differ from PTSD in that it may not be the lack of extinction that maintains the distress found in moral injury.

Two-factor theory of PTSD. The two-factor theory of PTSD proposes that PTSD symptoms represent an anxiety response caused by classical conditioning in a feared situation (e.g., the traumatic event) and are maintained through avoidance behaviors utilized to manage anxiety. During the traumatic event, cues become associated with feelings of fear, helplessness, and horror and evoke intense emotional responses when they occur following the cessation of the traumatic event. Because of the pairing of cues with the traumatic event, the individual avoids these cues in order to avoid distress. These avoidance behaviors prevent the natural process of extinction from occurring because they are unable to experience these cues without the association to the traumatic event (Litz et al., 2009).

The development of moral injury may be partially explained by a similar model, though the symptoms (e.g., conditioned responses) are in response to feelings of shame and guilt, rather than fear. The traumatic event causes emotional distress, which in morally injurious situations includes feelings of guilt and shame due to the moral conflict individuals experience between their beliefs about themselves, others, and the world and the details of the actual events. As a result of these feelings, individuals utilize avoidance of various cues that remind them of the traumatic experiences. As avoidance is utilized over longer periods of time, individuals are unable to have corrective experiences in which their altered beliefs are challenged. This maintains the moral conflict, resulting in ongoing moral injury. Furthermore, judgment by

important others (i.e., family, peers, supervisors, civilians) may reinforce one's negative self-view and provide added stress (Worthington & Langberg, 2012).

Cognitive model of PTSD. The cognitive model of PTSD proposes that PTSD is a response to traumatic events that involves constant threat maintained by overly negative appraisals and a focus on the sensory details of the trauma, which perpetuates an inability to understand the event within an appropriate context of time and place (Ehlers & Clark, 2000; Litz et al., 2009). PTSD is maintained as the individual utilizes maladaptive cognitive and behavioral strategies. Four cognitive vulnerabilities have been suggested that contribute to PTSD: (a) negative attributional style (i.e., attributing events to causes that are internal, stable, and global); (b) rumination (i.e., continuously focusing on negative emotions, as well as their causes and meanings); (c) anxiety sensitivity (i.e., feelings of fear and anxiety about unexpected feared events); and (d) a looming maladaptive style (i.e., biases about the likelihood of present and future threat; Litz et al., 2009). This may occur similarly in moral injury, as the individual may over-focus on negative appraisals about the traumatic event that maintain feelings of shame.

Complex trauma. Research has also suggested that exposure to chronic interpersonal trauma, such as intimate partner violence, may lead to a distinct cluster of psychological symptoms often referred to as Complex PTSD or Complex Trauma (Hopper et al., 2010). Survivors of these experiences have been found to experience symptoms that fall into seven categories: (a) alterations in affect, such as difficulty with regulation of emotional and physiological reactions and rapidly shifting emotions that result in helplessness in overwhelming situations; (b) alterations in consciousness, such as dissociative responses, numbing, and depersonalization; (c) alterations in self-perception, including feelings of helplessness, shame, guilt, responsibility or self-blame, a sense of being damaged and ashamed, and an inability to be

understood; (c) alterations in the perception of the perpetrator of the trauma; (e) alteration in relationships with others, including an inability to trust, a tendency toward isolation and withdrawal, difficulties setting limits and establishing clear boundaries, and re-victimization; (f) alterations in physical functioning, including somatization and increased physiological arousal such as anxiety, panic, and terror; and (g) alteration in systems of meaning, including loss of sustaining faith and feelings of hopelessness and despair, as well as feelings of being chronically unsafe (Hopper et al., 2010; Worthington & Langberg, 2012). This last feature of Complex PTSD relating specifically to changes in one's systems of meaning appears particularly salient to consequences of moral injury, as this outcome appears prevalent in both constructs.

Working conceptual model of moral injury. Litz et al. (2009) proposed a working conceptual model of moral injury based on existing psychological theories of PTSD, as well as additional explanations for areas where these prevailing theories fail to address issues specific to moral injury. It is hypothesized that, following the occurrence of a morally injurious event, an individual experiences conflict between the event and pre-existing schemas. If this conflict is attributed to global, internal, and stable causes, then it is likely that the individual will experience feelings of shame and anxiety. Consequently, these feelings of shame, as well as anxiety related to being punished or ostracized, lead to avoidance behaviors, such as withdrawal and isolation. This avoidance in turn prevents an opportunity for corrective experiences that counter their negative attributions about the self and would lead to self-forgiveness. As time goes on and the avoidance behaviors continue, the individual further internalizes their negative feelings, adopting a belief that not only their actions but also they as an individual are unforgivable. This enhances feelings of impossibility related to reconciliation and renewal and results in self-condemnation (Litz et al., 2009).

It is hypothesized that this process mirrors the three symptoms areas of PTSD: re-experiencing, avoidance, and emotional numbing (Litz et al., 2009). Attempts to accommodate information about the trauma with pre-existing schemas lead to re-experiencing symptoms, including intrusive thoughts about the traumatic event in an effort to motivate the individual to address and resolve the moral conflict. This process, known as moral repair, occurs if the individual accommodates the information and attributes it to specific, not stable, and external, not internal, causes (Litz et al., 2009). However, if the re-experiencing consists of recurrent thoughts about the moral conflict, the individual is likely to experience negative thoughts and emotions, including shame and self-condemnation. This process results in a weakening of self-esteem and may decrease the individual's feelings of worthiness while concurrently increasing their expectations for ostracization. An increase in withdrawing and isolative behaviors leads to increased expectations of being "tainted by moral transgressions" (Litz et al., 2009, p. 701) because they are unable to experience feelings of inclusion and forgiveness. As a result, many individual experiencing moral injury are isolated, helpless, and hopeless (Litz et al., 2009). Moral injury, if unresolved, is positively correlated with self-harming behaviors, including substance abuse, poor self-care, impulsive and risk-taking behaviors; self-handicapping behaviors, such as negating positive emotions and refuting evidence of success; and demoralization, including feelings of self-loathing, futility, and hopelessness (Litz et al., 2009). Additional consequences of moral injury include negative changes in ethical attitudes and behavior; change in or loss of spirituality, including negative ideas about God; guilt, shame, and alienation; anhedonia and dysphoria; loss of trust in others and in social and cultural rules and norms; aggression; and poor self-care or self-harm (Drescher & Foy, 2012). However, there appears to be a lack of differentiation between moral injury that develops as a result of

perpetrating moral transgressions and that which develops as a consequence of witnessing moral transgressions perpetrated by others. This distinction is particularly important for individuals experiencing homelessness and intimate partner violence, as the witnessing component of moral injury may be more salient. Greater attention is also needed with regard to how these two pathways to moral injury (i.e., witnessing or perpetrating) might co-occur and interact within individuals and communities.

Moral Injury in Women

To date, the concept of moral injury has been studied primarily in males, though research has demonstrated some initial movement toward exploring the construct in the female veteran population. It was not until the 1980s, decades after research began on the male veteran population, that psychological sequelae of female military veterans from the Vietnam era were explored (King, King, Gudanowski, & Vrevan, 1995). It was delineated that military nurses represented a distinct subset of the veteran population when exploring the development of PTSD, as they experienced unique war-zone stressors, as well as adjustment problems and stress-related symptoms. For example, while they did not engage in traditional combat activities or witness or participate in the commission of atrocities and/or extremely violent acts, they experienced significant perceived threat and harsh daily living conditions, conceptualized as a “harsh and malevolent" (p. 185) environment (i.e., lack of desirable food, substandard living conditions, unpredictable and lengthy work schedules), that likely represent salient factors in the etiology of PTSD.

Research has evidenced that witnessing death or serious injury is associated with the development of PTSD in some female veterans, as evidenced by elevated physiological reactivity during imagery of nursing-related trauma in Vietnam (Carson et al., 2000). Further,

they evidenced enduring stress reactivity due to the cumulative stressor effect of exposure to chronic, low to moderate magnitude stressors (e.g., environmental deprivation, dilemmas of health care provision, sense of purposelessness, social support; McTeague, McNally, & Litz, 2004).

Further, the presence of a malevolent environment, considered a low-magnitude but unremitting stressor that includes "irritations, deprivations, and daily pressures related to life in a war-zone" (p. 165) had both direct and indirect effects on PTSD, while atrocities-abusive violence was directly associated with PTSD (King, King, Foy, Keane, & Fairbank, 1999). In addition, when comparing female to male veterans, salient prewar factors that contributed to an effect of PTSD in women included instability within the family of origin and early trauma history (i.e., accidents, assaults, and natural disasters). Salient postwar factors directly linked to PTSD included functional social support, hardiness, and additional stressful life events, which appear more important in accounting for PTSD symptomatology in female versus male veterans (King et al., 1999). Research has also demonstrated that female veterans who have experienced sexual assault while in the military have poorer mental health outcomes, including higher levels of depression, than non-assaulted veterans (Drescher & Foy, 2012).

In addition, researchers have recently begun to explore whether the themes of moral injury can be found in women who served as nurses in war-zones. One study by Conway (2013) found that, within a group of 100 nurses who served in the Vietnam War, 55% of these women's responses to questions about their experience in the war included signs or themes of moral injury, and 62% of all women in the sample provided a response that was considered a symptom of moral injury. In all, their responses reflected the following themes associated with moral injury: loss of trust/betrayal; psychological symptoms (e.g., anger, depression, guilt); problems in

social functioning (e.g., a change in attitude or personality, occupational change, and social or interpersonal problems); and spiritual/existential issues (e.g., profound sorrow, questioning morality, and loss of meaning).

Homelessness

Homelessness is a national crisis with a significant impact on the health and well-being of individuals across the United States (Guarino, Rubin, & Bassuk, 2007). Homelessness can be defined as sleeping and residing in areas not intended for human accommodation (Shinn, 2007). It is understood as existing on a continuum, with status of homelessness ranging from first time to short-term (e.g., a two-week period of homelessness), situational, transitional (e.g., one stay in an emergency shelter), episodic (e.g., frequent short periods of homelessness alternating with periods of time spent in temporary housing or other institutions), and chronic (Nooe & Patterson, 2010). The chronically homeless individual is defined as an individual who has been continuously homeless for at least one year and who has experienced four or more episodes of homelessness within the past three years (Notice of Funding Available for the Collaborative Initiative to Help End Chronic Homelessness, 2003).

Homelessness can be understood through an ecological perspective and as a result of the interaction of myriad biopsychosocial risk factors (Nooe & Patterson, 2010). Individual factors associated with increased risk for homelessness include age; marital status; social support; history of placement in foster care; family conflict and violence; history of sexual abuse; maltreatment; lack of education; incarceration; mental illness; intimate partner violence; health status; lack of education; substance abuse; minority status; and military service (Galaif, Nyamathi, & Stein, 1999; Nooe & Patterson, 2010). Structural factors include poverty; unemployment and low minimum wage; loss of public benefits; housing costs and availability;

family housing instability; deinstitutionalization of the mentally ill; health care costs; low wages; barriers to treatment and services; and discrimination (Galaif et al., 1999; Nooe & Patterson, 2010).

Research posits that homelessness is both a result of these risk factors and a stressor in itself, and it has been considered a psychological trauma for several reasons (Banyard & Graham-Bermann, 1998). Homelessness has been described as "more than the absence of physical shelter. It is a stress-filled, dehumanizing, dangerous circumstance in which individuals are at high risk of being witness to or victims of a wide range of violent events" (Fitzpatrick, LaGory, & Ritchey, 1999, p. 439). First, homelessness results in additional vulnerability and deprivation that may increase the likelihood for continued exposure to violent trauma. Second, homelessness involves the loss of one's belongings, community, and social supports (Guarino et al., 2007). The loss of one's home is a significant stressor that can contribute to impairment in psychological functioning, not only due to the loss but also the residual losses of social supports and social roles (Goodman et al., 1991). Third, living in a shelter or on the streets is isolating and can result in trauma symptoms due to the nature of these situations as unsafe, unpredictable, and uncontrollable. It is crucial to note that this unpredictability of the day-to-day unknowns within the lives of homeless individuals amplifies the stress of homelessness and contributes to the traumatic nature of these experiences (Goodman et al., 1991; Guarino et al., 2007). Homelessness can result in a sense of isolation and distrust of others due to either the perceived or real disruption of social connections, as a result of physical separation from loved ones, as well as these individuals no longer being able to fulfill social role obligations (Goodman et al., 1991). This can also result in feelings of helplessness and loss of control, a result similar to many other forms of trauma (Guarino et al., 2007). In addition, homeless individuals are likely to also

have experienced various other forms of trauma, including neglect; psychological, physical, and sexual abuse; community violence; combat-related trauma; intimate partner violence; and accidents and disasters (Hopper et al., 2010). Trauma in the homeless population is symbiotic with a history of trauma, as well as vulnerability for further victimization (Hopper et al., 2010).

Recent studies have indicated that, among industrialized nations, the United States has the highest rate of homeless women and children, and 84% of homeless families are headed by a female (The National Center on Family Homelessness, 2008). Sixty percent of homeless women are mothers with children under the age of 18, and 65% of these mothers live with at least one of their children. Research has indicated that between 16 and 33% of the single adult homeless population has a severe and persistent mental illness (Nooe & Patterson, 2010). One study found that 53% of homeless women surveyed exhibited symptoms that warranted a diagnosis of PTSD (Smith, 1991). In addition, homeless mothers have been reported to have significantly lower levels of social support and higher levels of relationship conflict (Nooe & Patterson, 2010).

The psychological impact of homelessness is immense and results in myriad negative outcomes. Research has indicated the use of avoidant coping strategies to deal with homelessness, including the use of drugs or alcohol, as well as defensive coping strategies that include withdrawal from others and isolation (Galaif et al., 1999; Nooe & Patterson, 2010). In addition, once homeless, the likelihood of maltreatment continues. For example, homeless individuals are often stigmatized and blamed for their situation, resulting in frequent labeling and ostracizing from their communities (Phelan, Link, Moore, & Stueve, 1997). The risk for physical maltreatment also increases, and homeless women are at a three-times greater risk of experiencing subsequent assault and rape (Hopper et al., 2010; Nooe & Patterson, 2010). Homeless individuals are victimized at a disproportionately higher rate than housed individuals,

at a rate of roughly 66% (Lee & Schreck, 2005; Mallory, 2002). Research has demonstrated that 32% of homeless women reported physical or sexual assault in one year (Kushel, Evans, Perry, Robertson, & Moss, 2003). Further, 61% report adult histories of intimate partner violence, and in one study, 32% acknowledged recent experiences of intimate partner violence (Hopper et al., 2010). In addition, suicidal ideation in homeless populations is high, as homelessness often results in feelings of extreme hopelessness (Nooe & Patterson, 2010). Mortality rates have also been found to be elevated in homeless populations, ranging from two to 8.3 times higher than the general population; specifically, mortality rates for homeless women are approximately 10 times higher than other women. Overall, homelessness has been found to trigger and/or exacerbate mental illness, much like any other significant stressor, crisis, or trauma.

When homelessness is understood as a form of chronic trauma, it likely results in a compromised stress response and difficulties coping with life events (Guarino et al., 2007). It can also result in difficulty establishing and maintaining a sense of safety, perpetuation of violent relationships, lack of social supports, separation from family, and a decrease in actual or perceived self-sufficiency. Furthermore, it has been demonstrated in the literature that even once housing is secured, individuals with histories of homelessness remain marginalized, isolated, and unable to reconcile past trauma with their current life situations (McNaughton, 2008).

Poverty

Poverty can be operationalized as involving low socioeconomic status, low income, and neighborhood disadvantage (Santiago, Wadsworth, & Stump, 2011). Negative psychological outcomes are associated with poverty due to limited accessibility to helping resources, as well as the ongoing stress of living with less money than is needed to meet one's basic needs. In addition, neighborhoods characterized by poverty also serve as stressors due to chronic

unemployment, the transient nature of low-income neighborhoods, lack of cohesiveness between neighbors, and higher crime rates. It can also be considered a significant risk factor for vulnerability to homelessness, as it decreases the likelihood that an individual will have the resources necessary to manage stress (Nooe & Patterson, 2010).

Research has demonstrated that households headed by females are at greater risk for poverty and, subsequently, homelessness. It has been shown that women with annual incomes below $10,000 are four times more likely to be victimized by violence, typically by an intimate partner (Guarino et al., 2007). In addition, research has demonstrated that stress resulting from poverty is directly related to anxiety and depression. It has also been found to exacerbate preexisting mental health symptoms that include delinquency, difficulties with attention, and somatic complaints (Santiago et al., 2011). In addition, women experiencing poverty are at a heightened risk for victimization by their intimate partners due to the inability to change or leave the violent situation, as well as lacking consistent sources of protection (Guarino et al., 2007).

Intimate Partner Violence

Intimate partner violence can be defined as the repeated abuse experienced at the hand of an intimate partner that is intended to gain control or exert domination or power over a partner (Holtzworth-Munroe, Smutzler, & Sandin, 1997; Murphy & Cascardi, 1993). Marital violence appears to involve a variety of abusive behaviors, and one study revealed that 72% of women who experienced intimate partner violence were involved in at least four types of abuse, including threats of violence, criticism, jealousy, and threats of a negative change in the marital relationship. Another study found that 72% of women experiencing physical violence found corresponding emotional abuse as having a more severe impact on their well-being (Follingstad, Rutledge, Berg, Hause, & Polek, 1990). Research also posits that women are at a heightened risk

of being assaulted and injured, raped, or killed by a current or past intimate partner than by all other types of perpetrators combined (Browne, 1993).

Studies have shown that intimate partner violence is a primary cause contributing to homelessness for women (Nooe & Patterson, 2010). At least 92% of mothers experiencing homelessness have a history of severe physical and/or sexual abuse, and 63% of mothers report experiencing severe physical assault perpetrated by an intimate partner (The National Center on Family Homelessness, 2008; Nooe & Patterson, 2010). Thirty two percent report experiences of severe violence by their most recent partner, and 27% report needing medical treatment due to the violence (The National Center on Family Homelessness, 2008). In addition, 39% reported that intimate partner violence was the cause of their current homelessness (Nooe & Patterson, 2010). Homelessness often occurs following experiences of intimate partner violence because, though leaving the relationship may represent a solution to one problem, women are likely to face a host of new problems. For example, they may lack histories of employment that make it difficult to find a job, as well as difficulties finding and accessing affordable housing due to histories of poor credit that can be attributed to the intimate partner violence. Additionally, women who have experienced interpersonal violence are likely to face discrimination from landlords who are reluctant to rent to them, as current policies are in place allowing landlords to evict tenants when violence occurs, regardless of the cause. Therefore, in many ways, women are victimized primarily by intimate partner violence but then experience secondary victimization when denied housing and employment due to their histories of abuse.

The consequences of interpersonal violence on mental health are significant, and research has demonstrated that intimate partner violence has the same psychological impact as other types of violence against women, including violent crime, stranger rape, and assault (Holtzworth-

Munroe et al., 1997). It has been posited that interpersonal violence has a deep and significant impact on various aspects of an individual's well-being (e.g., emotional, physical, mental, relational, spiritual; Guarino et al., 2007). As a result, survivors of intimate partner violence experience a host of psychological difficulties, including PTSD, depression, and low self-esteem, and these have been evidenced in one- to two-thirds of all women who experience marital violence (Holtzworth-Munroe et al., 1997). Studies of homeless mothers have revealed that they have three times the rate of PTSD than housed mothers, as well as twice the rate of substance dependence (The National Center on Family Homelessness, 2008). Additional psychological difficulties include anxiety, feelings of loss of control, fear, guilt, shame, depression, unhealthy coping mechanisms (e.g., self-harm, drug use), psychotic symptoms, and hospitalizations for substance abuse and psychiatric or medical problems (Guarino et al., 2007).

In studies focusing on the experience of women in intimate partner violence relationships, it has been found that multiple factors contribute to the likelihood of developing PTSD, including the extent and severity of the abuse, the length of the relationship, and the perception of life-threat (Holtzworth-Munroe et al., 1997). It has also been determined that the strongest predictors of PTSD might include disengagement coping skills (e.g., wishful thinking, social withdrawal, problem avoidance, and self-criticism). Common symptoms of PTSD seen in women include intrusive memories of the abuse, avoidance of reminders of the abuse, hyperarousal, and nightmares (Holtzworth-Munroe et al., 1997). It has also been shown that women in abusive relationships may experience learned helplessness after repeated violence, as well as a lack of problem-solving skills (e.g., using avoidant, dependent, or inappropriate/aggressive responses to situations) and coping skills. This suggests that the violence they experience may be correlated with difficulty generating effective solutions or

responses to the violence. In addition, they may be less likely to utilize social support, and research has demonstrated that women who experience marital violence may have fewer intrapersonal and interpersonal resources (Holtzworth-Munroe et al., 1997).

Research has demonstrated that women may make cognitive attributions about marital violence, including attributing the cause as related to relationship factors and mutual responsibility or situational factors, as well as assuming that the violence will not happen again (Holtzworth-Munroe et al., 1997). Further, research has suggested the importance of considering the impact of a persistently harsh or malevolent environment on the development of PTSD. It has been suggested that a home environment that involves abuse or intimate partner violence, involving daily pressures, discomforts, and/or deprivations, represents a lower-magnitude stressor when compared to severe abuse or violence that may create or exacerbate a person's reactions to trauma (King et al., 1995).

Statement of Purpose and Significance of the Study

The purpose of the current study was to assess whether the concept of moral injury is found within populations that have experienced histories of trauma (i.e., homelessness, poverty, and intimate partner violence) that are not specifically war-related. Specifically, the study focused on the prong of moral injury involving "bearing witness to acts that transgress deeply held moral beliefs and expectations" (Litz et al., 2009, p. 697), referring to the violence perpetrated by intimate partners on women and their children. Further, because morally injurious events are said to include those that cause conflict when observing the unethical behaviors of others, such as witnessing cruel acts committed by others, it was expected that the experience of intimate partner violence fell into this category of morally injurious events. It was also worth examining whether the betrayal by trusted individuals, as well as witnessing disproportionate violence, experienced by military personnel may result in similar psychological sequelae as those experienced by women in situations involving intimate partner violence. While it is acknowledged that men are also victims of intimate partner violence, the focus of the present study was on women.

While there has been extensive support for viewing homelessness, extreme poverty, and other experiences of oppression as traumatic events, there has also been controversy about expanding the definition of trauma to include such experiences (Cougle, Kilpatrick, & Resnick, 2012; Weathers & Keane, 2007). Some have argued that, while stressors vary across many dimensions (e.g., magnitude, complexity, frequency, duration, predictability, and controllability), the term *trauma* should be reserved only for events involving the perception of life threat that is directly experienced and accompanied by emotions such as fear, helplessness, and horror. From this perspective, negative events involving secondary or indirect exposure to threat or lower

magnitude of threat would not be considered traumatic in a technical sense. The controversy is perpetuated in part by concerns about how the definition of trauma impacts the rate at which PTSD is diagnosed in the community. Despite the lack of a consensus on these issues, for the present study, it seemed reasonable to regard homelessness and poverty as potentially traumatic experiences, a perspective that many have been advocating for decades (e.g., Goodman et al., 1991).

Homelessness, poverty, and intimate partner violence result in significant distress and mental health symptoms. Similar to moral injury, additional symptoms often include difficulties with establishing and maintaining a sense of safety, lack of social support, isolation and withdrawal, decreased feelings of self-sufficiency, increased feelings of responsibility for negative events, low self-esteem, guilt and shame, and other psychological difficulties (e.g., PTSD, depression, anxiety). Further, these experiences are said to have significant negative effects on a woman's emotional, physical, mental, relational, and spiritual well-being. There appears to be significant overlap between the experiences of individuals experiencing war-related trauma and those experiencing non-war-related trauma that warranted further investigation about whether moral injury as a construct separate from a traditional trauma response will be applicable to women who have endured intimate partner violence and homelessness. The significance of these findings will likely contribute to furthering our understanding of the traumatic effects of homelessness and intimate partner violence and whether moral injury represents a relevant and important construct to consider when tailoring treatment.

This study sought to address the following question: can symptoms of moral injury be seen in women with trauma experiences that are not specifically war-related? The null

hypothesis at the outset of the study was that there would be no symptoms of moral injury present in women who have histories of trauma and have experienced intimate partner violence, poverty, and/or homelessness.

Method

Design

The present study approached the research questions utilizing a qualitative method based upon grounded theory that was guided by the existing literature surrounding the construct of moral injury. Research indicates that across disciplines, grounded theory is utilized more frequently than any other method of qualitative data analysis (Charmaz & Belgrave, 2012). Grounded theory represents a systematic methodology that involves the development of theory through data analysis, as opposed to use of a theory to analyze data (Breakwell, Smith, & Wright, 2012). Rather than beginning with a specific hypothesis, data is collected and then coded for themes or concepts.

Qualitative interviewing allows for an in-depth exploration of one aspect of a participant's life and seeks to understand the individual's experience and insight into this area. The goal of the interview is to elicit an individual's understanding of her or his subjective experience. Intensive qualitative interviewing is an effective form of grounded theory research as long as the interview approach remains "open-ended yet directed, shaped yet emergent, and paced yet flexible" (Charmaz, 2006, p. 28). Grounded theory interviewing is unique as it narrows the range of interview topics in order to focus on specific areas of inquiry, resulting in subsequent data that will facilitate development of a theoretical framework (Charmaz, 2006).

The qualitative approach was chosen for the present study due to the need for general exploration of a specific concept, as well as the need to generate hypotheses about the link between moral injury and non-war-related trauma. A qualitative study allowed for an analysis of the data to determine whether participants in the study produced themes or content that could be organized into categories relevant to the construct of moral injury.

Participants

Participants of the present study were women over the age of 18 with histories of homelessness and intimate partner violence. They were recruited from Hope Gardens Family Center (HGFC), a faith-based, Christian-affiliated transitional living center for homeless women and children located in Los Angeles County. Participants were provided an incentive for participation. Admissions criteria for women entering HGFC include current homelessness and, upon entry, a willingness to prepare to move into permanent housing; no active substance abuse; and a willingness to participate in community meetings and programs. Further, these women are typically seeking to position themselves to enter or return to the workforce and are often furthering their education through school and/or job training. Consistent with federal laws such as the McKinney-Vento Homeless Assistance Act of 1987, individuals residing in a homeless shelter, which includes transitional living centers such as HGFC, are considered homeless (Institute for the Study of Homelessness and Poverty, 2004). As such, for the purpose of the present study, women residing at HGFC were considered homeless by nature of residing in this setting. Proficiency in English was also required.

A small sample of participants (i.e., six to 10) at HGFC were chosen via purposive sampling in order to identify those who would provide information-rich data and that may contribute to greater depth of understanding of the concepts being studied (Breakwell et al., 2012). The principal investigator attended a HGFC community meeting, where she made an announcement about the present study. The first announcement resulted in a sufficient number of scheduled interviews, and as such, the principal investigator did not need to return for additional community meetings to recruit more participants. The principal investigator also distributed flyers on bulletin boards around the central office building at HGFC in order to encourage

participation in the study. The researcher removed the flyers from the bulletin boards as soon as the study was completed.

Immediately following the conclusion of the community meeting at which the principal investigator made the announcement about the study, she was available for all interested persons to sign-up for a specific interview date and time. The sign-up sheet used to note interview appointment times was kept confidential and in the possession of the principal investigator. It was also kept separate from any research measures or responses and was destroyed as soon as the final interview had been conducted. As noted earlier, the researcher did not need to return to subsequent community meetings to repeat the same announcement, as enough women expressed interest following the initial announcement. The researcher kept the sign-up sheet in her possession and stored it securely throughout the duration of the study.

Qualitative research, particularly grounded theory, generally comprises a limited number of participants, and while sample sizes vary by type of study, a small sample has been deemed sufficient (Charmaz, 2006; Creswell, 2014). A small number of participants is considered acceptable specifically because the focused line of inquiry inherent in grounded theory interviews is "sufficiently general to cover a wide range of experiences and narrow enough to elicit and elaborate the participant's specific experience" (Charmaz, 2006, p. 29). Furthermore, the amount and depth of data collected during these interviews reduces the chance of false or misleading claims made in the research, and the breadth and depth of interview research allows the researcher to identify variation in the data (Charmaz & Belgrave, 2012). In addition, given the small sample size, purposive sampling allows for saturation of the data while simultaneously avoiding redundancy across participants (Breakwell et al., 2012).

Setting

HGFC is a faith-based, Christian-affiliated transitional living center in Los Angeles County for homeless women and children. It provides a safe place for women and children to reside while accessing resources to help them move out of homelessness, which has often resulted from economic difficulties, health problems, and intimate partner violence. The program lasts anywhere from 12 to 36 months and offers myriad services, including long-term rehabilitation programs, educational opportunities, and spiritual development programs. In its Family Program, HGFC focuses on women's skill development, provision of support, and access to resources to assist in healing from prior trauma. Services include mental health programs (including individual, family, and group therapy), development of life skills, occupational training, financial management instruction, educational support, social support, childcare, access to medical and dental services, and worship and religious study programs. Since its establishment approximately seven years ago, HGFC has partnered with Pepperdine University's Graduate School of Education and Psychology (GSEP) as a clinical practicum site, particularly with GSEP's Master of Arts in Clinical Psychology with an Emphasis in Marriage and Family Therapy (MFT) program.

Instruments

Participants were initially administered a brief questionnaire to collect information regarding demographic and background variables, including age, ethnicity, education, occupational history, religious affiliation, relationship status, and family constellation (see Appendix B). Information was also collected regarding each participant's length of stay at HGFC and the number of individuals from their family who resided with them.

Participants were also administered the Trauma History Screen (THS) – Lite Version in order to learn about each participant's lifetime experiences of and responses to traumatic events (Carlson et al., 2011). The THS is a brief self-report questionnaire intended to assess exposure to high magnitude stressor events (HMS) and events associated with significant and persisting posttraumatic distress (PPD). HMSs refer to sudden events that are known to cause extreme distress in the majority of individuals exposed to such events. PPDs are events associated with significant subjective distress that persists for longer than one month. While the THS does not explicitly provide information for a diagnosis of Posttraumatic Stress Disorder, it does identify individuals with histories of stressors and/or subjective distress that may meet diagnostic criteria for the disorder. The THS evidences strong validity due to its high correlation with PTSD symptoms and reports of distress from persons with histories of trauma exposure. Further, the false negative rate is low, which is particularly desirable in a measure used to screen for trauma symptoms. In all, it allows clinicians and researchers to distinguish between events with minimal emotional impact and those associated with longstanding, high levels of distress, as well as providing further information about these distressing events.

The THS-Lite is a briefer version of the THS, comprised of 14 potentially traumatic events in which individuals indicate *yes* or *no* to having experienced the event. Individuals are also asked to indicate how many times the event occurred, as well as to identify whether any of these events had an emotional impact. Lastly, individuals are asked how many of these events have bothered them for more than one month.

The THS demonstrates psychometric properties that make it comparable or better at assessing trauma exposure than longer and more complex measures (Carlson et al., 2011). It was developed for intended use in a variety of clinical, non-clinical, and research settings and was

normed on four sample groups, including 115 homeless veterans from a residential rehabilitation program and 178 individuals recruited from a community sample. Within the veteran sample, 95.7% were male, and 54% were from ethnically diverse groups. Across the other three sample groups, a substantial portion of participants was female. The THS requires a fifth grade reading level, is rapid to administer, and does not require the participant to make complex judgments about their experience. Overall, the THS authors have reported that across five initial samples, the construct validity of the measure was supported by a number of analyses. There is also solid evidence that the THS items are understood by individuals with relatively low reading ability. Further, there was a significant correlation between HMS and PPD reports and the presence of PTSD symptoms in the normative sample, suggesting that the THS accurately identifies events that are correlated with the presence of posttraumatic symptoms. Lastly, the THS has strong convergent validity, as evidenced by the correlation between reports of HMS frequency on both the THS and another trauma screening measure, the Traumatic Life Events Questionnaire (TLEQ). In addition, the THS demonstrates good temporal stability and test-rest reliability, including excellent overall stability in the homeless veteran sample ($r = 0.93$). Further, the stability of THS items was comparable to lengthier trauma exposure scales, and test-retest correlations ranged from 0.73 to 0.95.

Participants also engaged in a qualitative, open-ended interview designed to review their history of traumatic experiences identified in the THS and to explore for the presence of themes relevant to moral injury (Appendix A). Questions for this interview were developed in part from review of a measure of moral injury currently utilized with military populations: the Moral Injury Questionnaire – Military Version (MIQ). The MIQ is a 20-item self-report measure intended for assessment of morally injurious experiences (MIE) among military personnel (Currier, Holland,

Drescher & Foy, 2013). Initial research has established the utility of the MIQ in assessing for the impact of MIEs, which are positively correlated with general combat exposure, impairment of social and occupational functioning, and negative mental health outcomes (including posttraumatic stress and depression). MIQ items that addressed the following themes appeared particularly relevant to the present study: feeling betrayed or let down by leaders or authority figures; seeing or being involved in the deaths of innocent persons; being in situations where it was hard to know what was the right decision to make; experiencing tragic events that were beyond one's control; feeling betrayed by persons other than leaders or authority figures; and feeling changed by the tragic things one has seen. These items inspired the development of interview questions for the present study. Interview questions were needed that would be relevant for use in a non-military setting; they needed to address stressful experiences unrelated to combat, such as homelessness and intimate partner violence. In addition, an important focus of the qualitative interview was to explore themes of resilience and coping. The interview therefore included a strengths-based component and provided opportunity to learn more about coping with stressors such as homelessness and intimate partner violence.

Procedures

Following completion of the dissertation preliminary orals, the researcher sought approval from the Pepperdine University Graduate and Professional Schools Institutional Review Board (GPS IRB). Conceptual approval for the study was also obtained from the administrative director of HGFC. Following IRB approval, participants were recruited from HGFC via participation in a community meeting. Further, flyers were posted to recruit participants. Following participant recruitment, individual interviews were scheduled. Interviews took place in private meeting areas at HGFC. The first step in each individual interview was to obtain

informed consent for participation in the study. The voluntary nature of the study was emphasized, as was the confidentiality of participation. For each participant, the principal investigator offered to read aloud the informed consent document, the demographic questionnaire, and the Trauma History Screen (THS) – Lite Version. This option was offered in case any participants had literacy concerns or for whatever reason felt more comfortable having any or all three items read aloud. No participants utilized this opportunity, nor did anyone identify any literacy concerns. Instead, they chose to read the items themselves. Further, at the time of consent, participants were provided contact information for the counseling center at HGFC.

Each participant was administered the brief demographic questionnaire, followed by the THS-Lite, and finally the qualitative, open-ended interview and a de-briefing at the end of the interview. The qualitative interview was audio recorded, which was clearly explained in the consent process. Following completion of the interview, participants were thanked and provided with a $20 gift card from Visa to express appreciation for their participation. The amount of $20 was considered to be a reasonable amount for the time that was involved (approximately 90 minutes), yet it was not so great an incentive that it would undermine the voluntary nature of the study. The HGFC Program Director recommended a gift card from Visa because that provided flexibility to women participants and could be used at a variety of retail stores or restaurants. The gift card was arranged to be provided even in the event that an individual did not complete the interview, but all participants completed the entire interview.

Participants may have experienced emotional discomfort while reflecting on past or recent experiences of hardship or trauma, including homelessness and intimate partner violence. The researcher monitored participants for emotional/negative reactions throughout the interview.

The voluntary nature of the study was stressed, including the participants' right not to answer or discuss any questions or topics they did not want to discuss. When negative reactions were observed (e.g., tearfulness, slow response time to some questions), the researcher worked to minimize distress through checking in with the participant, providing support, offering to take a break, asking if the participant would like to move on to a different question or topic, and asking about the participant's willingness to continue with the interview. The interview emphasis on coping and resilience appeared to help to mitigate potential risk. Additionally, the researcher worked closely with the Program Director at HGFC to identify referrals for follow-up support services and/or counseling at the transitional living center. Additionally, each woman at the center already had an individual therapist and was participating in a variety of educational and therapeutic programs and services. No additional follow-up referrals were requested by participants, nor did participants evidence considerable distress warranting services in addition to those they were already receiving.

Data Analysis

Upon completion of data collection, descriptive statistics (e.g., frequencies, means, and standard deviations) were calculated based on the demographic variables and THS-Lite data. The interview-based, qualitative data was analyzed using first- and second-cycle coding methods to facilitate content analysis. Qualitative content analysis is a research method typically used when focusing on data derived from communication, including responses to open-ended questions, interviews, and narrative responses (Hsieh & Shannon, 2005). Initial content analysis is inductive in nature, allowing for the organization of qualitative data via open coding in which coding categories are freely generated (Elo & Kyngas, 2007).

Coding in grounded theory typically consists of two phases: initial and focused coding (Charmaz, 2006). First-cycle coding has been deemed appropriate for a qualitative study building in an emerging research area (Saldana, 2009). During initial qualitative coding, pieces of data are assigned a short name that summarizes and accounts for each important piece (Charmaz, 2006). The question to drive this initial step of data analysis is, "Which theoretical categories might [this data] indicate?" (Charmaz, 2006, p. 45). First-cycle coding methods that were implemented in this study included provisional coding, which allowed for the preliminary assignment of codes during the initial review of the data. Coding types included *emotion coding*, in which data was analyzed based upon the emotions expressed by participants, and *values coding*, in which data was analyzed in order to assess participants' values, attitudes, and beliefs (Saldana, 2009).

The second phase of coding in grounded theory research is focused coding, in which the most useful codes produced in the initial phase are compared with each other and with the rest of the data (Charmaz, 2006). These second-cycle coding methods were employed to assist in qualitative content analysis and to facilitate the development of categorical and/or thematic organization of codes (Saldana, 2009). In this phase of content analysis, initial codes were reorganized to develop a list of broader themes or categories. This was accomplished specifically through *pattern coding*, in which coding categories that fell under similar themes or categories were grouped together. This permitted the creation of categories and themes that described the phenomenon being explored in the present study (Elo & Kyngas, 2007).

Once the most important codes were established, they were integrated with literature already reviewed regarding moral injury in order to give shape to pattern coding (Charmaz, 2006). When utilizing prior knowledge, the researcher asked the following questions: "What, if anything, does this knowledge of moral injury highlight about the data;" "How, if at all, does it

apply specifically in the data analyzed here;" and "Where does the concept of moral injury lead the analysis of the current data?"

Results

Data from eight participants ($N = 8$) was collected. Demographic variables were elicited utilizing a brief demographic questionnaire, and information regarding the types of traumatic events they previously experienced was identified through the short version of the Trauma History Screen, known as the THS-Lite (Carlson et al., 2011). Furthermore, a qualitative interview was completed with each participant. The amount of time per interview ranged from approximately 19 minutes to 79 minutes ($M = 46$ minutes). After all the interviews had been conducted, the researcher transcribed them. The interview transcripts did not contain any personally identifying information.

Interview Coding

From the transcribed interviews, a total of 533 responses were coded: 280 responses related to experiences of homelessness, and 253 related to experiences of intimate partner violence. Codes were established according to the principles of qualitative data analysis outlined by Saldana (2009). Saldana defined a code as "…a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of the language-based or visual data" (p. 3). Codes can range in magnitude from one word to an entire sentence or page of text. As such, a response was considered any portions of text that elicited a code during first cycle coding. Saldana (2009) also discussed the amount of data that should be coded in any given total body of data. It has been suggested that only the most salient portions of the total data need examination, with less pertinent data summarized or disregarded. For the purposes of this study, the salient portions of data were those that revealed a participant's direct responses to questions asked in the qualitative interview, as well as those that demonstrated thoughts, attitudes, and behaviors related to experiences of homelessness and intimate partner

violence. There was no standard length established that warranted a response. Rather, the average length of responses ranged from a few words to several sentences. The actual responses are provided verbatim in Appendix D.

Participant Characteristics

Each of the eight participants was a woman residing at HGFC, a transitional living center for homeless mothers and their children in Los Angeles County. This sample represented a diverse age group ranging from 19 to 52 years (M = 33.88 years; SD = 9.54). The sample was also diverse with regard to ethnicity: three women were White/Caucasian (37%); three were Hispanic/Latina (37%); and two were Black/African American (25%). Educational level was also varied in that five women reported completing some high school (62.5%); two reported completing some college (25%), and one reported graduate studies (12.5%). In terms of relationship status, four indicated they were single, never married (50%); three were in a committed relationship (37.5%); and one reported she was separated (12.5%). Participants' number of children ranged from one to nine (M = 3.5), with children's ages ranging from newborn to 34 years old. Of the six participants who provided the number of children residing with them at HGFC, the number ranged from zero to three; two women did not respond to this item. Seven of the eight participants were unemployed and denied any military background; one person chose not to respond to either question. Additionally, six of the women identified as Christian (75%), while one identified herself as "Other/Unknown," in this case "Cogic," and one indicated no religious affiliation. The length of time each participant had been residing at HGFC ranged from three weeks to seven months (M = 2.69 months). Given that families may reside at HGFC for up to two years, the women who participated in the study were relatively recent

arrivals. Further descriptive statistics related to these demographic variables are available in Appendix C, Table 1.

THS-Lite Findings

Each participant also completed the THS-Lite, which measures lifetime prevalence of potentially traumatic events. The THS-Lite is intended as a preliminary assessment of exposure to a range of traumatic events. As such, it does not include any formal scoring but instead provides a brief and useful way of gathering data about trauma exposure. All eight participants identified at least three different types of potentially traumatic events as having happened in the past. All eight (100%) endorsed having experienced at least one form of trauma within their lifetime that resulted in emotional consequences. Seven participants (87.5%) noted that these emotional consequences persisted for more than one month. All participants (100%) reported having experienced a "Sudden Move or Loss of Home and Possessions," as well as the "Sudden Death of a Close Family Member." Six women (75%) endorsed "Seeing Someone Die Suddenly or Get Badly Hurt or Killed," as well as being "Suddenly Abandoned by Spouse, Partner, Parent, or Family." Five individuals (62.5%) reported being "Hit or Kicked Hard Enough to Injure (As An Adult)." Four participants (50%) reported experiencing "A Hurricane, Flood, Earthquake, Tornado or Fire;" being "Forced or Made to Have Sexual Contact (As An Adult);" experiencing an "Attack with a Gun, Knife, or Weapon;" and "Some Other Sudden Event that Made [Them] Feel Very Scared, Helpless, or Horrified." Additionally, three participants (37.5%) identified having experienced "A Really Bad Car, Boat, Train, or Airplane Accident." Two women (25%) endorsed having been "Hit or Kicked Hard Enough to Injure (As A Child)" and being "Forced or Made to Have Sexual Contact (As A Child)." Only one woman noted having been in "A Really Bad Accident at Home or Work." No participants experienced trauma "During Military Service,"

which was expected given that none noted any history of military service. Further related descriptive statistics regarding THS-Lite results are available in Appendix C, Table 2.

Major Themes

As noted earlier, the researcher conducted a recorded interview with each participant to explore themes of resilience, coping, and moral injury; the interview outline is presented in Appendix A. The audio recording of each interview was transcribed and initial coding was completed. These codes were then organized into categories representing major themes. A total of 10 major themes were identified:

1. Homelessness as a Negative Event;
2. Intimate Partner Violence as a Negative Event;
3. Psychological Symptoms;
4. Behavioral Changes;
5. Changes to Self;
6. Social/Interpersonal Changes;
7. Changes to Worldview;
8. Lack of Control;
9. Changes In Meaning; and
10. Guilt and Shame.

Several of these major themes were then assigned subcodes; only Homelessness as a Negative Event (e.g., "I lost everything;" "It can't get any worse than this;" "Oh, it was very traumatic"), Changes to Worldview ("It made me see the world differently," "For awhile after it happened, my outlook was skewed"), and Guilt and Shame ("I had a lot of guilt for allowing something to happen to me;" "I kind of got to the point where I was ashamed of myself") did not

appear to require any subcodes. Consistent with the literature on qualitative data analysis, categories established during coding may contain clusters of data that warrant further description into subcategories (Saldana, 2009). In this case, subcodes were generated in much the same way as major themes. They were identified based upon the diversity in participant responses reflecting the variable nature of these themes in human experience; their reoccurrence across participants, which established these patterns in the coded data; and to ensure that combining codes into major themes did not sacrifice the richness of the data.

Data coded as Intimate Partner Violence as a Negative Event was subcoded into six categories: (a) Control ("Part of it I think was how my abuser controlled me"); (b) Isolation ("He did some major things to like, to isolate me"); (c) Physical Violence ("During the last fight, he pulled a gun on me"); (d) Stalking ("He was stalking me"); (e) Other Abuse ("He was verbally abusive and financially"); and (f) Unspecified ("That's an awful thing though, to be in a domestic violence relationship").

Data coded as Psychological Symptoms was subcoded into eight categories: (a) Hopelessness ("You feel hopeless and helpless," "I didn't see much of a future"); (b) Anxiety ("I'm trying to learn better ways to deal with my stress, my anxiety," "I was diagnosed with post-traumatic stress because of my situation"); (c) Anger ("It brought up a lot of anger, for sure a lot of anger," "I had to get rid of a lot of anger"); (d) Sadness ("I've been kind of sad a lot about it"); (e) Depression ("I'm kind of depressed about my circumstances," "I could slip very easily into umm, depression"); (f) Fear ("I don't want to live with fear no more, but right now, I do," "I was so scared"); (g) Brokenness ("It broke me spiritually, mentally, emotionally, physically, I was just broken inside," "It definitely broke me for awhile, I was very broken"); and (h) General Distress ("When I went off the deep end…" "There was despair").

Data coded as Behavioral Changes was subcoded into four categories: (a) Avoidance ("I didn't want to feel anything," "I just don't want to be around people that are like that"); (b) Isolation ("I just wanted to stay away from everybody," "I push people away"); (c) Poor self-care ("I wasn't caring for myself"); and (d) Unspecified ("I've always made excuses").

Data coded as Changes to Self was further subcoded into six categories: (a) Self-blame ("Part of me still thinks like, what was it that I did?" "How could I be so stupid?"); (b) Negative Impact on Self-Esteem ("It really messed with my self-esteem," "It took my self-worth, it took my self-esteem"); (c) Loss of Identity ("I lost my voice in my domestic violence situation," "I lost a lot of myself to that relationship"); (d) Changed Expectations for Self ("I used to always tell my mom too like, oh my God, mom, I would, I'll never be like that," "I would like to think I was never the type to put up with that"); (e) Negative Self-View ("My perception of myself in life was not very good"); and (f) Unspecified ("I'm getting back a little bit to the person that I was before," "I haven't felt normal in a very long time").

Data coded as Social/Interpersonal Changes was subcoded into eight categories: (a) Judgment from Others ("I feel that people are very judgmental," "Knowing people were like, [participant's name]'s 20-some-odd years old, on the run, not knowing where she's going"); (b) Negative View of Others ("I haven't been very impressed with like, humanity and people," "I just had to learn that people can hurt me more than I've ever hurt myself"); (c) Changed Expectations of Others ("You don't want to believe that somebody's going to take advantage of you and you know, mistreat you"); (d) Rejection ("Nobody wanted us around," "I've been shown a lot of lack of love by people that should be family"); (e) Betrayal ("They ignored me when I needed help," "In the beginning, I was thinking he was helping me but he was actually hurting me"); (f) Negative Impact on Relationships ("How much pain did I cause them," "It affected me

umm, just the…way I look at relationships in a way"); (g) Loss of Trust ("It will be a long time until I get close to somebody or trust people," "Is this person being nice because they're really nice or is, do they have a motive"); and (h) Unspecified ("If anything, it's gonna change how I perceive like, other people," "I guess people in general").

Data coded as Lack of Control was subcoded into five categories: (a) Unpredictability ("You never know what's gonna happen next," "Because you never know. He could be the guy with the nice job, the nice car, the sweet attitude, and then once you're with them for a few months, then he could snap."); (b) Uncertainty ("You don't know what to do," "I think it just creates more uncertainty"); (c) No Control ("I had no control over that at all," "I just don't feel like I had much control of myself at all"); (d) Powerlessness ("I was powerless," "I felt powerless"); and (e) Helplessness ("Not being able to provide anything for them," "You feel like you love someone and you could help them, but really you can't").

Data coded as Changes in Meaning was subcoded into two categories: (a) Changed View of Right and Wrong ("I made it okay because I was just trying to survive," "What I always viewed as wrong, somehow I was making excuses for it"); and (b) Changes in Spirituality, which was further subcoded into (i) Anger at God ("I was really angry with God"); (ii) Blaming God ("I used to blame God a lot," "I blamed God"); and (iii) Questioning God ("If my God loves me, why does He allow me…allow these things to happen?" "Why are You allowing me to stay in the situation?"). This data is further delineated in Appendix C, Tables 3.1 through 3.3.

The nature of the qualitative interview provided for certain questions to elicit responses that reflected these major themes. The interview was structured into sections focusing on different aspects of participants' experiences: what led them to come to HGFC; homelessness; intimate partner violence; coping and resilience; and anything else they may have wanted to

share. Thus, each of these sections generally elicited themes consistent with questions asked (i.e., questions about homelessness led to responses reflecting themes pertaining to experiences of homelessness).

More specifically, the questions, "How has being homeless affected you?" and, "How has intimate partner violence affected you?" generally elicited responses that fell in a variety of the aforementioned themes. Combined with the initial question about what led participants to come to HGFC, responses often reflected Homelessness and Intimate Partner Violence as a Negative Event, as well as Changes in Self. The question, "How has it affected your outlook on life?" generally pulled for responses reflecting Changes to Worldview; "How has it affected your view of human nature?" elicited comments about Social/Interpersonal Relationships; "How has it affected your sense of feeling in control of your life?*"* resulted in responses about a Lack of Control; "How has it affected your view of right and wrong?" and "How has it affected you spiritually?" elicited responses related to Changes in Meaning. Furthermore, questions such as "How has it affected your family," "What do you believe were the biggest challenges for you while dealing with homelessness/intimate partner violence," and "What have you learned from having to deal with homelessness/intimate partner violence?" generated responses that reflected a variety of the aforementioned themes. The question, "What has been most helpful in dealing with challenges and changes?" was specifically indicative of responses reflective of resilience and coping. It is noteworthy, however, that responses reflecting the various themes were present throughout the interview and were not confined to answers to particular questions. While each question elicited specific information, responses reflective of other themes were often found within it, as well. For example, a question about spirituality might initially evoke comments

about spirituality, but then the participant might touch on themes of self-blame and lack of control.

Of the entire sample of coded data, all eight participants (100%) identified having experienced homelessness, and seven (87.5%) reported experiences of intimate partner violence. Responses pertaining to homelessness comprised 53% of all responses made during the interviews (280 of 533), while those pertaining to intimate partner violence comprised 47% (253 of 533). Homelessness as a Negative Event accounted for 6% of total responses (30/533), while Intimate Partner Violence accounted for 11% (60/533). Together, Negative Events accounted for 17% of all responses (90/533). Further analysis revealed that when taken together, 24% of all responses related to Changes to Self (127/533); 18% to Social/Interpersonal Changes (96/533); 12% to Psychological Symptoms (62/533); 11% to Lack of Control (59/533); 7% to Changes in Meaning (36/533); 5% to Changes to Worldview (26/533); and 3% to both Behavioral Changes (17/533) and Guilt and Shame (17/533).

All eight participants identified Negative Events as having occurred with regard to homelessness and/or intimate partner violence. All participants also identified Psychological Symptoms, Changes to Self, Social/Interpersonal Changes, and Lack of Control as themes pertaining to these experiences. Behavioral Changes were noted by seven participants (87.5%), while five (62.5%) identified Changes to Worldview, Changes in Meaning, and Guilt and Shame. Further data pertaining to the frequency and extent of major themes is provided in Appendix C, Tables 3.1 to 3.3.

Homelessness

The data was further subdivided to distinguish between experiences of homelessness and intimate partner violence. Of the total sample, 53% (280/533) of coded statements pertained to

experiences of homelessness, and 11% percent of responses (30/280) identified Homelessness as a Negative Event. Further analysis revealed that of all responses pertaining to homelessness, 26% related to Changes of Self (72/280); 19% to Social/Interpersonal Changes (53/280); 14% to Psychological Symptoms (39/280); 10% to Lack of Control (28/280); 8% to Changes in Meaning (21/280); 7% to Changes to Worldview (20/280); 3% to Behavioral Changes (9/280); and just under 3% to Guilt and Shame (7/280). This suggests that the impact of homelessness on an individual's sense of self was most prominent among the women in this study.

All eight participants acknowledged experiences of homelessness. Further analysis revealed that all eight women (100%) identified Psychological Symptoms, Changes to Self, Social/Interpersonal Changes, and Lack of Control related to experiences of homelessness. Additionally, six women (75%) identified Behavioral Changes; five reported Changes to Worldview and Changes in Meaning (62.5%); and three identified Guilt and Shame (37.5%). Further data pertaining to the frequency and extent of major themes specifically related to homelessness is provided in Appendix C, Table 3.2.

Intimate Partner Violence

Of the total sample, 47% (253/533) of coded statements related to experiences of intimate partner violence, and 24% of those statements identified Intimate Partner Violence as a Negative Event (60/253). Further analysis revealed 22% of those statements related to Changes to Self (55/253); 17% to Social/Interpersonal Changes (43/253); 10% to Lack of Control (31/253); 9% to Psychological Symptoms (23/253); 6% to Changes in Meaning (15/253); 4% to Guilt and Shame (10/253); 3% to Behavioral Changes (8/253); and 2% to Changes to Worldview (6/253). This reveals that the impact of intimate partner violence on an individual's sense of self was most prominent, similarly to experiences of homelessness.

Seven of eight participants acknowledged experiences of intimate partner violence as having impacted their lives. Further analysis demonstrated that all seven of these participants named Intimate Partner Violence as a Negative Event. All of these participants also identified Changes to Self as a result of experiencing intimate partner violence. Additionally, six women (86%) identified Social/Interpersonal Changes; five (71%) acknowledged Psychological Symptoms and Lack of Control; four (50%) reported Behavioral Changes, Changes in Meaning, and Guilt and Shame; and two (25%) identified Changes to Worldview. Further data pertaining to the frequency and extent of major themes specifically related to intimate partner violence is provided in Appendix C, Table 3.3.

It is worth noting that if a theme was not identified by a participant, this does not equate to it not occurring in her life or not being relevant to her. Rather, it simply means that she did not report it during the course of the interview. This suggests that the aforementioned frequency of themes, as well as the extent to which each theme occurred in the sample, reflects the minimum by which a theme occurred and cannot be taken as ruling out whether it was relevant to the participant.

Themes Related to Moral Injury

Drescher et al. (2011) identified several themes of moral injury especially relevant to combat survivors: betrayal, disproportionate violence, incidents involving civilians, and within-rank violence. Furthermore, the following signs and symptoms of moral injury have been delineated by Drescher and colleagues: social problems, trust issues, spiritual/existential issues, psychological symptoms, and self-deprecation. Guilt and shame were also identified as salient consequences of moral injury.

A major goal of the present study was to consider whether themes of moral injury were relevant to women who had experienced homelessness and intimate partner violence in their lives. Therefore, the earlier-described major themes identified among the responses of all the women in the present study were examined in relation to the themes, as well as the signs and symptoms, of moral injury. Responses in the present study reflecting Loss of Trust and Betrayal were identified as similar to moral injury's Betrayal and Trust Issues. Social/Interpersonal Changes observed in the present study (Judgment from Others, Negative View of Others, Rejection, Negative Impact on Relationships, and five of eight Unspecified responses) were akin to Social Problems; Loss of Identity, Changes to Worldview, and Changes in Meaning appeared very similar to the category of Spiritual/Existential Issues; Psychological Symptoms was comparable to Psychological Symptoms in Drescher's and colleagues' work; and Changes to Self (Self-Blame, Negative Impact on Self-Esteem, and Negative Self-View) and Guilt and Shame appeared very relevant to the category of Self-Deprecation. This is further delineated in Tables 4.1 through 4.3.

Themes of Moral Injury were represented in 59% of the coded responses in the present study (316/533). Within the total sum of coded responses, 35% of responses represented themes of moral injury related to homelessness (188/533), while 24% referred to themes of moral injury related to intimate partner violence (128/533). Further analysis revealed that 19% of all coded responses reflected a theme of Self-Deprecation (99/533), while 13% referred to Spiritual/Existential Issues (70/533); 12% represented Psychological Symptoms (62/533); 10% referred to Social Problems (55/533); and 6% addressed Betrayal and Trust Issues (30/533).

All eight participants (100%) identified themes of moral injury on one or more occasions in their responses. Specifically, all eight reported Psychological Symptoms and Self-

Deprecation, while seven (87.5%) reported Spiritual/Existential Issues, six (75%) identified Betrayal and Trust Issues, and six (75%) indicated Social Problems. Further data pertaining to the frequency and extent of major themes of moral injury is provided in Appendix C, Table 4.1.

The data was further subdivided to distinguish between experiences of homelessness and intimate partner violence as related to themes of moral injury. Of all responses related to homelessness, 67% reflected moral injury themes (188/280). More specifically, 19% related to Self-Deprecation (52/280); 17% to Spiritual/Existential Issues (47/280); 15% to Social Problems (41/280); 14% to Psychological Symptoms (39/280); and 3% to Betrayal and Trust Issues (9/280). All eight participants noted themes of moral injury related to their experiences of homelessness. More specifically, all eight (100%) reported Psychological Symptoms; seven (87.5%) identified Spiritual/Existential Issues; seven (87.5%) referred to Self-Deprecation; six (75%) reported Social Problems; and two (25%) identified Betrayal and Trust Issues.

Furthermore, of all responses related to intimate partner violence, 51% reflected moral injury themes (128/253). Additionally, 19% related to Self-Deprecation (47/253); 9% to Spiritual/Existential Issues (23/253); 9% identified Psychological Symptoms (23/253); 8% referred to Betrayal and Trust Issues (21/253); and 6% to Social Problems (14/253). All seven participants who reported a history of intimate partner violence expressed themes of moral injury. One participant denied any prior experience of intimate partner violence; for that reason, her responses elicited no codes reflecting the themes of intimate partner violence. All seven participants (100%) noted Self-Deprecation; six (86%) identified Betrayal and Trust Issues; five (71%) reported Social Problems; five (71%) referred to Spiritual/Existential Issues; and five (71%) identified Psychological Symptoms. Further data pertaining to the frequency and extent of

major themes of moral injury when subdivided by homelessness or intimate partner violence is provided in Appendix C, Tables 4.2 and 4.3.

Resilience and Coping

A final aspect of the qualitative interview focused on factors contributing to resilience and coping in the face of homelessness and intimate partner violence. Data from the following two interview questions was coded to ascertain the presence of these factors: "What has been most helpful to you in dealing with these challenges and these changes?" and "What have you learned about yourself in dealing with all the experiences we have been talking about today?" Notably, responses to these questions were not grouped or categorized separately from one another in the final data analysis. While the question about what participants had learned about themselves generally elicited responses about personal factors, the question about what had been most helpful also did so. For example, when asked about what had been most helpful for her, one participant noted the personal factor of adaptability. Another remarked on her sobriety as most helpful. Additionally, the question about what participants had learned about themselves also at times elicited responses reflective of tools and/or resources that were helpful. For example, one participant noted, "I learned that I need to be still and listen" (i.e., self-care). Similarly to the manner in which participants responded to questions throughout the interview, their responses to these two questions at times overlapped.

A total of 63 responses were coded in relation to these questions. Six major factors were identified: (a) Social Support (e.g., "It's helpful to me because I don't feel alone"); (b) Education (e.g., "…they provide a lot of classes and stuff that, it's already helping me a lot"); (c) Personal Factors; (d) Resources (e.g., "…just getting us prepared for work"); (e) Self-Care (e.g., "…think

about what you need to do for you"); and (f) Religion/Spirituality (e.g., "…I think giving myself to the Lord. That's been the most helpful").

Personal Factors consisted of personal characteristics such as Strength (e.g., "I'm stronger than I thought"); Empowerment (e.g., "I've learned that I have power and control"); Hope (e.g., "…there is hope, you know"); Openness (e.g., "…leaving myself open enough to be able to do that leaves me open to making better changes and to overcome things, you know"); Adaptability (e.g., "…I've always been able to adapt to any situation"); Self-worth (e.g., "…I'm worth more than that…I don't deserve to be in…I deserve better…"); and Sobriety (e.g., "…the times that I've gotten sober"). This data is further delineated in Appendix C, Table 6.

In all, 29% of responses identified Personal Factors as the most salient in contributing to resilience and coping (18/63). Social Support accounted for 25% of responses (16/63), while 21% (13/63) related to Education (13/63); 10% to both Resources and Religion/Spirituality (6/63); and 6% to Self-Care (4/63). All eight participants provided responses to questions about resiliency and coping, and seven (87.5%) attributed Personal Factors as playing the most prominent role; five participants (62.5%) identified Social Support as most important; four (50%) referred to Education; three (37.5%) to Resources; and two (25%) to both Self-Care and Religion/Spirituality as most helpful. Further data pertaining to the frequency and extent of factors related to resiliency and coping is provided in Appendix C, Table 6.

Discussion

The purpose of the present study was to explore whether moral injury, a theoretical construct primarily studied in military populations, may be present in populations who have experienced trauma that is not war-related. Specifically, the experiences of homelessness and intimate partner violence were examined with regard to the presence of moral injury. Themes of coping and resilience were also discussed in order to include strengths-based elements to the study. Data was collected from women residing at Hope Gardens Family Center (HGFC), a faith-based, Christian-affiliated transitional living center for homeless women and children in Los Angeles County, California. Demographic information was collected via a short questionnaire. In addition to interview questions inquiring as to the experiences of homelessness and intimate partner violence, the experience of other potentially traumatic events was assessed using the Trauma History Screen - Lite Version (Carlson et al., 2011). Qualitative data analysis was utilized to examine participant responses from a semi-structured interview based on the Moral Injury Questionnaire (Currier et al., 2013) and other relevant literature. Interview transcripts were coded for major themes, which were then compared to previously established themes of moral injury (Drescher et al., 2011).

Participant Characteristics

Data from eight participants residing at HGFC was collected. The diverse sample included women with ages ranging from 19 to 52 years (M = 33.88 years) and of varying ethnicities, educational background, and relationship status. The majority of women identified as Christian, which was expected given the faith-based nature of the HGFC program, and all who provided information about their employment status identified being currently unemployed. Participants were relatively recent arrivals to HGFC, having resided there anywhere from three

weeks to seven months (M = 2.69 months). The reported number of children ranged from one to nine (M = 3.5), with children's ages ranging from newborn to 34 years.

Lifetime Prevalence of Traumatic Events

Data from the THS-Lite, which measures lifetime prevalence of potentially traumatic events, revealed that each participant had experienced at least three different types of potentially traumatic events in their lifetimes. Seven of the participants (87.5%) indicated that at least one of these events had bothered them emotionally for more than one month. All participants (100%) endorsed having experienced two types of events: "Sudden Move or Loss of Home and Possessions" and the "Sudden Death of a Close Family Member;" 75% endorsed "Seeing Someone Die Suddenly or Get Badly Hurt or Killed," as well as being "Suddenly Abandoned by Spouse, Partner, Parent, or Family Member;" 62.5% reported being "Hit or Kicked Hard Enough to Injure (As An Adult);" 50% reported experiencing "A Hurricane, Flood, Earthquake, Tornado or Fire," being "Forced or Made to Have Sexual Contact (As An Adult)," experiencing an "Attack with a Gun, Knife, or Weapon, and Some Other Sudden Event that Made [Them] Feel Very Scared, Helpless, or Horrified." Additionally, 37.5% identified having experienced "A Really Bad Car, Boat, Train, or Airplane Accident;" 25% endorsed having been "Hit or Kicked Hard Enough to Injure (As A Child)," and being "Forced or Made to Have Sexual Contact (As A Child)." Only one woman noted having been in "A Really Bad Accident at Home or Work." No one endorsed having experienced trauma "During Military Service," which was expected given that none had noted a history of involvement in the military.

The item related to the "Sudden Move or Loss of Home and Possessions" was expected, given that participants resided in a transitional living center whose eligibility requirements included recent homelessness. The remainder of the themes reflecting marital/relational

difficulties and physical/sexual abuse were also anticipated, given that women were recruited for the present study due to histories of intimate partner violence and homelessness. Moreover the base rate for a history of intimate partner violence among women residing at HGFC is understandably high.

When compared to studies that utilized the THS with other populations, participants in the current sample reflected equal or greater frequency of having been exposed to traumatic events, as well as perceiving these events as distressing. The benchmark study by Carlson et al. (2011) that validated the THS as a self-report measure utilized four samples: 115 veterans from a residential rehabilitation program for homeless veterans; 160 adults treated for injuries at a university trauma center; 210 female university students involved in a foundational psychology course; and a community sample comprised of 50 undergraduate students from a mid-size university, 145 students at small community college nearby, and 178 individuals recruited from local shopping areas.

In the sample of homeless veterans, 98% reported having experienced one or more high magnitude stressor (HMS) events, and 75% reported over eight HMS events. "Sudden Death of a Close Friend or Relative" was the most frequently endorsed HMS event at 77%, as well as the most frequently endorsed PPD event at 43%. In the trauma center sample, 90.6% reported one or more HMS events, and 56% endorsed at least four. "Sudden Death of a Close Friend or Relative" was also the most frequently endorsed at 56%. University students reported HMS events at a frequency of 72.4%, with 31% endorsing at least four. Again, "Sudden Death of a Close Friend or Relative" was most frequent at 48.6%. Lastly, the community sample was divided between young adults and adults. Young adults reported HMS events at 82% and adults reported it at 87%. The most frequently endorsed potentially stressful event was "Natural Disasters," at 54%.

A study conducted by Carlson, Garvert, Macia, Ruzek, and Burling (2013) used the THS to assess trauma exposure in homeless veterans. It is unclear whether the sample used here was the same data in the aforementioned study. The sample consisted of 115 homeless veterans who received services from a VA-sponsored residential rehabilitation program. The study specifically looked at exposure to high magnitude stressors (HMS) and those associated with persistent post-traumatic distress (PPD), which were identified as those causing emotional distress for at least one month. In all, homeless veterans reported rates of exposure at 98% for HMS events and 81% for PPD events, which were much higher than in the community samples established in the initial THS study by Carlson et al. (2011). Non-military trauma was reported by 98% of participants. In all, participants reported median lifetime exposure to 16 HMS events and three PPD events. It is notable that the THS-Lite does not distinguish between HMS and PPD events. In addition the study included a primarily male sample of homeless veterans, which differs form the current sample who were all female with no military background.

Another study conducted by Russo et al. (2014) examined the difference between trauma histories of individuals at high risk for psychosis versus healthy adults (N = 120) ranging in age from 16 to 35 years. The sample from the present study demonstrated a higher rate of trauma (100%) compared to both the high risk individuals (75%) and healthy individuals (68%) in Russo and coauthors' study. However, the sampling procedures likely differed and impact the ability to make a meaningful comparison here. High risk individuals also experienced an average of 8.6 (SD = 11.4) traumatic events, while their healthy counterparts experienced an average of 3.2 (SD = 4.8). Furthermore analysis of the difference between samples is difficult, given that Russo et al. (2014) utilized the THS rather than the THS-Lite. The THS further breaks down the various potentially traumatic experiences reported by participants to include which events in particular

they found distressing; the THS-Lite does not provide such a breakdown and instead asks generally whether any of the events endorsed were emotionally distressing. It is also notable that no individuals in the present study reported or exhibited any symptoms of psychosis.

Can Symptoms of Moral Injury be Seen in Women with Trauma Experiences that are not Specifically War-Related?

Ten major themes were identified by participants who had experienced homelessness and/or intimate partner violence in the present study: Homelessness as a Negative Event; Intimate Partner Violence as a Negative Event; Psychological Symptoms; Behavioral Changes; Changes to Self; Social/Interpersonal Changes; Changes to Worldview; Lack of Control; Changes in Meaning; and Guilt and Shame.

When these major themes were compared to the themes of moral injury outlined in the literature, they appeared to correspond to five common themes of moral injury: Betrayal and Trust Issues; Social Problems; Spiritual/Existential Issues; Psychological Symptoms; and Self-Deprecation. When asked to describe how homelessness and intimate partner violence have impacted them, participants produced a total of 533 responses. Over half of those coded responses reflected themes of moral injury, and all eight participants (100%) included these themes in their statements. Approximately 35% of all coded responses addressed moral injury themes related to homelessness, and 25% addressed one or more moral injury themes related to intimate partner violence. Self-Deprecation was the most prominent theme, occurring in 99 of 533 responses (19%) and reported by all participants (100%). It was also the most salient theme when accounting for type of negative event (e.g., homelessness or intimate partner violence), comprising 19% of the respective subtotals of responses.

Spiritual/Existential Issues were reflected in 70 responses (13%) and Psychological Symptoms were expressed in 62 responses (12%). Social Problems constituted 55 responses (10%), and Betrayal/Trust Issues were reflected in 30 of 533 responses (6%). All eight participants (100%) identified themes of moral injury. All eight participants also reported themes of Self-Deprecation and Psychological Symptoms, while seven reported Spiritual/Existential Issues and six identified Social Problems and Betrayal/Trust Issues.

More specifically, 64% of all responses related to homelessness (179/280) reflected themes of moral injury. Self-Deprecation was the most prominent, occurring in 52 of 280 responses (19%). Spiritual/Existential Issues were coded in 47 responses (17%), while Social Problems were identified in 41 (15%). Psychological Symptoms comprised 39 responses (14%), and Betrayal/Trust Issues were reflected in nine of 280 responses (3%). All participants who experienced homelessness identified themes of moral injury. All eight participants also noted Psychological Symptoms, while seven identified Spiritual/Existential Issues and Self-Deprecation, six reported Social Problems, and two identified Betrayal/Trust Issues.

Nearly 53% of all responses related to intimate partner violence reflected themes of moral injury (134/253). Self-Deprecation was again the most prominent, reflected in 47 of 253 total responses (19%). Spiritual/Existential Issues and Psychological Symptoms were reflected in 23 responses each (9%), while Betrayal/Trust Issues were identified in 21 responses (8%) and Social Problems were noted in 14 (6%). All seven participants reporting experiences of intimate partner violence identified themes of moral injury. All seven of these individuals had responses noting Self-Deprecation. Betrayal/Trust Issues were identified by six of these intimate partner violence survivors (86%), while five reported Social Problems, Spiritual/Existential Issues, and Psychological Symptoms (71%).

Homelessness and intimate partner violence have been previously identified in the literature as forms of psychological trauma that may cause distress, impairment, and other significant negative outcomes for individuals who have endured them. Research has shown that these experiences have a negative impact on one's views of the self (i.e., low self-esteem, guilt, shame, decreased self-sufficiency and increased self-blame), others (i.e., isolation, withdrawal, lack of social support), and the surrounding environment (i.e., decreased sense of safety). These stressors are also implicated in the development of psychological disorders, including PTSD, depression, anxiety, and substance use disorders (Galaif et al., 1999; Guarino et al., 2007; Holtzworth-Munroe et al., 1997; Nooe & Patterson, 2010; Smith, 1991). The present study provides support for the negative impact of these experiences on psychological well-being and suggests that the constellation of these symptoms may reflect the construct of moral injury in women who have survived such experiences.

In the present study, women who had experienced non-war-related traumatic events (i.e., homelessness and/or intimate partner violence) reported themes consistent with those of moral injury. Prior to this study, the construct of moral injury had been studied primarily in individuals with war-related trauma, and the presence of signs and symptoms of moral injury in other populations has received little attention. While further confirmation is needed in controlled empirical studies, the results of the present study suggest that the construct of moral injury can be applied to individuals who have experienced non-war-related trauma. Also, other than the study conducted by Conway (2013), which explored the presence of moral injury among female nurses who served in the Vietnam War, the construct has not been further expanded to women. The present study provides further support for the construct's applicability to female populations.

Even though the researcher did not measure or diagnose PTSD symptoms per se in the present study, the results appear generally consistent with the idea that PTSD is insufficient in understanding the impact of homelessness and intimate partner violence on women. PTSD fails to address the moral implications of trauma, including the damage to one's self-view and self-esteem; changes to one's religious perspectives and spirituality; impact on interpersonal difficulties; the sense of betrayal and disappointment; and shame and guilt. This study identifies some of the potential sequelae of traumatic experiences such as homelessness and intimate partner violence among women. These themes may not be adequately addressed and accounted for in the current literature related to PTSD. Altogether, this further supports the notion that traumatic events have a significant impact on women beyond the traditionally identified symptoms of PTSD.

In addition, the present study found that of all the negative outcomes expressed by participants who have experienced homelessness and/or intimate partner violence, self-deprecation was reported most frequently. This was consistent with the study's major theme of Changes to Self, which means that women most frequently identified homelessness and intimate partner violence as leading to self-blame, a negative impact on their self-esteem, loss of identity, changed expectations for themselves, and a negative self-view. This may reflect the sense of responsibility taken on by women in these circumstances and the blame associated with both entering and remaining in less-than-optimal living situations and relationships. It may also reflect an internalization of ideas either inferred or directly said by others, whether it be broader social messages or messages conveyed by persons close to the women. This sheds light on the destructive potential of traumatic stressors such as intimate partner violence and homelessness that reaches beyond traditional psychological symptoms. The far-reaching impact that these

stressors have on women's sense of self calls for proactive efforts to curtail and eliminate these conditions and experiences. It is incumbent on mental health professionals, relevant governmental and community agencies, advocacy groups, and concerned individuals to take action in ameliorating these far-reaching effects.

Spiritual/Existential Issues were the second most commonly reported symptom of moral injury in this study, which is reflective of this study's major theme of Changes in Meaning. Such changes included an altered view of right and wrong and changes in spirituality (i.e., anger at God, blaming God, and/or questioning God). This may reflect the impact of witnessing individuals or institutions behaving in ways that violate pre-established expectations, resulting in changed perspectives on right and wrong or some type of injury to one's sense of a just or reasonable world or community. It could be accounted for by one's need for survival in crisis circumstances, resulting in actions and/or thoughts that transgress one's previously-held beliefs of right and wrong. Also, it may reflect the uncertainty and disbelief of how one ended up in such a situation, going hand-in-hand with thoughts of self-blame and wondering why a Higher Power would permit such experiences to occur. Participants also identified Psychological Symptoms, Social Problems, and Betrayal and Trust Issues as resulting from their experiences of homelessness and/or intimate partner violence, which reflects further negative sequelae from these experiences. As noted earlier, the construct of PTSD does not appear to fully capture all of these nuances, outcomes, and implications.

It is notable that Social Problems were more readily identified by individuals discussing experiencing of homelessness than in those discussing intimate partner violence, who reported Psychological Symptoms more frequently. This may be due to several factors: the immediate sense of life threat in experiences of intimate partner violence, resulting in subsequent fear and

anxiety; and the often chronic nature of homelessness that results in marginalization from society in general. It is also notable that Betrayal and Trust Issues were not more frequently reported by participants, given that intimate partner violence may represent the ultimate form of betrayal and loss of trust.

The results of the present study also support the conclusion that the prong of moral injury focusing on "bearing witness to acts that transgress deeply held moral beliefs and expectations" (Litz et al., 2009, p. 697) is highly relevant in understanding the development of moral injury. Homelessness and intimate partner violence, as discussed by participants in this study, may not have involved the perpetration of acts by these women that transgressed their moral codes. Rather, the signs and symptoms of moral injury expressed may have largely resulted from such transgressions by others. Of course, research that addresses causative factors would be needed to draw more definitive conclusions about these processes.

What Factors are Related to Resilience and Coping in the Face of These Experiences?

Six major themes related to resilience and coping were identified. Personal Factors such as Strength, Empowerment, Hope, Openness, Adaptability, Self-worth, and Sobriety were noted as the most prominent theme, identified in 18 of 63 responses (29%) and reported by nearly all participants (seven of eight; 87.5%). This may be due to the strengths-based nature of the HGFC program, as well as the possibility that psychological treatment provided at HGFC focuses on individual change. Social Support comprised 16 responses (25%), while Education was identified in 13 (21%). This may also be reflective of the HGFC community, as its programs include an extensive group component in which women are frequently involved in each other's day to day lives. Education is also a central component of the program at HGFC, which may help account for how frequently it was mentioned as a coping tool in this sample.

Resources and Religion/Spirituality were each identified in four responses (6%). Access to resources and religion/spirituality were less salient. Given that HGFC is a faith-based community, this raised questions about whether resources of faith, religion, and spirituality could be more effectively marshaled to assist community members in coping with traumatic stressors such as homelessness and intimate partner violence. The utilization of religion and spirituality may not have been as frequent in the sample due to the themes of moral injury that were identified. Specifically, Changes in Meaning, which included changes in spirituality, was a theme identified in 8% of responses and by five women in relation to homelessness and 6% of responses and by four women in relation to intimate partner violence. Of the themes related to moral injury, Changes in Meaning was the second most common. Therefore, the infrequent mentioning of religion and spirituality as having been helpful in coping, despite the fact all the women were residing in a faith-based community, may be accounted for by the negative impact of homelessness and intimate partner violence on women's religion and spirituality. Specifically, the development of these signs and symptoms of moral injury may compromise one's ability to rely on religion and spirituality as a prominent source of coping and resilience. In addition, the faith-based setting of HGFC may have led some participants to take for granted that their religion and spirituality was a coping resource for them. They may have searched for other resources to talk about given their assumption that this was a certainty, which may have impacted the frequency of these resources in the present study. The impact of other themes of moral injury on the utilization of religion and spirituality as a coping tool remains unknown, though it is possible that they have a direct impact on what tools are used in coping and resilience. More research is needed on the direct effects of stressors such as homelessness and intimate partner violence on one's religion, spirituality, and faith.

In all, the extent to which involvement in the HGFC program impacted participants' responses is unknown. The themes of coping and resilience that were identified appear to reflect the major aspects of the program itself. This begs the question as to whether individuals who have experienced homelessness and/or intimate partner violence but who do not reside in a transitional living center or have such access to mental health treatment would identify similar themes as those herein. However, it also demonstrates that the HGFC program in particular is effectively helping women consider those things that have been most helpful for them and appears to be meeting their needs with regard to recovery.

Treatment Implications

Taken together, the results of the present study support the need for changes to treatment interventions directed at women who have experienced homelessness and/or intimate partner violence. Treatment for individuals who have experienced traumatic events such as these primarily focus on the psychological impact (i.e., PTSD symptoms; Drescher et al., 2011; Litz et al., 2009). The moral implications of trauma, as identified in this study, are insufficiently addressed. There is a need for the development of treatment approaches tailored to addressing these implications (i.e., the signs and symptoms of moral injury). Given the prevalence of responses in the present study related to the impact of homelessness and/or intimate partner violence on the self, it would seem reasonable that changes to the self should be considered as a focus of treatment and intervention. Such a focus might more accurately capture a greater array of issues being dealt with by women facing and recovering from traumatic experiences such as intimate partner violence and homelessness.

Limitations

There are several limitations that may have influenced the results of the present study. First, generalizability is limited. Given the small sample size ($N = 8$) and the inclusion of only female participants, these findings may not generalize to a larger or more representative group of women experiencing homelessness and/or intimate partner violence or to male populations experiencing such events. Also, the study was conducted at a Christian-affiliated transitional living center, which limits generalizability. The findings may not be fully relevant for individuals residing in non-religious institutions or in institutions affiliated with other faith traditions. Furthermore, the present study did not ask for clarification regarding the sexual orientation of each participant, nor did it inquire specifically about whether the relationships discussed in the qualitative interviews were heterosexual in nature or not. Therefore, the results of the present study may not generalize to individuals of varying sexual orientations.

In addition, while the present study inquired as to the lifetime prevalence of a variety of traumatic events in the lives of participants via the THS-Lite, there was no further specific exploration of the impact of each of these events. Rather, the qualitative interview focused solely on experiences of homelessness and intimate partner violence. Though interview questions focused on the impact of these two experiences on women, the impact of the other traumatic events they noted remains unknown. It is possible that the themes established in the present study may be related to the occurrence of traumatic events other than homelessness and intimate partner violence.

The measures used in this study were based upon self-report, which inherently involve error and/or concerns about response bias. Given the sensitive nature of the topics inquired about in the present study, the extent to which participants answered in a forthright manner is

unknown. There may have been motivation to underreport their experiences, either due to the psychologically difficult nature of discussing such topics and/or the stigma often attached to individuals who have endured homelessness and/or intimate partner violence. Motivation to over-report difficulties or concerns may also have been present and cannot be ruled out. The researcher sought to establish a supportive, respectful, confidential atmosphere in each interview where participants would feel free to be candid. Moreover, there did not appear to be much external incentive or motivation for participants to overreport or underreport concerns or strengths. The impact of dynamics between the researcher and participants is also unknown (e.g., gender dynamics, differences in educational levels, differences in ethnicity, etc.), and it is unclear whether these dynamics may have affected participant responses.

Participants were distanced temporally from their experiences of homelessness and/or intimate partner violence. Several participants resided at HGFC for several months, and prior to their admission were residing in other locations, distancing them from their experiences. Therefore, it is important to consider the potential differences in their perspectives had interviews been conducted more closely in time to their periods of homelessness or their exposure to intimate partner violence. The extent to which this may have changed the results of the present study is unknown. Furthermore, given that participants had resided at HGFC for an average of just under three months, the impact of a longer stay in the HGFC program is also unknown.

Review of the qualitative interview responses revealed that at least some participants were unable to understand some of the questions. For example, when asked, "How do you think [homelessness/intimate partner violence] has affected your view of human nature?" one participant began discussing the impact of "mother nature" instead. Another participant had

difficulty answering several questions in a row, responding "I don't know what to say on that one" (e.g., "How do you think facing homelessness affected your view of right and wrong?" "How do you feel like being homeless affected your expectations for your life?"). Initially this could be understood as having difficulty reflecting on her experience and answering the question; however, when the questions were rephrased, she was able to provide at times lengthy answers that addressed the question powerfully (e.g., "Like what you expect your life to be like in the future. Did being homeless impact that at all or change that?"). It should be noted that no one question posed difficulty for the majority of participants; rather, it was a couple of participants who had difficulties understanding several questions. The reasons for this are unknown, though it could have been related to language factors, education, distractibility during the interview, or misattunement by the interviewer. Therefore, the impact of this source of variabillity is unknown, as is the manner in which this may have impacted the results.

Questions related to resilience and coping in the qualitative interview were phrased generally, asking participants to reflect on their experiences as a whole (e.g., "In thinking back over all you have gone through before coming to Hope Gardens and while you have been here, what has been most helpful to you in dealing with these challenges and these changes?" "What have you learned about yourself in dealing with the experiences we have been talking about today?") This resulted in responses about themes of resilience and coping that were not distinguished by type of experience (i.e., homelessness or intimate partner violence). Consequently, the themes established in the present study cannot provide information regarding which aspects of resilience may relate more to experiences of homelessness than intimate partner violence, and vice versa.

Issues of confirmatory bias must be considered. The use of qualitative data analysis may inherently include confirmatory bias by researchers, and in the present study, the principal researcher was aware of the construct of moral injury prior to data analysis. Therefore, confirmatory evidence may have been emphasized despite initial themes being identified as separate from the construct of moral injury. Also, the qualitative interview used in gathering data from participants was inspired by the relevant moral injury literature, and included questions specifically developed for their relavence to the construct of moral injury. Had a less structured and more open-ended interview been conducted, moral injury themes may not have been as prominent.

Lastly, the reliability of the researcher's coding of themes was not established. There were no steps taken to determine inter-rater reliability (i.e., the extent to which other raters would have coded or grouped responses in similar ways). The development of the study, as well as available resources, allotted only for the principal researcher to analyze the data. Use of additional coders was not implemented, which could have provided stronger evidence or different themes than those identified in the present study. It should be noted that the participants' de-identified responses are abstracted in Appendix D. Therefore, the data could be subjected to future reliability analyses by the principal investigator or other researchers. Moreover, it should be noted that the present study was conceived as an exploratory study that might be useful in providing guidance for future research on the relevance of moral injury to homelessness and intimate partner violence among women.

Areas for Future Research

Based upon the results and limitations of the present study, several areas for future research have been identified as they relate to the construct of moral injury in those experiencing

non-war-related trauma. Research would benefit from replicating this study with a larger number of participants, as well as with participants of even greater diversity (i.e., age, gender, religion/spirituality, geography) and in various settings. However, it should be noted that a strength of the present study was that despite the small *N*, it included impressive diversity with regard to age and ethnicity.

Participants in the present study were actively enrolled in a transitional living center and were both temporally and spatially removed from experiences of homelessness and intimate partner violence. Therefore, further research should assess the presence of moral injury themes in individuals not yet removed from these experiences, which could provide information regarding the development of moral injury over time, including whether there are critical periods for intervention. This recommendation should not be taken as minimizing the disruption to one's life that results from residing in a transitional living center rather than a private residence. Many of the traumatic implications of homelessness and the sense of loss at multiple levels no doubt continue for women in transitional housing. Similarly, it is sadly apparent that destructive effects of intimate partner violence can also be expected to endure across time and settings. Research that occurs closer in time to the onset of homelessness and/or intimate partner violence may help clinicians and researchers better understand the impact of these stressors, how to intervene, and how to better support recovery.

While the presence of PTSD was not assessed in the participants of this study, the traumatic events explored in this study have been implicated in the development of PTSD. Therefore, it is relevant to consider implications of this study for understanding PTSD. Looking at recent developments, the transition from the DSM-IV-TR to the DSM-5 has provided significant changes in the conceptualization of PTSD, which appears to now include greater

overlap with the construct of moral injury. Further research is needed to determine how symptoms of PTSD and moral injury differ, as well as how they differ from traumatic stress and complex PTSD. Symptoms of PTSD and moral injury, as well as those observed in traumatic stress responses and those of complex PTSD, all include sequelae such as changes in affect, self-perception, relationships, and systems of meaning. Further clarification would be beneficial as to how moral injury differs from these constructs, both generally and in terms of those experiencing homelessness and intimate partner violence.

Research would also benefit from further delineation of the construct of moral injury. Specifically, there remains a lack of differentiation between moral injury that develops as a result of perpetrating moral transgressions and that which develops as a consequence of witnessing moral transgressions by others. While the present study offers some support for the importance of the latter prong, further research is needed to detail how these may be related and how they may differ in the development of moral injury.

In conclusion, the present study sought to explore the implications of moral injury following women's experiences of homelessness and intimate partner violence. It examined the impact of such experiences on the development of moral injury and assessed the frequency and relevance of moral injury themes among women residing at transitional living center in California. Themes of moral injury were identified by all participants, and these themes occurred in over half of all responses. Therefore, moral injury emerges as an important and crucial area of research that needs to be developed in order to inform treatment for those experiencing traumatic events. Such research may be particularly helpful in better understanding the potentially substantial moral implications of traumatic experiences.

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APPENDIX A

Qualitative Interview

APPENDIX A

Qualitative Interview

Thank you very much for agreeing to meet with me today. I believe your point of view will be helpful to others who are facing some of the things you have faced. You don't have to tell me any details that are too upsetting or difficult to talk about.

(1) Please tell me about your experience(s) that led you to come to Hope Gardens.

(A) How long have you been here, and how is it working out for you?

(2) (If applicable) I would like to focus on the times you have been homeless. Please tell me about your experiences with homelessness. For example, how many times have you been homeless and for how long?

(A) How has being homeless affected you?
(B) How has it affected your outlook on life?
(C) How has it affected your view of human nature?
(D) How has it affected your sense of feeling in control of your life?
(E) How has it affected your view of right and wrong?
(F) How has it affected your expectations for your life?
(G) How has it affected you spiritually?
(H) How has it affected your family?
(I) What do you believe were the biggest challenges for you while dealing with homelessness? What have you learned from having to deal with homelessness?

(3) (If applicable) Many women who have gone through homelessness or have lived in transitional housing have also experienced domestic violence, also known as intimate partner violence. Has that happened to you? Can you tell me about that? For example, how often has that happened and for how long?

(A) How has intimate partner violence affected you?
(B) How has it affected your outlook on life?
(C) How has it affected your view of human nature?
(D) How has it affected your sense of feeling in control of your life?
(E) How has it affected your view of right and wrong?
(F) How has it affected your expectations for your life?
(G) How has it affected you spiritually?
(H) How has it affected your family?
(I) What do you believe were the biggest challenges for you in dealing with intimate partner violence? What have you learned from having to deal with intimate partner violence?

(4) In thinking back over all you have gone through before coming to Hope Gardens and while you have been here, what has been most helpful to you in dealing with these challenges and these changes?

(5) What have you learned about yourself in dealing with the experiences we have been talking about today?

(6) What would you like to tell other women who are facing homelessness?

(7) What would you like to tell other women who are dealing with intimate partner violence?

(8) Is there anything else you would like to share with me today?

Thank you so much for your willingness to answer these questions and for your openness in discussing what you have experienced. Do you have any questions for me?

Debriefing

Thank you again very much for being willing to meet with me today and to discuss your life experiences. The purpose of our time here today was to better understand your experiences with homelessness and/or intimate partner violence. With your help and the information that you shared with me today, I believe we will be able to gain a better understanding of the impact of these life experiences on women, as well as what resources have been most helpful to you in overcoming these challenging experiences. I believe it will also be helpful in figuring out good ways to address the impact of these experiences for women seeking help from psychological services.

Because these experiences are difficult, talking about them can sometimes bring up negative feelings. How are you feeling now as we conclude the interview? Is there anything else you would like to talk about today? I want to make sure that you have a safe place to discuss any feelings that have come up for you while meeting with me today. I have talked with [the administrative director] and coordinated the opportunity for you to talk with someone here at Hope Gardens should you want to. Here are the names of these mental health professionals and where you can find them.

Do you have any other questions or comments for me? Thank you again.

APPENDIX B

Brief Demographic Questionnaire

APPENDIX B

Brief Demographic Questionnaire

(1) What is your age? _____

(2) Please specify your ethnicity. Circle all that apply:

Hispanic/Latina Black/African American Asian/Pacific Islander White/Caucasian

Native American or American Indian Multiethnic Other: _____

(3) What is the highest degree or level of schooling you have completed? (Please circle your answer)

(A) Elementary school; please indicate how many years:_____

(B) Through 8th grade

(C) Some high school, no diploma received

(D) GED

(D) High school graduate or diploma

(E) Some college, no degree awarded

(F) Associate's degree

(G) Bachelor's degree

(H) Graduate studies

(I) Other (please indicate:_____)

(4) What is your relationship status? (Please circle your answer)

Single, never married In a committed relationship Married

Widowed Divorced Separated Prefer not to answer

(5) How many children do you have, what are their ages, and which of your family members reside with you at Hope Gardens? _____

_____

_____

(6) What is your current employment status? (Please circle your answer)

Employed Self-employed Unemployed Retired

Unable to work Prefer not to answer

(7) Are you a military veteran? Yes___ No___

(8) What is your religious affiliation? _____

(9) How long have you lived at Hope Gardens Family Center? _____

APPENDIX C

Tables

APPENDIX C

Tables

Table C1.

Demographic Variables

	N	Mean	Median	Mode	Range
Age (years)		33.88	33.50	29	33
Ethnicity					
White/Caucasian	3				
Black/African American	2				
Hispanic/Latina	3				
Education					
Some high school	5				
Some college	2				
Graduate Studies	1				
Relationship status					
Single, never married	4				
In a committed relationship	3				
Separated	1				
Number of children		3.5	2.5	1	8
Ages of children (years)		13.19	10.5	4, 4.5, 10, 11	34
Number family members at HGFC					2
Employment status					
Unemployed	7				
Prefer not to answer	1				
Military veteran status					
No veteran status	7				
Prefer not to answer	1				

(continued)

	N	Mean	Median	Mode	Range
Religious Affiliation					
Christian	6				
Other/Unknown	1				
None	1				
Length of time at HGFC (months)		2.69	2.5	0.75, 3	6.25

Table C2.

Trauma History Screen - Lite Version (THS - Lite)

Type of Event	N	Mean	Median	Mode	Range
A really bad car, boat, train, or airplane	3	1.33	1	1	1
A really bad accident at work or home	1	- -	- -	- -	- -
A hurricane, flood, earthquake, tornado,	4	2	1.5	1	3
Hit or kicked hard enough to injure - as	2	3	3	1, 5	4
Hit or kicked hard enough to injure - as	5	52.7/3.38	4.5/3.25	- -	249/5
Forced or made to have sexual contact -	2	1.5	1.5	- -	1
Forced or made to have sexual contact -	4	*unknown	*unknown	*unknown	49
Attack with a gun, knife, or weapon	4	*unknown	*unknown	*unknown	*unknown
During military service - seeing	0	- -	- -	- -	- -
Sudden death of close family or friend	8	3.69	2.5	2	12
Seeing someone die suddenly or get	6	2.17	2	1	3
Some other sudden event that made you	4	1.5	2	1	2
Sudden move or loss of home and	8	1.75	1.5	1	3
Suddenly abandoned by spouse, partner,	6	1.5	1	1	2
Emotional Consequences	8				
Emotional Consequences for 1+ month	7				

Note. Unknown is defined as when at least one participant acknowledged the event but did not identify a specific frequency with which it was experienced; - - is defined as undeterminable due to the *N* for that item.

Table C3.1.

Major Themes

Theme	Number of Responses	%	Number of Total Participants	%
Negative Events	90	16.89	8	100
Psychological Symptoms	62	11.63	8	100
Behavioral Changes	17	3.19	7	87.5
Changes to Self	127	23.82	8	100
Social/Interpersonal Changes	96	18.01	8	100
Changes to Worldview	26	4.88	5	62.5
Lack of Control	59	11.07	8	100
Changes in Meaning	36	6.75	5	62.5
Guilt and Shame	17	3.19	5	62.5

Note. Total Responses, $n = 533$; Total Participants, $n = 8$

Table C3.2.

Major Themes, Homelessness

Theme	Number of responses	% total responses	% homelessness responses	Number of participants	% total participants
Responses related to homelessness	280	52.53	100	8	100
Homelessness as a negative event	30	5.63	10.71	7	87.5
Psychological symptoms	39	7.32	13.93	8	100
Hopelessness	5	0.94	1.79	3	37.5
Anxiety	1	0.19	0.36	1	12.5
Anger	2	0.38	0.71	2	25
Sadness	1	0.19	0.36	1	12.5
Depression	5	0.94	1.79	3	37.5
Fear	6	1.13	2.14	2	25
Brokenness	2	0.38	0.71	2	25
General distress	17	3.19	6.07	7	87.5
Behavioral changes	9	1.69	3.21	6	75
Avoidance	3	0.56	1.07	3	37.5
Isolation	4	0.75	1.43	2	25
Poor self-care	1	0.19	0.36	1	12.5
Unspecified	1	0.19	0.36	1	12.5
Changes to self	72	13.51	25.7	8	100
Self-blame	33	6.19	11.79	5	62.5
Negative impact on self-esteem	8	1.50	2.86	3	37.5

(continued)

Theme	Number of responses	% total responses	% homelessness responses	Number of participants	% total participants
Loss of identity	6	1.13	2.14	3	37.5
Changed expectations for self	9	1.69	3.21	5	62.5
Negative self-view	4	0.75	1.43	3	37.5
Unspecified	12	2.25	4.29	6	75
Social/interpersonal changes	53	9.94	18.93	8	100
Judgment from others	16	3.00	5.71	5	62.5
Negative view of others	12	2.25	4.29	4	50
Changed expectations of others	0	0	0	0	0
Rejection	5	0.94	1.79	3	37.5
Betrayal	7	1.31	2.50	2	25
Negative impact on relationships	3	0.56	1.07	2	25
Loss of trust	2	0.38	0.71	1	12.5
Unspecified	8	1.50	2.86	3	37.5
Changes to worldview	20	3.75	7.14	5	62.5
Lack of control	28	5.25	10.00	8	100
Unpredictability	4	0.75	1.43	2	25
Uncertainty	9	1.69	3.21	6	75
No control	11	2.06	3.93	5	62.5
Powerlessness	2	0.38	0.71	1	12.5
Helplessness	2	0.38	0.71	1	12.5
Changes in meaning	21	3.94	7.50	5	62.5
Changed view of right	6	1.13	2.14	2	25

(continued)

Theme	Number of responses	% total responses	% homelessness responses	Number of participants	% total participants
Changes in spirituality	15	2.81	5.36	4	50
Blaming God	4	0.75	1.43	1	12.5
Questioning God	9	1.69	3.21	4	50
Anger at God	2	0.38	0.71	1	12.5
Guilt and shame	7	1.31	2.50	3	37.5

Note. Total responses, *n*=533; Total homelessness responses, *n*=280; Total participants, *n*=8.

Table C3.3.

Major Themes, Intimate Partner Violence

Theme	Number of responses	% total responses	% IPV responses	Number of participants	% total participants
Responses related to IPV	253	47.47	100	7	100
IPV as a Negative Event	60	11.26	23.72	7	100
Control	10	1.88	3.95	4	57.14
Isolation	4	0.75	1.58	1	14.29
Physical Violence	19	3.56	7.51	5	71.43
Stalking	2	0.38	0.79	2	28.57
Other Abuse	3	0.56	1.19	2	28.57
Unspecified	22	4.13	8.70	6	85.71
Psychological Symptoms	23	4.32	9.09	5	71.43
Hopelessness	3	0.56	1.19	1	14.29
Anxiety	4	0.75	1.58	3	42.86
Anger	2	0.38	0.79	2	28.57
Sadness	0	0	0	0	0
Depression	2	0.38	0.79	1	14.29
Fear	4	0.75	1.58	2	28.57
Brokenness	3	0.56	1.19	1	14.29
General Distress	6	1.13	2.37	4	57.14
Behavioral Changes	8	1.50	3.16	4	57.14
Avoidance	2	0.38	0.79	1	14.29
Isolation	6	1.13	2.37	3	42.86
Poor self-care	0	0	0	0	0
Unspecified	0	0	0	0	0

(continued)

Theme	Number of responses	% total responses	% IPV responses	Number of participants	% total participants
Changes to Self	55	10.32	21.74	7	100
Self-Blame	30	5.63	11.86	6	85.71
Negative Impact on Self-Esteem	7	1.31	2.77	4	57.14
Loss of Identity	2	0.38	0.79	1	14.29
Changed Expectations for Self	7	1.31	2.77	3	42.86
Negative Self-View	0	0	0	0	0
Unspecified	9	1.69	3.56	3	42.86
Social/Interpersonal Changes	43	8.07	17.00	6	85.71
Judgment from Others	1	0.18	0.40	1	14.29
Negative View of Others	6	1.13	2.37	3	42.86
Changed Expectations of Others	6	1.13	2.37	4	57.14
Rejection	1	0.18	0.40	1	14.29
Betrayal	13	2.44	5.14	6	85.71
Negative Impact on Relationships	6	1.13	2.37	3	42.86
Loss of Trust	8	1.50	3.16	3	42.86
Unspecified	2	0.38	0.79	1	14.29
Changes to Worldview	6	1.13	2.37	2	28.57
Lack of Control	31	5.82	12.25	5	71.43
Unpredictability	5	0.94	1.98	4	57.14
Uncertainty	4	0.75	1.58	3	42.86
No Control	16	3.00	6.32	5	71.43

(continued)

Theme	Number of responses	% total responses	% IPV responses	Number of participants	% total participants
Powerlessness	2	0.38	0.79	2	28.57
Helplessness	4	0.75	1.58	2	28.57
Changes in Meaning	15	2.81	5.93	4	57.14
Changed View of Right and Wrong	10	1.88	3.95	4	57.14
Changes in Spirituality	5	0.94	1.98	3	42.86
Blaming God	1	0.18	0.39	1	14.28%
Questioning God	3	0.56	1.19	2	28.57
Anger at God	1	0.18	0.39	1	14.28%
Guilt and Shame	10	1.88	3.95	4	57.14

Note. Total responses, *n*=533; Total IPV responses, *n*=253; Total participants, *n*=7.

Table C4.1.

Moral Injury Themes

Theme	Number of MI responses	% total responses	Number of participants	% total participants
All Responses	316	59.29	8	100
Betrayal and Trust Issues	30	5.63	6	75
Social Problems	55	10.32	6	75
Spiritual/Existential Issues	70	13.13	7	87.5
Psychological Symptoms	62	11.63	8	100
Self-Deprecation	99	18.57	8	100

Note. Total responses, *n*=533; Total participants, *n*=8.

Table C4.2.

Moral Injury Themes, Homelessness

Theme	Number of responses	% total responses	% homelessness responses	Number of participants	% total participants
All responses	188	35.27	67.14	8	100
Betrayal and Trust Issues	9	1.69	3.21	2	25
Social Problems	41	7.69	14.64	6	75
Spiritual/Existential Issues	47	8.82	16.79	7	87.5
Psychological Symptoms	39	7.32	13.93	8	100
Self-Deprecation	52	9.76	18.57	7	87.5

Note. Total responses, *n*=533; Total homelessness responses, *n*=280; Total participants, *n*=8.

Table C4.3.

Moral Injury Themes, Intimate Partner Violence

Theme	Number of responses	% total responses	% IPV responses	Number of participants	% total participants
All responses	128	25.02	50.59	7	100
Betrayal and Trust Issues	21	3.94	8.30	6	85.71
Social Problems	14	2.63	5.53	5	71.43
Spiritual/Existential Issues	23	4.31	9.09	5	71.43
Psychological Symptoms	23	4.32	9.09	5	71.43
Self-Deprecation	47	8.82	18.58	7	100

Note. Total responses, *n*=533; Total IPV responses, *n*=253; Total participants, *n*=7.

Table C5.

Number of Participant Responses by Theme

		Homelessness	Intimate Partner Violence
Theme	Participant	Number of responses	Number of responses
As a negative event	001	5	13
	002	0	16
	003	4	0
	004	1	2
	005	2	2
	006	10	10
	007	5	14
	008	5	3
Psychological symptoms	001	7	11
	002	4	2
	003	2	0
	004	4	1
	005	4	4
	006	9	6
	007	4	0
	008	5	0
Behavioral changes	001	2	0
	002	1	2
	003	0	0
	004	1	0
	005	0	1
	006	3	3
	007	1	2

(continued)

		Homelessness	Intimate Partner Violence
Theme	Participant	Number of responses	Number of responses
	008	1	0
Changes to self	001	16	21
	002	5	11
	003	11	0
	004	5	1
	005	1	5
	006	14	7
	007	17	7
	008	3	3
Social/interpersonal changes	001	10	7
	002	2	12
	003	8	0
	004	1	0
	005	4	5
	006	21	9
	007	5	8
	008	2	2
Changes to worldview	001	4	4
	002	1	0
	003	8	0
	004	0	0
	005	2	0
	006	5	2
	007	0	0
	008	0	0

(continued)

		Homelessness	Intimate Partner Violence
Theme	Participant	Number of responses	Number of responses
Lack of control	001	6	6
	002	1	6
	003	5	0
	004	1	0
	005	4	6
	006	1	6
	007	2	6
	008	8	1
Changes in meaning	001	8	5
	002	2	4
	003	2	0
	004	0	0
	005	1	1
	006	0	0
	007	8	5
	008	0	0
Guilt and shame	001	0	2
	002	2	2
	003	0	0
	004	0	0
	005	0	0
	006	4	3
	007	0	3
	008	1	0

Table C6.

Factors Contributing to Resilience and Coping

Factor	Number of responses	% total responses	Number of participants	% total participants
Social Support	16	25.40	5	62.5
Education	13	20.63	4	50
Personal Factors	18	28.57	7	87.5
Resources	6	9.52	3	37.5
Self-Care	4	6.35	2	25
Religion/Spirituality	6	9.52	2	25

Note. Total responses, *n*=63; Total participants, *n*=8.

APPENDIX D

Coded Data

APPENDIX D

Coded Data

Homelessness as a Negative Event

Participant	Code	Content
001	Homelessness	"…I lost everything…"
001	Homelessness	"…I have seen (*sigh*) a lot, more than other people have…"
001	Homelessness	"Haven't I been through enough?"
001	Homelessness	"…yeah, it's a struggle like, so you don't ever feel safe, you don't ever feel secure…"
001	Homelessness	"…the loss, like, when you're homeless, like you just, you lose, it's like you're always losing…"
003	Homelessness	"Oh, it was very traumatic…"
003	Homelessness	"…it was really scary…"
003	Homelessness	"I wasn't prepared for this…"
003	Homelessness	"…I don't want to be in that world of umm, scared to death every day that, that I'm going to be back homeless again…"
004	Homelessness	"…instead of just umm, surviving you know, cuz I can do the survival mode…"
005	Homelessness	"…I slept in cars, like three bed trucks, in sheds, on couch cushions…"
005	Homelessness	"…it can't get any worse than this."
006	Homelessness	"…I definitely don't want to be anywhere I've been before umm, with the dark times and hard times…"
006	Homelessness	"All I, all I could do was just kinda walk through the gate of hell and like, see what was going to show up…"
006	Homelessness	"…it kind of let me understand some of the junk that attacked me alone in, in times in my life…"
006	Homelessness	"…it has affected me in the past where people would know how to attack me.."
006	Homelessness	"…the amount of fear was unbearable…"
006	Homelessness	"People, people have threatened me…"

006	Homelessness	"…I was really, really attacked by the devil in many ways…"
006	Homelessness	"…as dark as the experiences I've been through…"
006	Homelessness	"…like knowing that I got hurt…"
006	Homelessness	"…I just need to let you know like, I'm probably going to get murdered or something bad is going to happen you know, like I'm not going to live that much longer."
007	Homelessness	"And then I struggled…"
007	Homelessness	"It was awful."
007	Homelessness	"I don't ever want to have to experience that again…"
007	Homelessness	"…I could've been killed you know, being out there…"
007	Homelessness	"…it was awful. It's awful…"
008	Homelessness	"...being homeless umm, just being on the streets, that was scary, losing your home, not having a place for your kids."
008	Homelessness	"…being on the streets is not good. It's bad."
008	Homelessness	"…I was close to that and it was, it was, was just scary. It was scary."
008	Homelessness	"…sleeping on the street like that, one the side of the street or on the bottom of the freeway in bushes. It's just scary, scary…"

Psychological Symptoms

Participant	Subcode	Content
001	Hopelessness	"…you feel hopeless and helpless…"
001	Hopelessness	"…you're so hopeless though that you don't even know, so sometimes, like for me, I shut down…"
001	General Distress	"…like a switch inside of me that I'm like, okay, emotionally, I just, I'm not there…"
001	Anxiety	"…I'm trying to learn better ways to deal with my stress, my anxiety…"
001	Hopelessness	"…and the hopelessness of all of it, the emotional side of that."
001	Anger	"…it brought up a lot of anger, for sure a lot of anger…"

001	General Distress	“…when I went off the deep end…”
002	Sadness	"I've been kind of sad a lot about it…”
002	Depression	"I'm kind of depressed about my circumstances.”
002	General Distress	“…I'm stuck in a rut…”
002	General Distress	“…I'm so far down in a rut, it’s kind of hard to see or figure out how I’m going to accomplish my goals.”
003	Fear	“…I’m scared that I’m gonna be paranoid and, and, and afraid every day, waking up every day with this fear…”
003	Fear	“…I don't want to live with fear no more, but right now I do.”
004	Depression	"…I'm never satisfied, I’m never happy, I’m never, I never have joy…depression…”
004	Anger	“…it’s just always you know, frustration…umm, anger…”
004	General Distress	“…inside of me was just, just jacked up…”
004	General Distress	“…before I was just, any little thing, and I was freaking out, like the world’s ending, and calling everybody and crying…”
005	General Distress	"It stressed me out really bad…”
005	Brokenness	"It broke spiritually, mentally, emotionally, physically, I was just broken inside…”
005	General Distress	“…it was devastating…”
005	General Distress	"It hurt my feelings a lot…”
006	General Distress	“…even with the dark feelings that I still had about…”
006	Brokenness	“…everything is just broken…”
006	Fear	“…just emotionally and mentally exhausted, ultimate fear like that’s, to be run by fear…”

006	General Distress	"…that just made me feel like, awful…"
006	Fear	"…it's a scary place to live in fear…"
006	General Distress	"…what that pain brought me from all these experiences…"
006	Fear	"…as scared as I was, and as scared as I've been…"
006	General Distress	"…all the pressure I've been through…"
006	Fear	"…being afraid, that was the scariest feeling…"
007	Hopelessness	"…sometimes I feel like giving up…"
007	General Distress	"…it was awful you know, and, it hurts me…"
007	General Distress	"...it tears my heart up…"
007	General Distress	"…when I do, it brings me down…"
008	Depression	"It's hard, it's hard and depressing."
008	General Distress	"It just got harder. I mean, I don't know, just hard to, even to brush your teeth you know, to have, so hard to, to look good to get a job…"
008	Depression	"…your depression goes more and more in to where like you don't care, you don't care, you don't care, and you stay like that."
008	Depression	"…the depression doesn't let you…"
008	Hopelessness	"…you just keep doing drugs because you don't feel like anything else is worth it."

Behavioral Changes

Participant	Subcode	Content
001	Unspecified	"I've always made excuses…"
001	Avoidance	"It kind of forced me to face like, what was really happening."

002	Isolation	"People think I'm doing better than what I actually am, so it's kinda like a facade in a way."
004	Avoidance	"…I didn't want to feel anything."
006	Isolation	"…I just wanted to stay away from everybody…"
006	Isolation	"…the way I was acting was a way which is why I didn't let anybody see what I was going through…"
006	Isolation	"Nobody has seen what I've gone through emotionally…"
007	Avoidance	"…I try not to think so much in the past you know, of the things that I went through…"
008	Poor self-care	"…I wasn't caring for myself…"

Changes to Self

Participant	Subcode	Content
001	Self-blame	"I was running around wild, you know, on drugs."
001	Negative impact on self-esteem	"…it does things to your self-esteem, like it makes you feel like you can't achieve…"
001	Negative impact on self-esteem	"…it really messed with my self-esteem…"
001	Negative impact on self-esteem	"…it plays havoc on your self-esteem, and you feel like you weren't, you didn't do good enough…"
001	Self-blame	"…I just didn't feel like I took care of my family well enough, like if I would have made different decisions, I beat myself up…"
001	Unspecified	"…so I have to like, it's brought my awareness up."
001	Negative self-view	"My perception of myself in life was not very good…"
001	Negative impact on self-esteem	"…that was because I had no self-esteem and I wasn't, like my self-esteem was like, nothing, and he kept it there…"
001	Unspecified	"I'm getting back a little bit to the person that I was before…"

001	Loss of Identity	"…this time is finding out who I am, like, what do I like?"
001	Loss of Identity	"…like the little, there's little things that I'm learning about myself…"
001	Self-blame	"…part of me still thinks like, what was it that I did?"
001	Changed expectations for self	"For awhile, I didn't expect to have anything more than the hustle…"
001	Loss of Identity	"…I lost my voice in my domestic violence situation…"
001	Negative impact on self-esteem	"…whether it's dignity, self-esteem…"
001	Self-blame	"…I've learned not to like, ever repeat those mistakes…"
002	Negative impact on self-esteem	"…it kind of messed with my self-esteem and confidence…"
002	Unspecified	"…I haven't felt normal in a really long time…"
002	Unspecified	"…I was very outgoing umm, before I got pregnant and I just kinda, I don't feel that way anymore."
002	Self-blame	"…I wonder, is He punishing me…"
002	Unspecified	"…it makes me you know, more of a private person than what I usually am."
003	Self-blame	"…when you get too comfortable and too set in your ways, that it's like you know, you're not prepared for different things or, or different areas."`
003	Negative impact on self-esteem	"…that made me feel insecure…"
003	Self-blame	"…maybe I should've investigated the company…"
003	Self-blame	"…I should've did my background…"
003	Self-blame	"…what I should do this time to make sure this don't happen again…"

003	Unspecified	"…I'm very insecure…"
003	Self-blame	"…I don't know which way to go, what I should do, so that this won't happen again."
003	Unspecified	"…I can't believe, still can't believe this happened to me."
003	Changed expectations for self	"…I don't have any."
003	Self-blame	"Because if I had, I probably be better at that, I probably wouldn't be here if I thought about me more."
003	Self-blame	"…you'll be the same you that'll have you right back here and be moving fast again…"
004	Unspecified	"…I'm more observant…"
004	Self-blame	"…the first time I was homeless, it was because of my choices…"
004	Loss of Identity	"…I'm still like, kinda like, trying to figure out myself and what I want to do…"
004	Changed expectations for self	"…I didn't have expectations before, I was just getting by…"
004	Negative impact on self-esteem	"…I just needed somebody there but, but now it's like, it's like, no I shouldn't, I shouldn't do that, I shouldn't put myself that low."
005	Unspecified	"I wasn't wanted anywhere."
006	Self-blame	"So my decisions weren't very wise…"
006	Unspecified	"…it just, it leads, led me into a vulnerable state of mind…"
006	Unspecified	"…sooner or later you know, enough bad times could have turned me around into doing things that are immoral…"
006	Self-blame	"…I stopped letting things just happen to me…"
006	Unspecified	"…for someone like me to admit weakness, that shakes me in my boots. I'm not really proud of that."

006	Self-blame	"…I can pick, pick up those broken pieces that I, that I, you know, that was created because I put myself in places I should never have been, and used drugs and alcohol when I shouldn't have, and that was just, you know, part of you know, allowing these umm, you know, these experiences of pain and ultimate fear to you know, lead me to very, very umm, very questionable outcome…"
006	Self-blame	"…every time I got hurt, it was when I, when I would use…"
006	Self-blame	"…I should've, I should've known better to like, let it…"
006	Self-blame	"…it doesn't feel good to be hurt by something or someone and knowing that it never would've happened if I never put myself there…"
006	Negative self-view	"…I was the only one that got damaged…"
006	Self-blame	"…I let myself be horrible to be used and abused…"
006	Loss of Identity	"…I was just kind of lost…"
006	Loss of Identity	"…losing the light that I had in me…"
006	Self-blame	"…if I don't like, forgive myself for all the things I've been through…"
007	Self-blame	"…how did they do it you know, and I couldn't do it you know…"
007	Self-blame	"…where did I go wrong…"
007	Self-blame	"…I know it's, it's my fault you know, the, the choices I made in life you know, to, to become homeless…"
007	Self-blame	"…I just made wrong choices…I did wrong things…"
007	Self-blame	"…I know I made a wrong, a lot of wrong choices…"
007	Self-blame	"…I would be like, God you know, why couldn't I you know, why couldn't I do things right…"
007	Self-blame	"…I would blame myself for a lot…"
007	Self-blame	"…me and his dad messed it up for him…"

007	Changed expectations for self	"…I don't know if I'll ever be able to go and do it on my own…"
007	Changed expectations for self	"Like I used to always say, I, your life can never be that bad to end up on the streets like that…"
007	Changed expectations for self	"…I used to always tell my mom too like, oh my God, mom, I would, I'll never be like that, I'm never going to be like that…"
007	Self-blame	"If I wouldn't have started using, I would've never experienced homelessness…"
007	Self-blame	"…I'm the one that was messing up…I was the big mess…"
007	Self-blame	"It's my fault. I made my choices…"
007	Self-blame	"…I put myself in places where I should've never been…"
007	Changed expectations for self	"…that wasn't the life that I was used to living…"
007	Changed expectations for self	"…that's not the kind of life that I was used to living…"
008	Negative self-view	"...I thought they were better off without me."
008	Negative self-view	"…it was just thinking like, they would be better off with my parents…"
008	Changed expectations for self	"…I never expected to be homeless…I never thought I was gonna end up not being, not having a place for my kids…"

Social/Interpersonal Changes

Participant	Subcode	Content
001	Unspecified	"…if anything, it's gonna change how I perceive like, other people"
001	Unspecified	"…I'm more aware of you know, who I hang out with, I'm more aware of who I talk to…"

001	Judgment from others	"…people always kinda, they always look down on, you know, like they're better than…"
001	Negative view of others	"…I haven't been very impressed with like, humanity and people."
001	Judgment from others	"…I feel that people are very judgmental…"
001	Judgment from others	"Well, I mean, a lot of it is just in their eyes, they don't have to say or do anything…"
001	Judgment from others	"…in jail like, the deputies there, they're like, this is a waste, you guys are a waste of space pretty much…you're never gonna amount to nothing…"
001	Judgment from others	"I try not to give like, those cold shoulders, cuz like, they've been given, and I, I remember when I was like, cuz I've always had bruises and like, you get those like, even if it's like, pity looks…"
001	Judgment from others	"…like people would see him like…yanking me along or…fighting, they never said anything but like, the looks…"
001	Judgment from others	"…they make judgments on me…"
002	Judgment from others	"…they treat you like you're not normal."
002	Negative view of others	"…from them, their comments and negativity."
003	Unspecified	"…I've always been respectful of people that were homeless but to live in their shoes is another whole level."
003	Judgment from others	"And to see the disrespect part of it, it hurts because once people find out you're homeless, they look at you at a whole new different level."
003	Judgment from others	"…you hear people say things like, well maybe uh, if you hadn't of done this, and maybe if you hadn't of done that…"
003	Judgment from others	"…oh you're too old to go through this, you should've, yeah you know uh, did your life better."
003	Unspecified	"…so it made me see people differently…"

003	Judgment from others	"…you can just look in people's eyes sometimes and even though they may not say, say something, you can see it written on their face."
003	Judgement from others	"…or looking down on you, or pitying you."
003	Judgment from others	"…I always was told as I was raised that if you go to school, graduate, get a job, everything is okay, so I found out that's not to be true…"
004	Unspecified	"…just blaming people…"
005	Judgement from others	"…being powerless over people's opinions…"
005	Rejection	"…when I was using, they shut the door on me."
005	Negative Impact on Relationships	"…it wasn't fair for her to, for my body going through the stress that I did being homeless, being on drugs, pregnant you know, it wasn't fair to her…"
005	Rejection	"…nobody wanted us around…"
006	Betrayal	"…there would be a goal that I had and someone else would fall, fall short…"
006	Negative view of others	"…the past few years, I could tell like, people's intentions were kind of morbid…"
006	Negative view of others	"I just feel like peoples' intentions are all about money and like, they didn't care about my safety, my morals…"
006	Negative view of others	"…I think that people who I've met have a lot of nerve to play with my mind the way that they have…"
006	Unspecified	"And to watch people get satisfaction out of that reaction out of me…"
006	Negative view of others	"…it's sick, it's sick, sick the way people you know, desire to hurt others, really try to bring the worst out of people…"
006	Negative view of others	"…I just had bad luck of bad people. A lot of people…"
006	Betrayal	"…I would try to present my situation and ask for help, there was very few people…"

006	Loss of Trust	"…it will be a, a long time until I get close to somebody or trust people that have been in my life for years because of how they responded to scenarios that were really jeopardizing my life…"
006	Negative view of others	"…but homelessness, there's a lot of bad people out there…"
006	Negative view of others	"…in hopes that there won't be any more bad guys able to hurt people…"
006	Unspecified	"…never wanted to get close to the bad people…"
006	Loss of Trust	"I wouldn't be brainwashed by people's corrupted chaos and made up BS…"
006	Rejection	"…my step-family, my step-sisters don't want anything to do with me…"
006	Betrayal	"…I just kind of felt like my mom didn't care about if I was alive or not…"
006	Betrayal	"…a moment in my life I kind of felt like they knew I was in trouble and maybe they would be there to help…"
006	Unspecified	"People just don't make sense to me…"
006	Negative view of others	"I was going to keep getting hurt by strangers…"
006	Betrayal	"…they ignored me when I needed help…"
006	Negative view of others	"When people say that they're there to help you, and it comes around that really, they never did anything but to create more chaos and scenarios and situations and like, in the end, I get screwed over by you know, the best of the best…"
006	Betrayal	"…then the people that could help, to think that they're gonna actually go out of their way to make someone, like my life more difficult…"
007	Rejection	"…so she kicked me out…"
007	Betrayal	"…she's like, I can't, I can't you know, you can't be here being pregnant…"
007	Rejection	"…so she's like, you can't be here you know, you got to go…"

007	Judgment from others	"…all my family didn't think I'd be able to do it…"
007	Negative view of others	"…there's a lot of people that are, that are mean in this world…that don't care…that are heartless…I dealt with a lot of people like that you know, in my homelessness…"
008	Negative Impact on Relationships	"…how much pain did I cause them…"
008	Negative Impact on Relationships	"…to see me like that and how much pain did they have…"

Changes to Worldview

Participant	Subcode	Content
001	Changes to Worldview	"…it's changed my outlook on life, too. Like I know how, like I said, I know how easily and how far one can fall."
001	Changes to Worldview	"It makes me more aware of what I do…"
001	Changes to Worldview	"…my perception is also different now…"
001	Changes to Worldview	"…I think that my perception and my awareness is changing."
002	Changes to Worldview	"…it's kind of hard to see you know, outside of my situation…"
003	Changes to Worldview	"It made me see the world differently…"
003	Changes to Worldview	"…I used to think…"
003	Changes to Worldview	"…I found out that it's not that uh, easy."
003	Changes to Worldview	"…even if you have a job, that doesn't guarantee you everything is gonna be okay."
003	Changes to Worldview	"…it just made me see things differently…"

003	Changes to Worldview	"…I started questioning everything now…"
003	Changes to Worldview	"…but nothing is secure in this world now…"
003	Changes to Worldview	"…I used to think that if you go to work, if you do the things, then you can expect this to happen or that to happen. Now, I'm living day for day because I don't know what could happen tomorrow, so I have no expectations whatsoever…"
005	Changes to Worldview	"It really opened my eyes and made me realize that this is my rock bottom…"
005	Changes to Worldview	"It gave me more discernment about my decisions…"
006	Changes to Worldview	"…a shorter time I should say, actually, to hate the world…"
006	Changes to Worldview	"I think that's what I learned was out there, and a lot of sickness and homelessness…"
006	Changes to Worldview	"…I got to be ready, for everything and anything…"
006	Changes to Worldview	"…it takes a lot, a lot of time for one to face the reality and circumstances of some things that are so dark in this world…"
006	Changes to Worldview	"…and the world like, my world was just becoming so morbid…"

Lack of Control

Participant	Subcode	Content
001	Unpredictability	"So I was always contending with losing a place…"
001	Uncertainty	"…you don't know what to do…"
001	No control	"Well, you don't really feel like you have much control…"
001	No control	"…I don't feel like I've had really much control…"
001	Unpredictability	"…it's never having like, the stability…"
001	Unpredictability	"…you never know what's gonna happen next…"
002	Uncertainty	"…I guess I'm uncertain about a lot of different things…"

003	Uncertainty	“…when you don’t know where you’re going to be the next day…”
003	Uncertainty	“…because I really didn’t know what I was going to do from day to day…”
003	No control	“…I had no control over that at all.”
003	Unpredictability	“…I'm like, what if I get another job, and the same thing happens.”
003	Uncertainty	"I'm scared cuz I’m like, I don’t know which way to go…”
004	No control	“…I guess I had control over the things around me, just not within myself.”
005	Uncertainty	"I had nowhere to go, nowhere to live, nowhere to go to after rehab.”
005	Powerlessness	"I was powerless.”
005	Powerlessness	"I was powerless, it was horrible.”
005	No control	"I just had no control over anything.”
006	Uncertainty	“…I didn't even under, understand my own circumstances…”
007	Uncertainty	“…I was thinking like, what am I gonna do…”
007	Uncertainty	“…what am I going to do, how am I going to start his…”
008	Helplessness	“…not being able to provide anything for them.”
008	No control	“…I had to be homeless.”
008	No control	"I had no control.”
008	No control	“…I had no control because the depression was too deep…”
008	No control	“…I couldn’t control about my kids getting taken away by me not having a place because I didn't have a job…”
008	Helplessness	“…I had nothing to give them then you know, I had nothing to offer them then, I can’t do much because of you know, the way I was feeling I guess…”
008	No control	"But at that point, it was like, I can’t, I can’t do much…”
008	No control	“…everything went out my hands…”

Changes in Meaning

Participant	Code	Subcode	Content
001	Changed view of right and wrong		"…right and wrong doesn't matter anymore."
001	Changed view of right and wrong		"…if it's between you and me, I'm gonna make it, like even if I have to step all over you like, and that is so wrong but it's, that's, like that's how you're, that's how we condition ourselves…"
001	Changed view of right and wrong		"…I made it okay because I was just trying to survive…"
001	Changed view of right and wrong		"Right or wrong doesn't matter anymore…"
001	Changes in spirituality	Anger at God	"…I was really angry with God…"
001	Changes in spirituality	Questioning God	"…I didn't understand why me, you know? Like why does this happen to me? Why, why do I have to go through this? Why, why, why like, I just, it brought up a lot of whys…"
001	Changes in spirituality	Questioning God	"…if my God loves me, why does He allow me, allow me, allow these things to happen…"
001	Changes in spirituality	Anger at God	"…You deserted me when I like, needed You…"
002	Changes in spirituality	Questioning God	"…it umm, makes me question like, God's plan for my life…"
002	Changes in spirituality	Questioning God	"…part of me has been questioning His plan or His will for my life."

003	Changed view of right and wrong		"…I was doing all the right things, and living my life right, so how did I wind up here. I wasn't one of them people that was drinking or getting high or being irresponsible or not paying her rent or doing none of these things, and I still wind up homeless, so I'm like, and then I see all the people that is drinking and doing all this stuff, and late for work and don't want to work, and they got a place, and I'm like, where's the right and wrong in that…"
003	Changed view of right and wrong		"…where's the right and the wrong in that?"
005	Changes in spirituality	Questioning God	"…I even thought God, why are You letting this happen to me…"
007	Changes in spirituality	Blaming God	"…I used to blame God a lot…"
007	Changes in spirituality	Questioning God	"…if God was who He says He was, and such a good God, then how can He allow this to happen to me…"
007	Changes in spirituality	Questioning God	"Why is this happening to me, why am I on the streets, why did He, why did He allow me to use drugs, why did He put drugs in this world…"
007	Changes in spirituality	Blaming God	"…I blamed Him for so long…if He's our Higher Power, He's the one that created everything in this world you know ,why would He put things in this world to, to hurt people you know, to, to tear people's lives up…"
007	Changes in spirituality	Blaming God	"…I blamed Him for a lot…"
007	Changes in spirituality	Blaming God	"…I still blame Him for a lot of things…"
007	Changes in spirituality	Questioning God	"…God, I'm doing everything I'm supposed to be doing now. Why don't You give me my baby back…"

007	Changes in spirituality	Questioning God	"…why does He do the things that He does. Why do You allow these things to happen, Lord, you know like, You could stop 'em but You don't…"

Guilt and Shame

Participant	Subcode	Content
002	Shame	"…people have high expectations of you and to tell them something like that is you know…"
002	Shame	"…I definitely wouldn't want to tell people I'm homeless and living in transitional housing."
006	Guilt	"…I had a lot of guilt for allowing something to happen to me…"
006	Shame	"…I'm being, I'm the one who's being humiliated and laughed at and studied by good or bad people…"
006	Shame	"…take my shame…"
006	Shame	"…I think people are just so ashamed of me because they think things of me that aren't true…"
008	Guilt	"…I just felt bad I guess, for using drugs."

Intimate Partner Violence as a Negative Event

Participant	Subcode	Content
001	Control	"…part of it I think was how my abuser controlled me…"
001	Isolation	"…it was more to keep me isolated."
001	Control	"…he took my phone away, I wasn't allowed to have a phone…"
001	Isolation	"…he took me out of state…it was to get me away from my family and away from my support system."
001	Isolation	"…caused my mom to put out a restraining order against me…"
001	Isolation	"…he did some major things to like, to isolate me…"
001	Control	"…like changed my passwords on my e-mail and my Facebook so I couldn't get in…"

001	Control	"…he was very abusive and very controlling…"
001	Unspecified	"…when you added the domestic violence in, like that made things a lot like, crazier."
001	Control	"…in my marriage, my husband controlled the money, so that was abuse."
001	Unspecified	"…there was that abusive relationship that was just off the chain, umm, bad, bad, like bad, I mean, really bad."
001	Unspecified	"…very, very scary."
001	Unspecified	"…I didn't even think I was gonna live long honestly…"
002	Unspecified	"…I was in an abusive relationship…"
002	Control	"…I got pregnant and he wanted me to terminate the pregnancy…"
002	Physical violence	"I also got in two fights during my um, early pregnancy, and during the last fight, he pulled a gun on me…"
002	Control	"…he was controlling the finances…"
002	Control	"…he promised to help me get out of debt and he was going to manage my finances, that's how the control stuff got started…"
002	Other Abuse	"…he was verbally abusive and financially and then it became physical."
002	Other Abuse	"…he just cussed me out, and he threw a chair."
002	Physical violence	"And I was sitting in a chair and he just grabbed me by the neck and slammed the chair down."
002	Physical violence	"…he sent me a text and my ex saw it and he flipped out, accused me of sleeping with the guy, and he beat me up and that was the time, first time he pulled a gun on me...and he threatened to shoot my foot off."
002	Physical violence	"…the worst fights were when I found out I was pregnant. Umm, he beat me up twice."
002	Physical violence	"…he would always hit my body or kick me or whatever so people couldn't look at my face and be like you know, she's getting beat up."

002	Physical violence	"…he choke-slammed me, like almost like you know, they do on TV, on wrestling and then he got on top of me and started punching me like on my body and then he pulled a gun and aimed it at my head, then at my stomach."
002	Physical violence	"…he tried to jump on me to wrestle me for the phone…"
002	Physical violence	"…one time he drew his fist at me like he was gonna punch me in the face…"
002	Stalking	"…I had a stalker that I had to take to court for, and get a restraining order…"
002	Unspecified	"…he used to call me fat and ugly, and the B word, the H word you know, he would call me stupid, retarded, he would say a lot of mean things about me…"
004	Stalking	"…he was stalking me, yeah and he like, shot up my car window, and he was banging on my windows, on the kids' windows when they were sleeping in the middle of the night, every night. He had like, four restraining orders and two warrants, and nothing was stopping him. So then he started making threatening phone calls, and finally, I was like, this is enough…"
004	Physical Violence	"…he beat me, he put a pillow over my face, he had a screwdriver to my side umm, like I was black and blue from head to toe…"
005	Unspecified	"I have experienced domestic violence with him."
005	Physical violence	"…he would treat me bad, he would punch me in my mouth…"
006	Unspecified	"I had just, bad relationships with guys…"
006	Unspecified	"…I couldn't tell the difference between the good guys and the bad guys…"
006	Physical violence	"…he started being physical…"
006	Physical violence	"…I started getting hit by men that weren't even with me…"
006	Physical violence	"…he was still a violent person, and actually caused a miscarriage…"

006	Physical violence	"…he started hitting me…"
006	Unspecified	"…it's very scary cuz for me, it would take one good hit in the head for me to know that like, the party's out, the party's over, that could be my life…"
006	Unspecified	"…few instances I had with people that were violent towards me."
006	Unspecified	"…yeah, I had been hurt by people that took it to different levels…"
006	Unspecified	"…the harder people were trying to mess with me."
007	Unspecified	"…then me and him would fight…"
007	Unspecified	"…me and him had gotten in a fight…"
007	Unspecified	"…he was very abusive…"
007	Physical violence	"…he would grab me, he would pull my hair, he was very jealous."
007	Control	"…he was like, very controlling…"
007	Physical violence	"…one time, he, he just decked me…he hit me…"
007	Physical violence	"…he hit me in my mouth yeah, and he busted my whole mouth…"
007	Physical violence	"…he was the worst. Yeah, it was awful with him, awful. I mean, he almost tried to kill me like, he threw me out a glass window."
007	Unspecified	…he was the worst. I have scars."
007	Physical violence	"…I guess my son had told the social worker that he thought his mommy was dead you know, cuz I was covered with blood you know, I, it was bad, it was bad with him."
007	Unspecified	"…our relationship was just very abusive…"
007	Unspecified	"…it was bad, it was bad."

007	Other abuse	"…my son's father used to tell me awful things like you know, I'm gonna kill you, you, you're never gonna be with anybody but me you know, and my son ain't gonna call nobody else daddy you know, and this and that you know, just like terrible things…"
007	Unspecified	"That's an awful thing though, to be in a domestic violence relationship…"
008	Unspecified	"…I never thought I was in a domestic violence you know, but just knowing that the way my older kids' dad was…"
008	Unspecified	"...just little things that like, come into mind, like that used to be me in there."
008	Control	"…the way they tell you like, oh, you can't dress like this or you can't talk to this person, and, and stuff like that you know. He never put a hand on me but he would tell me that."

Psychological Symptoms

Participant	Subcode	Content
001	General distress	"…he caught me in a, like a really bad state, like I was having a nervous breakdown…"
001	Brokenness	"…it definitely broke me for awhile, I was very broken…"
001	General distress	"…there was despair…"
001	Hopelessness	"I didn't see much of a future…"
001	Brokenness	"…I was so broken down…"
001	Hopelessness	"It made me feel helpless and hopeless…"
001	Brokenness	"…I was broken…"
001	Depression	"…I could slip very easily into umm, depression."
001	Anxiety	"…I was diagnosed with posttraumatic stress because of some situation that happened in my past…"
001	Depression	"…that's the depression, and if I allow it to take over…"
001	Hopelessness	"I was broken. I didn't think there was hope."
002	Anxiety	"…I think cuz I was traumatized…"

002	General distress	"…I was alive but I wasn't livin', I was just there…"
004	Anger	"…I had to get rid of a lot of anger…"
005	Fear	"…I was so scared…"
005	Fear	"It's scary, it's, it really scared me…"
005	General distress	"…it really just hurt…"
005	General distress	"…I felt my weakest…"
006	Anxiety	"…since I have post-traumatic stress from my first assault…"
006	Fear	"…the ultimate amount of fear that one can carry that can take them down, physically and emotionally…"
006	Anxiety	"…before I ever went through what I went through where I'm traumatized…"
006	Fear	"…how I've felt, like been driven by fear…"
006	Anger	"…the amount of anger that I've developed from people with bad behaviors."
006	General distress	"…I was vulnerable…"

Behavioral Changes

Participant	Subcode	Content
002	Isolation	"…my mom is the only family member that knows the whole story about what happened like, with my ex…"
002	Isolation	"…I'm a private person, I just, I don't want everybody to know."
005	Isolation	"…I felt like I put myself in that situation…"
005	Isolation	"…I don't feel alone like I used to."
006	Isolation	"I just came to the point where I didn't have anybody I could really confide in or that I wanted to burden with all of this destructive, and like, disturbing behavior from people…"

006	Isolation	"And so I separated myself as much as I could, put myself out there in danger…"
006	Isolation	"…I push people away…"
007	Avoidance	"I don't, I don't even like to be around anybody that fights and argues you know, cuz I've been through too much of that."
007	Avoidance	"...I just don't want to be around people that are like that, that fight and argue."

Changes to Self

Participant	Subcode	Content
001	Changed expectations for self	"…I would like to think that I was never the type to put up with that…"
001	Changed expectations for self	"…I don't know how I fell into that but I fell into that victim role…"
001	Self-blame	"…that was my bad…"
001	Self-blame	"…I stood up for myself a little bit but not enough…"
001	Loss of Identity	"…I lost a lot of myself to that relationship…"
001	Changed expectations for self	"I never pictured myself ever being like…"
001	Self-blame	"…my decisions would have been way different, way different."
001	Self-blame	"…how could I be so stupid."
001	Self-blame	"…you beat yourself up…"
001	Unspecified	"…he almost broke my spirit…"
001	Negative impact on self-esteem	"…it took my self-worth, it took my self-esteem…"
001	Self-blame	"…I played the victim you know, I let, I allowed myself to do that…"

001	Changed expectations for self	"…I used to be like, how, I don't even understand how you even allow that, who does that, and then it happened to me…"
001	Self-blame	"…doing everything right, saying the right thing, not setting him off…"
001	Negative impact on self-esteem	"…there was not anything better for me…"
001	Negative impact on self-esteem	"…I thought that like, that was the best I could do, and I don't knows, nobody will love me like him…"
001	Self-blame	"It's hard to get back like, the pieces of you that you, you know, let get broken and that you disregarded."
001	Self-blame	"…all the things I probably should have looked at…"
001	Self-blame	"…I should've known…"
001	Loss of Identity	"…the loss of self…"
001	Unspecified	"…even in my domestic violence like, I adapted to it…"
002	Self-blame	"…there was probably some red flags that I should have noticed that I didn't pick up on."
002	Self-blame	"…I think I'm a magnet for crazy dudes…"
002	Self-blame	"…I don't know if there is something wrong with me that I need to figure out what it is, cuz I think I'm just a magnet for crazy dudes."
002	Negative impact on self-esteem	"…I think it definitely messed with my confidence…"
002	Unspecified	"…I think it just made me not really, I wasn't as outgoing…"
002	Unspecified	"…I wasn't really umm, trying to pursue my goals or anything…"
002	Unspecified	"…it makes me more umm, critical…"
002	Unspecified	"…I haven't felt normal in a very long time."

002	Self-blame	"…I mean I know it was a sin to like, have sex and not be married…"
002	Self-blame	"…I pray sometimes because I know like I've committed some sins…"
002	Unspecified	"I tried to do a lot of stuff right…it's like, my life just took a drastic turn."
004	Self-blame	"…I need to do something different…"
005	Self-blame	"…I hit him first, and he said I opened the door to, to, the, to the violence…"
005	Self-blame	"I believe it yeah, I thought it was my fault…I thought it was my fault that he hit me, I must've done something wrong…"
005	Self-blame	"I just really feel for the women that get themselves in those situations…"
005	Self-blame	"…he wouldn't have hit me if I didn't…"
005	Negative impact on self-esteem	"…it lowered my self-esteem…"
006	Changed expectations for self	"…I had always told myself like, hell no, I'm not going to stay with a guy…"
006	Self-blame	"…if I were to ever make a man angry enough to hit me, then I need to be the one to leave…"
006	Changed expectations for self	"…I'm not the kind of person that thinks, that can't happen to me…"
006	Unspecified	"It has made me more of a dark person."
006	Self-blame	"For some reason, I'm somebody that can piss off a grown man enough to beat on…"
006	Self-blame	"…there's a part that, that I need to take responsibility for, for my participation and my situation and my experience…"
006	Unspecified	"…then for me to be out of character and be the one all feeling sorry for myself…"

007	Self-blame	"…I would never umm, put myself in that, in that position again…"
007	Self-blame	"…I used to be like, you know, is it me you know. Why, why am I allowing myself to get treated like this or you know, what I mean, why am I choosing you know, these men to be in my life you know. Why, why can't I just walk away from them…"
007	Self-blame	"…it's me, it's me that I had to work you know, changing, changing the way I am, changing the life that I live…"
007	Self-blame	"…that I would allow me to treat me like this…"
007	Self-blame	"Not to ever put myself in that situation again…
007	Self-blame	"…I feel like when you're homelessness, it's because you choose to live like that…"
007	Self-blame	"...they don't need to put themselves in that position."
008	Negative impact on self-esteem	"…it made me feel insecure in a lot of things."
008	Negative impact on self-esteem	"…in the person that I am in my heart and…my thoughts, in the way I look, in the way I am."
008	Changed expectations for self	"…you would never think that you're that person and they bring it out of you."

Social/Interpersonal Changes

Participant	Subcode	Content
001	Betrayal	"I had a pretty shitty husband who spent all our money and didn't pay the bills…"
001	Betrayal	"…he threatened my family behind my back…"
001	Changed expectations of others	"…I just never thought that he would hit me or anything…"
001	Negative view of others	"…so before that, like, I just, I could never wrap my mind around somebody hurting…"

001	Betrayal	"…like I said, people would look and they wouldn't do anything, like I mean, I remember I was getting like, like, literally like, the shit kicked out of me in a parking lot and nobody stopped, nobody like, did anything…"
001	Changed expectations of others	"…it saddened me a little bit you know, cuz I've never been able to see someone in pain and not help…"
001	Negative view of others	"…men think that they're entitled to you know, dominate…"
002	Changed expectations of others	…it kinda makes me want to be more cautious and careful, and you know, can I trust somebody, can I open myself up to somebody else…"
002	Negative impact on relationships	"…I want to believe that everybody is good but after what I went through, it you know, I think that's going to have impact on my future relationships."
002	Betrayal	"…I confided in my supervisor about what was going on in my personal life, and they was worried my ex was going to come to my job since he knew where I worked, and they laid me off, so I got laid off in my early pregnancy."
002	Betrayal	"…in the beginning, I was thinking he was helping me but he was actually hurting me."
002	Changed expectations of others	"You don't want to believe that somebody's going to take advantage of you and you know, mistreat you."
002	Unspecified	"…when I first met my pastor of my church, I told him about it, and he didn't really know how to react to that."
002	Loss of Trust	"I just don't know how I would actually be if I was in a relationship. I don't know if I would be insecure or trusting or any of that."
002	Loss of Trust	"…if I like get in an argument, it might kind of make me paranoid, like is this person going to flip out…"
002	Betrayal	"…it's like I loved him, and I did a lot for him, and then he treated me like that, it's just, it was hard to deal with."
002	Loss of Trust	"…it's mostly with how I see men…you wonder what their intentions are, they're gonna flip out, stuff like that."

002	Unspecified	"…I guess people in general."
002	Loss of Trust	"…is this person being nice because they're really nice or is, do they have a motive."
005	Betrayal	"…that was just that one time, he won't do it again, but he ended up doing it again."
005	Loss of Trust	"It affected me, it affected my trust you know, with men…"
005	Loss of Trust	"…that trust is gone…"
005	Negative impact on relationships	"It affected me umm, just the, just the way I look at, at relationships in a way…"
005	Loss of Trust	"…just the trust part, the probably getting comfortable with someone, it's hard once you've been through a relationship that way…"
006	Changed expectations of others	"…hoping that no man would want to hurt me again…"
006	Betrayal	"…they're supposed to be my friend…"
006	Negative view of others	"…I try to stay away from anybody that I know is going to you know, want to take it to the next level…"
006	Negative view of others	"…I just had to learn that people can hurt me more than I've ever hurt myself or, people can hurt me more than I've been hurt from this person or that situation…"
006	Betrayal	"…I couldn't tell them what I was going through because I just, I had been hurt by other people that had never laid a hand on me."
006	Judgment from others	"…knowing that people were like, [*participant's name*]'s 20-some-odd-years-old, on the run, not knowing where she's going."
006	Rejection	"…I've been shown a lot of lack of love by people that should be family."
006	Loss of Trust	"…the fact that a man can overpower me will make me very skeptical on who I'm ever alone with, ever again."

006	Negative view of others	"…the fact that some people would go out of their way to help me believe things that are sick, to create disadvantages in my own world…"
007	Changed expectations of others	"…I couldn't believe."
007	Betrayal	"…it was funny cuz he was the one I loved the most you know. It's so crazy how that works out…"
007	Negative impact on relationships	"It's affected me a lot because now, I don't even want to get into another relationship."
007	Negative impact on relationships	"…I'm scared, I don't even want it you know. I don't want to meet nobody new. I think I'm better off being by myself."
007	Negative impact on relationships	"…I don't feel like I need to be with anybody no more because I am scared you know, maybe I do get involved with somebody again and he's gonna be the same thing…"
007	Negative impact on relationships	"...it just makes me more want to not ever want to be with anybody else again…"
007	Negative view of others	"…if this is what the men really are…"
007	Betrayal	"…hurt me to love me because my son's father used to always tell me like, I love you, that's why I do what I do to you. I love you because I, you know, I was like, oh, this is love you know, he loves me…"
008	Betrayal	"I did expect for him to always be there with me."
008	Betrayal	"I did expect him to, to not leave, I guess, stay there with us."

Changes to Worldview

Participant	Subcode	Content
001	Changes to Worldview	"…for awhile after it happened, my outlook was skewed."
001	Changes to Worldview	"…so my outlook was very bleak…"

001	Changes to Worldview	"…it was skewed, it was very distorted…"
001	Changes to Worldview	"And I think that if like, women were more, weren't put down so much…"
006	Changes to Worldview	"It's made me think of things that I never thought of before, like somebody wanting to hurt me and being able to hurt me more than I could hurt myself."
006	Changes to Worldview	"…I'm in shock still that you know, life could be so dark…"

Lack of Control

Participant	Subcode	Content
001	Uncertainty	"…I didn't know what to do…"
001	Uncertainty	"…not knowing like, is the rent paid, do I have to go out and hustle…"
001	Unpredictability	"…like, to never know what each moment will bring because he changed so fast, like you know, Dr. Jekyll and Mr. Hyde…"
001	Powerlessness	"…I felt powerless…"
001	No control	"I had no control at all, I didn't feel in control…"
001	No control	"…I don't remember ever having real control though."
002	No control	"…I didn't really know what I was gonna do."
002	Unpredictability	"…he liked to play with peoples' emotions…"
002	Unpredictability	"…he'll act like he's interested in something and then all of a sudden, he'll flip out and change his mind, said we're not doing this, and he would just go off."
002	No control	"…when I was with him, I felt like I wasn't in control…"
002	No control	"…it was kind of like he was the dictator, because he had a, it's my way or the highway, type of attitude…or a you're gonna get beat type of attitude."
002	Uncertainty	"I think it just creates more uncertainty…"
005	No control	"…I didn't know what else to do…"

005	Unpredictability	"…because you never know. He could be the guy with the nice job, the nice car, the sweet attitude, and then once you're with them for a few months, then he could snap…"
005	No control	"…you can't control someone once they're to that point…"
005	No control	"…it's hard to even get yourself in control to leave that relationship…"
005	Helplessness	"…I felt my weakest…"
005	Helplessness	"…you feel like you love someone and you could help them, but really you can't…"
006	No control	"…I know not to fight back right, when someone's attacking me, so that's not a good feeling…"
006	No control	"…I just don't feel like I had much control of myself at all…"
006	Powerlessness	"…it's a really awful feeling not being able to speak up…"
006	Helplessness	"…I just wish that I had muscle and the brainpower and the connections and the resources to stop a lot of the bad shit…"
006	Uncertainty	"…I just didn't know what to do…"
006	Helplessness	"…I am helpless when it comes to a grown man on top of me…"
007	Unpredictability	"…he just hit me out of nowhere."
007	No control	"I don't want to feel trapped anymore…"
007	No control	"…I never felt like I had control because they were the ones that always had control…They were the ones that controlled me, controlled my every move, controlled everything…"
007	No control	"…he was very controlling."
007	No control	"…he looked through my phone you know, umm, he you know, told me what I could wear and what I couldn't wear you know, umm, told me what I could eat and what I couldn't eat because if I ate certain foods, I would get too fat you know, umm, just, he was, he was very controlling. I had no control. I had no control."
007	No control	"…it had to be his way you know, I had no control over anything."

008	No control	"…I did already once let them control me on what to do or where."

Changes in Meaning

Participant	Code	Subcode	Content
001	Changed view of right and wrong		"…what I always viewed as wrong, somehow I was making excuses for it…"
001	Changed view of right and wrong		"So like, I knew instinctively that it was wrong. However, I made excuses and made it okay…"
001	Changed view of right and wrong		"…I knew what was right and wrong but I didn't want to face that…"
001	Changes in spirituality	Blaming God	"…I was very angry with God…"
001	Changed view of right and wrong		"…that's where like, I probably knew right and wrong."
002	Changed view of right and wrong		"…I know what's right, and I know what's wrong, but sometimes I feel like umm, when you make the right decisions, there can still be consequences…"
002	Changed view of right and wrong		"…just because you would make the right decisions, it's not gonna be peachy keen…"
002	Changed view of right and wrong		"…it's kind of hard to feel good about the decisions that you make when you feel like you're being punished for making the right decisions."
002	Changes in spirituality	Questioning God	"…from a Christian point of view, you believe that well, I believe that you know, I made the right decisions, I'm going to be blessed and stuff like that, and I'm sure I have been but maybe I don't always see it but sometimes I don't feel like I've been blessed for making the right decisions…"

005	Changed view of right and wrong		"…I thought I was in the wrong when I was actually in the right…I thought it was wrong for him to hit me but it was right because I, I must've done something to make him mad, that's how I felt."
007	Changed view of right and wrong		"…I was starting to believe that I liked this kind of the abuse…"
007	Changed view of right and wrong		"…because I would, I would choose these men that, that were mean to me that were you know, and, and I would like to be with them, I had more fun being with them than the ones that were good to me…"
007	Changes in spirituality	Blaming God	"…I, I blamed God…"
007	Changes in spirituality	Questioning God	Why are You allowing me to stay in the situation…"
007	Changes in spirituality	Questioning God	"…I tell God like you know, why, why am I getting with these kind of men…"

Guilt and Shame

Participant	Subcode	Content
001	Guilt	"…it's affected them because I wasn't a part of their life you know, I've been gone."
001	Guilt	"…I have a 10-year-old who thinks that mom just left her for, cuz she wasn't good enough you know, there's a lot of things I have to contend with, a lot of emotions, and a lot of feelings of hurt and you know, distrust and all of that."
002	Shame	"…I was embarrassed…"
002	Shame	"…I was like, I didn't want her to tell everybody…"
006	Shame	"…I just, I kind of got to the point where I was ashamed of myself or I couldn't even like, tell people I really cared about or what, I didn't care about me…"
006	Shame	"…I'm damaged, I'm damaged goods, I'm just broken and my mind was so scattered…"

006	Shame	"I have suffered the ultimate, and ultimate, and ultimate humiliation in different ways of, different times in my life…"
007	Guilt	"It's just all the terrible things that we put my son through…"
007	Guilt	"…I had another chance to do it with my son…"
007	Guilt	"…I put my son through a lot of things he should've never seen…"

Factors Contributing to Resilience and Coping

Participant	Code	Subcode	Content
001	Social Support		"…I've actually been able to make friends…"
001	Social Support		"…honestly like, the one thing that, that's why I'm so resilient I believe is cuz my brother…"
002	Social Support		"…my church has been very helpful because I got a lot of support from my church…"
002	Social Support		"…they were never judgmental. And then half the church visited me when I was in the hospital having the baby, and then umm, they helped out a lot when I came home from the hospital. They brought food and stuff…"
003	Social Support		"The other clients."
003	Social Support		"Cuz you kind of bond through all this. Where on is weak yet another is strong."
003	Social Support		"Cuz it's like, you know, if one woman is going through something, the other women would crowd in to…to throw you know, different ideas on how to make it better or how we can fix it, what we need to do."
003	Social Support		"…I won't say it's a friendship we've formed, it's just a sense of we all in this situation together…"

003	Social Support		"…it's a support group that I don't even think they understand that they does it, they just automatically done."
003	Social Support		"It's helpful to me because I don't feel alone."
003	Social Support		"So I like the support of the women, they help me the most you know, it's, it's a bond, I can't even explain what kind of bond it is, and it's a certain kind of understanding that only they understand."
003	Social Support		"…the support from the women that been through is, is making it and done it and about to graduate…their support is tremendous."
005	Social Support		"…support from friends…:
005	Social Support		"…if I'm feeling down, they bring me up."
005	Social Support		"Just the positive things they notice that I'm changing about myself…"
006	Social Support		"…the good people keep me positive and hopeful…"
001	Education		"…and then they like, they provide a lot of classes and stuff that, it's already helping me a lot."
001	Education		"…they have a violence prevention class…"
001	Education		"…The anger management is okay…"
001	Education		"…there's like a couple really good ones. I like the parenting class you know, it just helps…"
001	Education		"…it's you know, you know, to start over and have some of those tools that I'm gonna need to go forward and not backwards."

003	Education		"Now, I sit down with my case manager, and we make out a budget…and I'm like, wow, I should've been doing this. SO I learned how to do that…"
007	Education		"…these classes are helping me a lot."
007	Education		"…violence prevention, codependency… codependency is a big help cuz I mean I'll sit there, and I'm going through like, these books, and I'm like, oh my God, that's exactly how I was."
007	Education		"…so getting to understand how I was, not realizing it, is a big help for me…"
007	Education		"And then the life skills you know, I'm taking a class in life skills that's helping me a lot too you know."
008	Education		"…the classes that they give us…"
008	Education		"…the parenting classes are really good. I like codependent…"
008	Education		"I like all the classes…"
001	Personal Factors	Adaptability	"…I've always been able to adapt to any situation…"
001	Personal Factors	Openness	"…leaving myself open enough to be able to do that leaves me open to making better changes and to overcome things you know."
001	Personal Factors	Strong-willed	"…strong-minded, you know. I'm stubborn, so I think that's helped a lot. I just refuse to stay down, refuse."
001	Personal Factors	Strength	"…that I am resilient, I am strong, I am a leader…"
001	Personal Factors	Empowerment	"…I have a voice…"
001	Personal Factors	Empowerment	"I've learned that I can do anything that I put my mind to…I can have anything that I want as long as I do the next indicated step."

001	Personal Factors	Empowerment	"I've learned that I have power and I have control. I have control over my day, I have control over my life and where it's going to go…"
001	Personal Factors	Hope	"…there is hope you know."
002	Personal Factors	Strength	"…I guess I'm strong…"
004	Personal Factors	Hope	"…I've learned that I can change."
004	Personal Factors	Openness	"…I'm more open…"
005	Personal Factors	Strength	"I'm stronger than I thought."
005	Personal Factors	Empowerment	"…I made up my mind, and I made a decision finally, I wasn't indecisive anymore. I didn't go for what people told me to do. I stepped up and I made a decision for myself. I wasn't passive, I was finally assertive with myself and others."
006	Personal Factors	Sobriety	"…the times that I've gotten sober…"
007	Personal Factors	Strength	"I learned that I'm a stronger person. I'm a really stronger person than what I thought I was…"
007	Personal Factors	Self-Worth	"…I'm worth more than that…I don't deserve to be in…I deserve better…"
008	Personal Factors	Strength	"That I'm a strong person…"
008	Personal Factors	Empowerment	"…I can overcome anything."
002	Resources		"But they really helped me, they put me up in a hotel…"
002	Resources		"…different people paid for my hotel on different days…"

003	Resources		"…it's just a lot of information that they havin'…"
008	Resources		"The opportunities that they're giving us."
008	Resources		"Well, getting us prepared for a job, for a house…"
008	Resources		"…workshop, just getting us prepared for work."
003	Self-Care		"I learned that I need to be still and listen…"
003	Self-Care		"…I never just be still and took care of me…"
003	Self-Care		"…today is your day, I want you to sit down, be still, and think about what you need to do for you."
006	Self-Care		"…I think that I just needed to have a relationship with myself and be renewed…."
004	Religion/Spirituality		"…I think giving myself to the Lord. That's been the most helpful."
004	Religion/Spirituality		"Like I know that…God will always make a way. He's always there, He always provides…"
004	Religion/Spirituality		"..by reading the Word like, that makes sense you know, or just the guidance you know like, of how to deal with things…it's just helpful because…I couldn't learn that by myself."
004	Religion/Spirituality		"…I had to sit there and you know, pray, and I had to read my Bible…Yeah, that's been the most helpful."
005	Religion/Spirituality		"…and really getting a closer relationship to God."
005	Religion/Spirituality		"…I don't feel alone like I used to."

APPENDIX E

Pepperdine University Graduate and Professional Schools Institutional Review Board (GPS IRB)

Approval Notice

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Pepperdine University Graduate and Professional Schools Institutional Review Board (GPS IRB)

Approval Notice

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

June 16, 2014

Kristen A. Otte

Protocol #: P0514D03
Project Title: Exploring Themes of Moral Injury and Resilience Among Women in a Transitional Learning Center

Dear Ms. Otte:

Thank you for submitting your application, *Exploring Themes of Moral Injury and Resilience Among Women in a Transitional Learning Center*, for expedited review to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your advisor, Dr. Mitchell, completed on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 (Research Category 7) of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

I am pleased to inform you that your application for your study was granted **Full Approval.** The IRB approval begins today, **June 16, 2014,** and terminates on **June 16, 2015**.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. One copy of the consent form is enclosed with this letter and one copy will be retained for our records. **You can only use copies of the consent that have been stamped with the GPS IRB expiration date to obtain consent from your participants.**

Please note that your research must be conducted according to the proposal that was submitted to the GPS IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For ***any*** proposed changes in your research protocol, please submit a Request for Modification form to the GPS IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and require submission of a new IRB application or other materials to the GPS IRB. If contact with subjects will extend beyond **[DATE]**, a **Continuation or Completion of Review Form** must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at http://www.pepperdine.edu/irb/graduate/).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact me. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

6100 Center Drive, Los Angeles, California 90045 ▪ 310-568-5600