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Pepperdine University

Graduate School of Education and Psychology

THE ROLE OF MINDFULNESS AND BUDDHISM IN THE RECOVERY PROCESS OF
CHINESE AMERICAN SURVIVORS OF INTIMATE PARTNER VIOLENCE

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

Teresa Yeh

July 2019

Thema Bryant-Davis, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Teresa Yeh

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Thema Bryant-Davis, Ph.D. Chairperson

Martha E. Banks, Ph.D.

Carrie Castaneda-Sound, Ph.D.

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VITA

EDUCATION & CERTIFICATION

Pepperdine University, Graduate School of Education and Psychology **August 2019**
Doctor of Psychology, Clinical Psychology

- **Accredited by the American Psychological Association**
- **Dissertation:** *The Role of Mindfulness and Buddhism in the Recovery Process of Chinese American Survivors of Intimate Partner Violence*
- **Dissertation Chair:** Thema Bryant-Davis, Ph.D.
- **Committee Members:** Carrie Castaneda-Sound, Ph.D. and Martha E. Banks, Ph.D.
- **Dissertation Prelims:** Passed February 2017
- **Clinical Comprehensive Exam:** Passed June 2017

Pepperdine University, Graduate School of Education and Psychology **June 2015**
Master of Arts, Clinical Psychology

- **Concentration:** Marriage and Family Therapy

University of California, Irvine **June 2012**
Bachelor of Arts, Cognitive Psychology

- **Honors:** Deans Honor List

LANGUAGES

- Fluent in Mandarin.
- Perform clinical interviews and psychotherapy in Mandarin.
- Provide assessment administration in Mandarin.
- Receive supervision with a Mandarin-speaking supervisor.

AWARDS

- Conrad N. Hilton Foundation Fellow, Union Rescue Mission
- Advanced Level of Certificate of Merit for Piano

CLINICAL EXPERIENCE

Federal Medical Center-Fort Worth | Fort Worth, TX **September 2018 – Present**
Doctoral Psychology Intern (32-45 hours per week)

Setting: *Federal Prison*

General Rotation

General Training Supervisor: Desiree Rozier, Psy.D.

- Conduct in-depth intake interviews for new and transfer inmates and assign mental health care levels based on mental health history, current mental health concerns, and suicide risk.
- Create individualized treatment plans for each client that included social, medical, and legal issues and short-term and long-term goals with appropriate interventions.
- Conduct individual therapy utilizing Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) to inmates with mental health histories and current mental health concerns based on mental health care level assignment and as deemed clinically

indicated.

- Participate in triage one day out of the week to assess mental health concerns, provide crisis interventions, and brief interventions.
- Conduct weekly group therapy that include the topic of Criminal Thinking Errors and utilizing Rational Self-Analysis (RSA) to challenge errors in criminal thinking.
- Conduct Suicide Risk Assessment's that assess inmate's static risk, dynamic risk, and protective factors. Determine whether a suicide watch is warranted and provide appropriate recommendations.
- Participate in weekly individual and group supervision.
- Participate in weekly Clinical Team Meeting to discuss administrative and clinical issues that arise throughout the week. Case Presentations are also provided to determine a change in mental health care level if necessary.
- Attend weekly didactic trainings on a wide-range of topics, such as Dialectical Behavioral Therapy, Suicide Risk Assessment, Psychopharmacology, Multiculturalism, etc.
- Work within a multidisciplinary team involving correctional staff, medical staff, case managers, unit managers, unit counselors, and religious services staff to inform treatment provided to inmates.
- Will conduct weekly group therapy utilizing the Mindfulness-Based Cognitive Therapy model.

Step-Down Unit Rotation

September 2018 – Present

Rotation Training Supervisor: Isabel Cabarcas-Quick, Ph.D.

- This rotation specifically involves working alongside inmates with Serious Mental Illness that experience comorbid disorders. Most of the inmates within this unit have a psychotic spectrum-related disorder or a personality disorder.
- Provide weekly individual therapy to inmates and complete weekly progress notes.
- Diagnoses include: Major Depressive Disorder, Schizophrenia, Bipolar Disorder with Psychotic Features, Post-traumatic Stress Disorder, Generalized Anxiety Disorder, Borderline Personality Disorder, and/or Antisocial Personality Disorder.
- Formulate individualized treatment plans and provide appropriate treatment interventions.
- Provide crisis interventions and brief interventions as deemed clinically indicated.
- Provide weekly group therapy: Dialectical Behavioral Therapy and Illness Management and Recovery.
- Attend Community Meetings based on the Therapeutic Community Model.
- Participate in weekly individual supervision.

Forensic Rotation

January 2019 - Present

Rotation Training Supervisor: Lisa Bellah, Ph.D.

- Conduct competency evaluations to pre-trial inmates and produce forensic reports as court-ordered.
- Conduct malingering assessments and produce forensic reports as deemed clinically indicated.
- Conduct forensic intake screenings to see whether forensic inmates are appropriate for

general population.

- Attend weekly individual supervision.
- Attend forensic seminars that discuss mock testimony, federal statutes, and malingering.

Federal Correctional Institution-Seagoville | Seagoville, TX **October 2018 – December 2019**
Doctoral Psychology Intern (8 hours per week, Outplacement)

General Training Supervisor: Jenica Ottero, Psy.D.

- Provide weekly individual sessions to jail inmates that include crisis management and brief CBT interventions.
- Assess level of suicide risk for inmates who have a history of suicidal ideations and/or attempts.
- Formulate individualized treatment plans and provide culturally-appropriate interventions.
- Conduct intake interviews for inmates in the general population and jail inmates to identify mental health concerns and provide appropriate treatment.
- Co-facilitate a bi-weekly Transgender Support process group. Issues surrounding different transition phases and daily stressors that are experienced within a male correctional institution are discussed and processed in this group.
- Conduct weekly Special Housing Unit (SHU) rounds that include assessing treatment recommendations for inmates experiencing mental health concerns and providing brief crisis interventions.
- Participate in weekly group therapy.

Patton State Hospital (DSH) | Patton, CA

September 2017 – June 2018

Doctoral Psychology Extern (18 hours per week)

Training Supervisor: Allen Kilian, Ph.D.

Setting: *Forensic Psychiatric State Hospital*

- Conducted 25 forensic and psychodiagnostic assessments with individuals admitted under the following commitment types: not guilty by reason of insanity, incompetent to stand trial, and mentally disordered offenders.
- Conducted in-depth clinical interviews including, record reviews, consult with members on the multidisciplinary team, and provide feedback to patients regarding their assessment results.
- Administered, scored, interpreted, and wrote comprehensive assessment reports to address referral questions including competency to stand trial, diagnostic clarification, malingering, and to make treatment recommendations as necessary.
- Attended weekly didactic seminars to provide training and instruction on various topics, including test administration, interpretation and psychometrics, understanding of forensic psychology, and case conceptualization and presentation.
- Gained weekly individual supervision to work on training goals that are pertinent to the development as a professional and to facilitate the needs of the patients.
- Conducted assessments in Mandarin under the supervision of a Mandarin-speaking supervisor.
- Gained supervision in Mandarin to provide culturally-adaptive services in order to

accommodate patients from Chinese cultural backgrounds that speak English as a second language.

- Assessment instruments utilized include: Dot Counting Test, MCMI-IV, M-FAST, MMPI-2-RF, NEO PI-R, PAI, R-CAI, RBANS, Rey-FIT, SIRS-2, TOMM, TONI-4, VIP, WAIS-IV, WRAT-4.

Ventura Youth Correctional Facility (CDCR) | Camarillo, CA August 2016 – August 2017
Doctoral Psychology Extern (16 hours per week)

Training Supervisor: Robert Sack, Ph.D.

Setting: *State Correctional Facility*

- Population: Youth ages 15 to 23 who were admitted due to committing offenses ranging from physical assault, burglary, murder, etc. Youths also suffer from drug addiction, chronic mental illness, and dual-diagnoses.
- Provided weekly individual therapy sessions utilizing Integrated Behavioral Treatment Manual (developed by DJJ) in conjunction with Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) to incarcerated youths.
- Co-facilitated weekly group therapy with another peer, such as Victims Awareness, Expressing Yourself, and DBT Skills Group to female youths.
- Developed and co-facilitated a Hip-hop Group with another peer that focused on allowing male youths to express their emotions through the art of rap and hip-hop, which is a culturally-adaptive way of coping for the youths.
- Significant experience with ethnically diverse clients, with a wide-range of clinical symptomatology and extensive criminal histories from primarily low socioeconomic status and culturally diverse backgrounds.
- Created individualized treatment plans for each client that included social, medical, and legal issues and short-term and long-term goals with appropriate interventions.
- Worked within a multidisciplinary team that included psychologists, psychiatrists, case worker specialists, parole agents, youth correctional counselors, and youth correctional officers.
- Conducted suicide and homicide risk assessments, developed crisis interventions and safety planning.
- Received weekly group and individual supervision from a licensed psychologist.
- Experienced with administering assessments, scoring reports, and report writing.
- Assessments instruments: BAI, BDI, BYI-2, Conner's 3 – Self-Report, MACI, MCMI-IV, MMPI, MMSE, NEO PI-R, PSI-2, PSQ, SASSI-A2, Sentence Completion, TAT, TSCC, TSI-2, WASI-II, WAIS-IV, UCLA PTSD Index for DSM-IV Adolescents.

Pepperdine WLA Clinic | Los Angeles, CA
Doctoral Psychology Trainee (5 hours per week)

January 2016 – September 2017

Training Supervisor: Aaron Aviera, Ph.D.

Setting: *Community Counseling Center*

- Conducted thorough intake interviews and wrote intake reports to aid in treatment planning.
- Provided weekly individual and couples therapy utilizing Evidence-Based Practices to adults with mood disorders, anxiety disorders, personality disorders, and cognitive disorders.

- Received training in Trauma Focused Cognitive Behavioral Therapy (TFCBT)
- Provided couples therapy in Mandarin.
- Administered outcome measures to evaluate progress on therapeutic goals.
- Documented progress by recording chart notes and devise comprehensive treatment plans.
- Received weekly group supervision to ensure the best treatment practices.

Union Rescue Mission | Los Angeles, CA

September 2015 – September 2017

Doctoral Psychology Trainee (5-16 hours per week)

Training Supervisor: Aaron Aviera, Ph.D.

Setting: *Residential Program on Skid Row*

- Population: Males experiencing substance abuse, serious mental illness, homelessness, dual-diagnoses, past forensic histories.
- Conducted intake evaluations, suicide and homicide risk assessments and individual psychotherapy to facilitate the development of individualized treatment plans, such as utilizing CBT and Psychodynamic techniques.
- Implemented safety planning and crisis management.
- Utilized the Relapse Prevention Model in conjunction with other evidence-based practices.
- Completed trainings in Cognitive Behavioral Therapy, Motivational Interviewing, Recovery-Oriented Practices, and Risk Assessments.

UCLA: Bearden Lab | Westwood, CA

May 2014 – February 2015

Neuropsychology Assessor (8-12 hours per week)

Principal Investigator: Carrie Bearden, Ph.D.

Setting: *Research Lab*

Bearden lab conducted translational studies of the neural basis of cognitive disability in children with Neurofibromatosis I, a genetic disorder. This research study represents one of the first translational clinical trials for developmental learning disabilities.

- Administered Computer-Based Diagnostic Inventory Schedule for Children (C-DISC) to participant's parents as part of their assessment.
- Administered neuropsychological assessments to determine the participant's cognitive abilities, which assesses general cognitive abilities, attention and short-term memory, working memory, verbal fluency, visuospatial processing/attention, and motor speed and integration.
- The neuropsychological assessments that are administered included: BVMT, Category Fluency Test, Category Switching Test, FAS, HVLIT, Trails A, Trails B, WAIS-IV – Cancellation, WASI, WISC-IV, WRAT-4.
- Able to work with children ages 7 to 16 diagnosed with developmental learning disabilities.
- Experienced in scoring and writing reports for neuropsychological assessments within a research lab.

Exodus Recovery Center | South Los Angeles, CA

May 2014 – June 2015

MFT Trainee (16 hours per week)

Training Supervisor: Richard Davis, MFT

Setting: *Outpatient Program (Full Service Partnership and Wellness Programs)*

- Population: Serious mental illness, low socioeconomic status, past forensic histories, alcohol and drug addiction, dual-diagnoses.
- Observed group therapy sessions and sat in on supervision meetings to review weekly progress.
- Documented therapeutic processes by writing and maintaining weekly progress notes for all clients.
- Provided individual therapy and psychoeducation related to relaxation skills, breathing techniques, coping strategies, stress management, strength-based practices, drug abuse, and domestic violence.
- Developed and applied individualized treatment plans for the betterment of clients.
- Promote Recovery-Oriented Practice from a Humanistic and Client-centered perspective.

PEER SUPERVISION EXPERIENCE

Pepperdine University GSEP

September 2017 – July 2018

Peer Supervisor (6-8 hours per week)

Faculty Supervisor: Aaron Aviera, Ph.D.

- Selected by the Director of Clinical Training to provide peer supervision to first-year and second-year doctoral students training at the Union Rescue Mission, which is a residential rehabilitation program housing homeless individuals with severe and chronic mental illness located on Skid Row suffering from alcohol use disorders.
- Provide weekly peer supervision sessions with supervisees to assist with diagnostic formulation, case conceptualization, and treatment planning with adult clients presenting with a wide range of presenting concerns, including substance use, psychotic spectrum disorders, mood and anxiety disorders, personality disorders, and homelessness.
- Review session recordings on a regular basis in order to provide feedback to supervisees on clinical skills, interventions, and crisis management issues as they arise.
- Review and provide feedback on intake evaluations and progress notes.
- Provide feedback to the primary licensed supervisor to assist with a competency-based evaluation that will be conducted throughout the training year.
- Audit charts of supervisees on a monthly basis.

RESEARCH EXPERIENCE

Harbor-UCLA | Torrance, CA

May 2016 – September 2017

Neurocognitive, Equipotentiality, Recovery & Development (NERD) Lab

Principal Investigator: Matthew J. Wright, Ph.D.

Graduate Research Assistant (5-12 hours per week)

- Administered neuropsychological assessments as part of a research study.
- Scored and double scored neuropsychological assessments gathered from participants.
- Entered data collected from neuropsychological assessments into the SPSS system.
- Attended trainings relevant to assessment scoring and administration.
- Included in poster: *“The Dunning-Kruger Effect and Traumatic Brain Injury.”*
- Included in poster: *“Perceived Workload on Performance Validity Tests in Persons with and without Traumatic Brain Injury.”*
- Both posters accepted into the 2017 International Neuropsychological Society

Conference.

- Assessment instruments: Boston Naming Test, BVMT-R and Copy, CVLT-II, D-KEFS (FAS Fluency, Category Fluency, Category switching, Design Fluency, Design Fluency Switching), Dot Counting Test, Finger Tapping, GOSE, HADS, Hooper VOT, MPAI-4, Rey-15 Item Test, SDMT, Stroop Test (Word Reading, Color Naming), TMT (Trails A, Trails B), WTAR.

Pepperdine University | West Los Angeles, CA **December 2015 – Present**
Oasis – Trauma Recovery and Thriving within Cultural Context

Principal Investigator: Thema Bryant-Davis, Ph.D.

Graduate Research Assistant (2-10 hours per week)

- The Oasis Applied Scholarship Community (ASC) lab focuses on survival and thriving within cultural context. Projects in this lab are both qualitative and quantitative in nature.
- The overarching project is titled, *Spiritual and Religious Pathways to Holistic Health Among Ethnically Diverse Trauma Survivors*.
- Four projects encompass the understanding of whether religious and spiritual coping is effective in trauma survivors, specifically within individuals who identify as Chinese, African American, Latina, and Korean American.

University of California, Irvine | Irvine, CA **September 2009 – January 2012**
Psychology and Social Behavior Lab

Principal Investigator: Ilona Yim, Ph.D.

Undergraduate Research Assistant (6-8 hours per week)

Study focuses on stress during pregnancy and its effects on postpartum depression

- Entered data collected from participants into the SPSS system.
- Administered Trier Social Stress Test (TSST) to help implicate stress to test changes in cortisol levels.
- Reviewed and collected articles relating to Postpartum Depression for Dr. Yim's study.

PRESENTATIONS

Union Rescue Mission **June 2016**

Co-Presenter – “Identifying Mental Health Symptoms in the Homeless Population”

International Neuropsychological Society (INS) Conference **February 2017**

Walker, A., Fatoorechi, S., Amaya, S., **Yeh, T.**, Martinez, F., Hardy, D., Vespa, P., McArthur, D., Hovda, D., Plurad, D., Woo, E., Fuster, J., Wright, M., (February 2017). *The Dunning-Kruger Effect and Traumatic Brain Injury*. Poster Session presented at the annual International Neuropsychological Society, New Orleans, Louisiana.

Fatoorechi, S., Walker, A., Rad, H., Romero, E., **Yeh, T.**, Vespa, P., McArthur, D., Hovda, D., Plurad, D., Woo, E., Boone, K., Fuster, J., Wright, M., (February 2017). *Perceived Workload on Performance Validity Tests in Persons with and without Traumatic Brain Injury*. Poster Session presented at the annual International Neuropsychological Society, New Orleans, Louisiana.

Christian Association for Psychological Studies (CAPS) Conference **March 2017**

Yeh, T., Bryant-Davis, T., (March, 2017). *Religious and Spiritual Coping among Ethnically Diverse Trauma Survivors*. Panel Session presented at the annual Christian Association for Psychological Studies, Chicago, Illinois.

International Summit on Violence Abuse & Trauma Conference **September 2017**

Yeh, T., Flowers, A., Vazquez, B., Bae, C., Bryant-Davis, T., (September 2017). *The Role of Mindfulness and Buddhism in the Recovery Process of Chinese American Survivors of Intimate Partner Violence*. Poster Session presented at the annual International Summit on Violence Abuse & Trauma, San Diego, California.

Flowers, A., **Yeh, T.,** Bae, C., Vazquez, B., Bryant-Davis, T., (September 2017). *The Role of Spirituality and Religion amongst African American Survivors of Physical Intimate Partner Violence*. Poster Session presented at the annual International Summit on Violence Abuse & Trauma, San Diego, California.

Vazquez, B., Flowers, A., Bae, C., **Yeh, T.,** Bryant-Davis, T., (September 2017). *The Role of Spirituality and Arts in the Recovery Process of Latina Survivors of Child Sexual Abuse*. Poster Session presented at the annual International Summit on Violence, Abuse & Trauma, San Diego, California.

Bae, C., Vazquez, B., **Yeh, T.,** Flowers, A., Bryant-Davis, T., (September 2017). *Parental Spiritual Coping as a Protective Factor against Psychological Maltreatment among Korean American Immigrant Families*. Poster Session presented at the annual International Summit on Violence Abuse & Trauma, San Diego, California.

ABSTRACT

Intimate partner violence (IPV) involves physical violence, sexual violence, stalking, and psychological aggression. IPV affects men and women across the United States with an estimated lifetime prevalence of 15.8% of women and 9.5% of men for sexual violence, 23.3% of women and 14.0% of men for physical violence, 9.2% of women and 2.4% of men for stalking, and 48.4% of women and 48.8% of men for psychologically aggressive behavior. Negative impacts that are associated with Chinese women who experienced IPV include somatization, medically unexplained physical symptoms, depression, suicide, and self-harm. Although there have been limited research found on the relationship between Mindfulness and/or Buddhism and IPV amongst Chinese women, it has been found that Mindfulness has been an effective coping strategy for IPV survivors amongst ethnic minorities, specifically meditation. Studies also found that Buddhism was associated with overall happiness, such as repenting, giving thanks, or praying daily. Limited research also suggest that religion is a positive coping mechanism utilized by Chinese men and women for other forms of trauma, specifically natural disasters. Although research suggests that Chinese Americans utilize religion as a coping mechanism for other forms of trauma, research regarding Mindfulness and/or Buddhism as a coping mechanism for Chinese women survivors of IPV appears to be under-investigated. Six Chinese American survivors were interviewed for the present study to examine the usefulness of Mindfulness and/or Buddhism as a coping mechanism in the recovery process of IPV. Through their stories, a preliminary model emerged that informed the way Chinese American IPV survivors utilized Mindfulness/Buddhism in their own recovery process.

Chapter I: Introduction

Defining Intimate Partner Violence

Intimate Partner Violence (IPV) refers to a victim/perpetrator relationship, which involves physical violence, sexual violence, psychological aggression, or stalking carried out by a current or former intimate partner (Breiding et al., 2014). An intimate partner is a person who has a close personal relationship with another individual. This relationship can be described as emotional connectedness, ongoing contact, regular physical interaction/sexual behavior, identification as a couple, or familiarity or knowledge about each other's lives (Centers for Disease Control and Prevention, 2016). This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

Although, many individuals and groups have agreed on the term *intimate partner violence* (IPV) to classify violence in the aforementioned types of relationships, the terms used to represent this type of violence between individuals still vary amongst individuals. Currently, there is a disagreement on what constitutes as the correct term to signify this relationship, which makes it challenging. For the purposes of this study the term intimate partner violence will be utilized to signify this relationship. This term was established in order to move us away from the old view that abusive violence only occurred in marital relationships where the husband was the abuser and the wife was the victim. The concept of IPV acknowledges that abuse can exist in any type of personal intimate relationship, regardless of sexual orientation, marital status, or gender. Similar to *domestic violence*, this new term does not assign the roles of the abuser and victim to one gender or the other. Furthermore, the term Intimate Partner Abuse (IPA) is also used to denote the presence of non-physical forms of abuse such as psychological, control, financial abuse, and spiritual abuse.

General Prevalence Rates of IPV

Prevalence rates for IPV highly depend on what definition the study is using to establish the presence of IPV; however, it is no question that IPV has been confirmed to be a worldwide problem. As mentioned earlier, the variability of what constitutes as IPV impacts the incidence and prevalence of IPV because researchers and clinicians both use various terms and definitions. Because of this, there is disagreement in the field regarding the scope of IPV, which makes it challenging to draw cohesive conclusions about the incidence, prevalence, patterns, consequences, and effects of IPV for males and females. However, in a study conducted by The World Health Organization's (WHO) multi-country study on women's health and violence, results found that more than 24,000 women in 10 countries representing diverse cultural and geographical settings around the world experienced some form of IPV. Furthermore, these results indicated that the reported lifetime prevalence of physical or sexual partner violence, or both, varied from 15% to 71% (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005).

In the United States IPV has been denoted as a serious problem although recent reports have shown a decrease since 1994. In the United States, an estimated 25% of women in the U.S. have reported some type of partner victimization during their lifetime (Tjaden & Thoennes, 2000). There is a more recent report that delineated IPV prevalence rates based on IPV subtype (i.e., sexual, physical, psychological, etc.) from the National Intimate Partner and Sexual Violence Survey (NISVS). In this study, data was gathered by collecting results from random digit dial telephone surveys from non-institutionalized English- and/or Spanish-speaking women and men aged 18 or older in the United States (Black, 2011). Results found that 1 in 10 women in the United States (9.4%) have been raped by an intimate partner in their lifetime (Black, 2011). Women had a significantly higher lifetime prevalence of severe physical violence by an

intimate partner (24.3%) compared to men (13.8%). Additionally, approximately 2.7% of women experienced severe physical violence in the 12 months preceding their survey (Black, 2011). Furthermore, 14.4% of females evaluated experienced physical violence along with stalking; and 8.7% experienced both rape and physical violence, while 12.5% experienced rape, physical violence, and stalking (Black, 2011).

In addition, the prevalence for individuals experiencing rape by an intimate partner over a lifetime yields an estimated 8.8% for women and an estimated 0.5% for men (Breiding et al., 2014). A lifetime prevalence of other forms of sexual violence by an intimate partner is an estimated 15.8% of women and 9.5% of men (Breiding et al., 2014). An estimated 23.3% of women and 14.0% of men experience severe physical abuse by an intimate partner (Breiding et al., 2014). Stalking by an intimate partner is experienced with a lifetime prevalence of 9.2% for women and 2.4% for men (Breiding et al., 2014). There is little information found for prevalence rates of psychological abuse caused by an intimate partner. However, a multi-country study found that the prevalence and predictors of suicide behaviors due to intimate partner violence ranged from 0.8 to 12.0% (Devries et al., 2011). This data suggests that individuals who experience violence with an intimate partner may be a predictor for suicide attempts.

Prevalence Rates of IPV in Chinese Americans

There have been very few studies regarding IPV experiences among Chinese Americans, which since 1990 has represented the largest Asian American groups has a population of more than 2.7 million (Hicks, 2006). In Hicks' (2006) study, IPV was defined as physical and/or sexual violence by intimate partners either living together or apart. The severity and type of violence was assessed through nine of the 19 original Conflict Tactics Scale (CTS). This scale was used to identify either minor and/or severe violence. The differences between minor

violence and severe violence is the level of intensity, such as whether or not an object is being used to carry out the violent act (Hicks, 2006). This study also found that of the 181 participants included, 42% knew a Chinese woman who has experienced IPV. In addition, there was a lifetime prevalence of 14% who had experienced IPV themselves from the study (Hicks, 2006). Many risk factors are associated with IPV such as socioeconomic status, level of acculturation, substance use, and/or previous experience of abuse.

Risk Factors: Chinese American Survivors and IPV

Although IPV happens across all socioeconomic levels, it is much more prevalent with individuals with a significantly lower SES and level of acculturation (Yick, 2000). Substance abuse is also a risk factor for IPV for both the perpetrator and the victim (Kim & Sung, 2015). Gambling is also a risk factor for IPV perpetrators in which individuals who have gambling problems also have anger and impulsivity issues (Kim & Sung, 2016). It has also been found that if a victim or partner has experienced abuse as a child, may also be a risk factor for IPV (Xu, Campbell, & Zhu, 2001). In addition, pregnancy was also found to be a risk factor for women experiencing IPV as well (Chan, Brownridge, Tiwari, Fong, Leung, & Ho, 2011) It is important to note that because there is limited research on the lifetime prevalence rate, these prevalence rates may have changed over time.

Consequences of IPV in Chinese Americans

The literature for physical effects as a consequence of IPV for Chinese Americans is very few. Although there has been evidence found supporting the idea that IPV negatively effects physical health, it is research that is done on the general population in the United States and not specifically on Chinese Americans. Hicks (2006) conducted a study where the investigators wrote and then asked 181 Chinese women via telephone to measure the prevalence and nature of

IPV in Chinese Americans. Thus, of the 181 participants, there was a lifetime prevalence rate of 14% in which they experienced IPV. Consequently, 31% of the women who experienced IPV had physical injuries, which is 27% higher than White American women (Hicks 2006; Thompson, Saltzman, & Johnson, 2003). Another negative impact associated with IPV is somatization and culture-bound syndrome. Although there is little research done in this area, it has been identified that Chinese American women experience more commonly medically unexplained physical symptoms that are related to psychiatric disorders than White Americans. The complaints by Chinese Americans were mostly of vestibular and cardiopulmonary symptoms (Lee & Hadeed, 2009). It is common for Chinese Americans to somaticize psychological symptoms as fatigue, sleep, pains in the chest and back, headache, and menstrual difficulties (Lee & Hadeed, 2009). The reason why somatization is commonly present in Chinese Americans is because they are more likely than Western cultural groups to suppress or internalize their feelings.

Hicks and Li (2003) found that 14% of the 181 Chinese American women in their study also experienced current major depression and also had higher lifetime prevalence rates. Data gathered from a study in China showed an association between IPV, depression and suicide (Xu et al., 2001; Yanqui, Yan, & Lin, 2011). Another study conducted in China conducted a text analysis of 26 transcripts made to a crisis hotline by IPV victims (Wong, Wang, Mei, & Phillips, 2011). It was observed through the text analysis that victims of IPV often engaged in self-harm in order to air painful emotions caused by abuse (Wong et al., 2011). 13 of these women disclosed that the intent of their self-harm was to die in which they engaged in self-harm acts such as ingesting pesticides, slashing their wrists, swallowing pills, or attempting to drown themselves (Wong et al., 2011). Many of the women expressed shame when the topic of divorce

was brought up. They attributed this as *losing face* with their relatives and also how divorce would affect their children. For this reason, many of the 26 callers expressed suicidal ideations because they couldn't bear being bullied and abused for the rest of their life (Wong et al., 2011). Due to the paucity of research available on IPV in Chinese Americans, it is important to note that more research must be done in this realm in order to accurately inform the Chinese community about the negative impact IPV has on victims.

Mindfulness/Buddhism Coping amongst IPV survivors

Mindfulness has been empirically supported as an effective coping mechanism and intervention among survivors and perpetrators of intimate partner violence (IPV) (Dutton, Bermudez, Matas, Majid, & Myers, 2013; Tesh, Learman, & Pulliam, 2015; Tollefson & Phillips, 2015). There has been more focus and attention on implementing Mindfulness-based techniques in order to manage emotional distress and maladaptive behavior through increasing awareness of mental processes and responding to distressing stimuli (Bermudez et al., 2013). Bermudez et al. (2013) conducted a study involving nine African-American women and one Asian-American women who had previously experienced intimate partner violence and also endorsed clinically significant symptoms of PTSD demonstrated by scores above 35 on the Post-Traumatic Stress Check-List (PCL). These women were asked to describe their experiences as members of a Mindfulness-Based Stress Reduction (MBSR) group. The participants reported that by practicing MBSR, it facilitated the development of more positive coping skills and envisioning personal growth in their own lives. The researchers found in this study was that Mindfulness skills were utilized to overcome the trauma they had experienced from IPV (Bermudez et al., 2013).

Another study conducted by Dutton et al. (2013) proposed that Mindfulness-based interventions may improve PTSD symptoms for low-income African-American women who experienced IPV. Social support has been found as a mediator between inadequate coping and posttraumatic stress for people who experience current or past IPV. Due to this, reduced social support may also be a huge risk factor for the development and severity of PTSD (Dutton et al., 2013). Mindfulness groups may be another outlet for social support for those who have experienced IPV. MBSR was found to be both feasible and acceptable with low-income African-American women compared to traditional mental health services. It also facilitated an increase of awareness and acceptance within a group of women who experienced trauma-related symptoms (Dutton et al., 2013).

Literature has focused primarily on traditional coping strategies that overlook the spiritual and existential lives of women who have experienced IPV. In contrast to Western psychology, Eastern approaches seek to focus on changing the foundation on which the experiences lie rather than seeking to change the impact of experiences or break patterns of behaviors (Kane, 2006). Six Caucasian women were chosen to participate in Kane's (2006) study who met two initial criteria: past experiences of IPV and no experience with daily meditative practices. Overall, these participants found a positive outcome by utilizing meditation as an integrative component of their recovery from stress experienced from past IPV (Kane, 2006). Participants revealed that regular meditation practice affected functioning at many levels. Barrett (1999) suggested that victims of abuse are burdened with the sense that what they do or who they are does not have much influence or value in their world. Meditation proved to be effective in aiding self-acceptance and a sense of empowerment for these women. Kane (2006) found that meditation gave these women a sense of purpose and helped them to begin reshaping their

concept of who they are and contributing value and meaning to their lives.

Buddhism ranges from a number of practices, ideologies, and doctrines. These practices, ideologies, and doctrines may encompass other tenets and values that may not be distinctively *Buddhist* (Epstein-Ngo & Kanukollu, 2015). For individuals within the Chinese community, Buddhism is more than a religion; in fact, it is more of a tradition (*jiao*) handed from generations to generations that act as a philosophy or guideline as a way of being (Epstein-Ngo & Kanukollu, 2015). Buddhism was noted as one of the primary religions found among Chinese Americans along with Taoism and Confucianism (Epstein-Ngo & Kanukollu, 2015). Although Taoism and Confucianism are also primary religions among Chinese Americans, Buddhism is specifically considered as “the most widespread and visible forms of Chinese religious practice” (Epstein-Ngo & Kanukollu, 2015, p. 361).

In regards to Buddhism as a coping mechanism for Chinese Americans, there were no literature that examined the relationship between Buddhism and IPV experienced by this population. Religious tradition was primarily founded on Buddhism (Epstein-Ngo & Kanukollu, 2015; Midlarsky, Venkataramani-Kothari, & Plante, 2006). It was discovered from this particular study that South Asian immigrant women utilized self-rationale as a coping mechanism, such as making sense of the abuse due to husband’s stress and frustration. Resistance was also demonstrated as a coping mechanism for these women such as not cooking or keeping important documentation in case the victim needs to escape (Midlarsky et al., 2006). Rationalization and resistance were not found as core concepts within Mindfulness and Buddhism. Although Buddhism were guides for Chinese and South Asian spirituality and how to overcome suffering, the tenets of Confucianism did teach individuals conduct and morality. The Confucianism doctrine taught women that they were inferior to men and “must obey a sequence of men in her

lifetime: her father in childhood, her husband when married, and her sons when widowed” (Midlarsky et al., 2006, p. 286). It is no wonder that resistance to these firm gender roles developed by Confucianism and utilizing rationale for the IPV were effective coping mechanisms for South Asian women.

Although no research was found in the efficacy of Buddhism coping with intimate partner violence, literature was found in terms of what specific practices and doctrines of Buddhism were effective with American Buddhists in coping with stress. Phillips et al. (2009) piloted a qualitative study consisting of 24 American Buddhists. Six themes of Buddhism-based coping emerged and were recognized throughout this study. Participants identified morality (practicing right speech, right action, and right livelihood to help others), Mindfulness, meditation, right understanding (making meaning from stressful events), sangha support (a community of fellow Buddhists), and spiritual struggles as Buddhism coping in relation to stress (Phillips et al., 2009).

Furthermore, there was a study found on Buddhism and its impact on happiness. In a study conducted by Liu, Koenig, & Wei (2012) which investigated whether Buddhism contributed to an increase in overall happiness. Liu et al. (2012) found that “giving thanks, repenting, or praying every day” (p. 60) was positively associated with happiness. While they found that frequency of attendance in religious setting and belief in karma had no relation with happiness (Liu et al., 2012). In addition, it was determined that the belief in a higher being was negatively associated with happiness, although it evidenced as a buffer against health-related stress on happiness.

It was also suggested that religion in China did facilitate as a coping mechanism for other types of trauma, specifically natural disasters. It was noted that religious attendance increased

tremendously after earthquakes occurred in China (Dueck & Byron, 2011). Due to an increase in openness and interest to religion (Buddhism, Taoism, and Christianity) in China, there has also been an increase in spiritual responses to trauma.

Although there has been limited research on Mindfulness as a coping mechanism for other ethnic minorities, the research that is available in relation to Chinese Americans or Asian Americans has been scarce. This is ironic given that Mindfulness stemmed from Buddhist teachings. There was no literature found on Buddhism and its utilization as a coping mechanism for IPV survivors of any ethnic minority group. However, there was limited research found on Buddhism and its effects as a coping mechanism for other forms of trauma, specifically natural disasters. Due to the lack of research, there is a need for additional research on Mindfulness, especially Buddhism, and its effectiveness as a coping mechanism for Chinese American women who have been victims of IPV. Examining the impact of religious participation and Mindfulness among Chinese American IPV survivors may provide important information for developing culturally congruent interventions for those seeking to address and recover from intimate partner violence.

Although research has supported the effectiveness of Mindfulness on Chinese Americans as an effecting coping mechanism, there was no research found that would counter this evidence. However, there was research found that may indicate religious coping could also be a source of stress and vulnerability. Although religious and spiritual coping have been established as a positive coping mechanism, Popescu et al. (2009) found otherwise. Popescu et al. (2009) found that religious beliefs actually posed barriers for Adventist women who were currently experiencing IPV. Adventist women reported that they stayed in the abusive marriage because their religion had promoted the message of divorce being an act of sin. Not only was there

evidence for this found in bible readings, there were also external social reinforcement about the beliefs of divorce. Women from this study also had ingrained the belief that “Christian marriages are essentially happy” (Popescu et al., 2009, p. 404). Due to this, women who experienced IPV felt obligated to maintain an ideal image of their marriage and family, which lead to decreased social support. In addition, African American women who identify as Christian viewed that their church would be unsupportive and sympathize with the batterer rather than the victim (Potter, 2007; Watlington & Murphy, 2006).

Another study conducted by Hassouneh-Phillips (2003) found that American Muslim women who have experienced IPV viewed spirituality both as a source of strength and vulnerability. These women reported that their relationship with *Allah* was a significant way of coping with ongoing abuse. They utilized prayer and meditation as a means of coping (Hassouneh-Phillips, 2003). Women also reported that listening to Koranic recitation decreased feelings of isolation by providing a sense of community. Women also reported that their spiritual belief was a source of vulnerability because of the idea that “this life doesn’t matter” (Hassouneh-Phillips, 2003, p. 688). Their spiritual belief that *Allah* will reward those who have suffered in an after-life influenced many of their responses to abuse. In addition, Hassouneh-Phillips found that women who had come to the end of their suffering from abuse reported either rejecting their original spiritual belief systems or retaining them. Other women reported that they remained Muslim but decided to reinterpret some aspects of the Islamic doctrine.

Chapter II: Methodology

Rationale for Study

According to Hicks' (2006) study, it was found that Chinese women who experienced IPV with an intimate partner sustained physical injuries at a greater rate when compared to White women (Hicks, 2006). Chinese women affected by IPV have shown exacerbated symptoms of somatization, such as body pain, vestibular cardiopulmonary symptoms, and menstrual difficulties due to the increased likelihood of Chinese women internalizing or suppressing their feelings. It has also been found that Chinese women who have experienced IPV also experienced major depression as a result of the abuse (Xu et al., 2001; Yanqui, Yan, & Lin, 2011). The literature has proven to be significant the rate Chinese American women who experience IPV and its lasting negative impact; however, it has been understudied within this community. Research has shown openness to spirituality and religion as a positive coping mechanism for other ethnic minorities and other forms of trauma but has been lacking within this specific population and trauma (Bermudez et al., 2013; Dueck & Byron, 2011; Dutton et al., 2013; Tesh et al., 2015; Tollefson & Phillips, 2015). It has been proven that Mindfulness and Buddhism are related to an increase of happiness and have been used as effective coping strategies for other forms of trauma in various ethnic groups. The gaps of the literature include limited forms of measurement and limited to ethnicities other than Chinese American women survivors of IPV.

Purpose

The purpose of this current study was conducted in order to determine whether Mindfulness and/or Buddhism is an effective coping mechanism for Chinese-American women whom are survivors of IPV. The present study utilized a qualitative analysis to identify whether

specific practices amongst spirituality and religiosity facilitated the healing of suffering amongst Chinese-American women. It is anticipated that results from this study will help other researchers in conducting further studies that will aid to the limited research that is published for Chinese-American women who have experienced IPV and will facilitate the development of more individualized treatment plans for women from this specific ethnic minority. Literature has determined that Mindfulness has been effective with other ethnic minorities (Dutton et al., 2013; Tesh et al., 20015; Tollefson & Phillips, 2015). However, Buddhism has been understudied not only within Chinese Americans but within society as a whole. Therefore, it was hypothesized that Chinese-American women who have suffered from IPV and who utilize Mindfulness and/or Buddhism will find this as an effective coping mechanism.

Research Design

The current study utilized a qualitative research design. This method was chosen due to the ability to capture the participants' view of their personal experiences through their own words. A qualitative study also facilitated a deeper understanding and analysis of the relationship that were apparent amongst Chinese-American women and variables of Mindfulness and/or Buddhism and IPV.

Participants

A total of 6 participants were recruited for this study. All individuals participated in a semi-structured interview and were conducted in English. This specific study centered on the experiences of Chinese American women who have experienced some form of IPV, whether it was physical, sexual, and/or psychological abuse. Due to the lack of communication amongst Chinese cultures surrounding the discussion of private issues within the household, the participants were proposed to be recruited from various women's shelters, counseling centers,

and referrals from personal and professional references in Los Angeles, California.

Procedures

Six participants were included in this study and were invited to an interview conducted by the principal investigator, which assessed trauma, religious and spirituality, mental health outcomes, and religious and spirituality coping outcomes (Appendix C). In addition, the demographic information was also gathered during the interview for additional personal information that will be taken into account when analyzing the data (Appendix B). Participants were asked about their age, ethnicity, socioeconomic status, highest education level, and past mental health treatment history. Participants were also asked whether they were born in the United States and how long they have lived in the United States. A monetary compensation (\$25) was awarded to each participant at the end of each interview.

Consent Procedures

Participants were informed of the purpose and nature of this study prior to any data collection. They were also required to sign an informed consent and be provided with a copy before they participated in this study. The informed consent explained that all the information gathered within the interview will only be used for the purpose of the study. In addition, all identifying information given by the participants are confidential and their names were changed as well in order to protect their identity. In addition, any names that were provided by the participants of the abuser were removed from the transcription. The informed consent also included that for participants to participate in this study, audio recording was a requirement. It was also explained that by signing the document, the participants will give permission to be audio recorded with the understanding that all audio recordings will be deleted upon completion of the study. In addition, the informed consent also conveyed to participants that they could stop

the interview at any point if they felt uncomfortable or distressed discussing about prior IPV experiences. Monetary compensation would still be provided if they decided to end the interview. None of the participants reported or were observed to be in distress throughout the interview. Verbal communication of this was also given by the principal investigator when explaining the limits of confidentiality and the informed consent.

Data Collection

The principal investigator conducted six, in-person, single-round interviews, which lasted for a duration of approximately an hour each. The interviews were conducted in a private room to ensure confidentiality and protection of information gathered. The interviews were semi-structured, with questions focusing on participants' beliefs about the efficacy of Mindfulness-Buddhism as a coping mechanism for experiences related to IPV.

In addition, the clinician inquired further about what specific techniques or beliefs were most useful when coping with the trauma related to IPV. Questions that were included pertained to the benefits of utilizing Mindfulness-Buddhism, observed changes, and client reactions. It should be noted that although the interview was semi-structured, the order of questions was individualized to each participant in order to create an organic interview process. The interviews were digitally recorded with a recording device supplied by the principal investigator. All recordings were stored on a separate encrypted flash drive owned and maintained by the principal investigator and labeled without any of the participants' names in order to further protect confidentiality. After the interviews were completed, it was transcribed in verbatim by the researcher. These transcriptions were then stored on the same encrypted flash drive and were linked to the interview recordings only by randomly assigned participant number. The flash drive was kept in a locked file cabinet at the principal investigator's home. All data will be kept for a

minimum of three years following the study's completion and will then be destroyed in its entirety.

Data Analysis

The semi-structured interviews provided a deeper understanding of the usefulness of Mindfulness-Buddhism utilized in coping with IPV. The qualitative principles of grounded theory were utilized to analyze the data collected from the semi-structured interviews (Charmaz, 2006; Charmaz, 2015; Dourdouma & Morti, 2013). This method of analysis allowed for a source of meaning that emerged from the data rather than from preconceived theories present within quantitative methodology, which allowed key concepts and themes to derive from the text (Charmaz, 2006; Dourdouma & Morti, 2013). Coding through grounded theory consists of three phases: initial coding, focused coding, and theoretical coding (Charmaz, 2006). All of which were utilized for this study. The initial coding phase calls for the principal investigator to reread each individual transcription and utilize line-by-line coding to identify key topics, phrases, terms, quotes, and meanings (Charmaz, 2006). During the focused coding phase, the development of major theoretical categories is formulated based on the organization of relevant and frequent codes that was identified throughout the initial coding phase (Charmaz, 2006). Lastly, the theoretical coding phase will be utilized to conceptualize the relationships between the theoretical categories that was formulated throughout the focused coding phase (Charmaz, 2006). It is also important to note that a second coder was used throughout this process and a third person also served as an auditor.

Chapter III: Results

The Survivors - Participants

This section will capture a snapshot of each participants' background to give further context when connected with their stories. All of the participants from the present study are female survivors of IPV recruited from Southern California. Each survivor has previously or currently implemented practices of Mindfulness and Buddhism into their healing process from experiences of IPV.

Participant 1. The first survivor is a 54-year-old Chinese female who immigrated to the United States in 1985 in hopes of finding better opportunities in both education and career. She received her Bachelor's degree in accounting and currently works as an accountant for an American company. Her experiences of IPV began with her husband, which started approximately eight years ago. She experienced verbal and emotional abuse for approximately six years. Throughout her experiences of IPV, she utilized Buddhist practices in her coping and eventual recovery process. Three words she used to describe herself were "caring, loving, and responsible."

Participant 2. The second survivor is a 33-year-old Chinese-Vietnamese-American female who was born in the United States. She currently works as a teacher to third graders teaching both English and Mandarin. Her experience of IPV began with a former partner that verbally and emotionally abused her. He would also throw things at her and punch walls during arguments. She utilized mainly Buddhist practices as a coping mechanism for her journey to recovery. Three positive words she used to describe herself were "modest, understanding, and too helpful."

Participant 3. The third survivor is a 27-year-old Chinese-American female who was

born in the United States. She is currently attending nursing school to complete her Master's degree in nursing. She has had two relationships in the past that involved verbal and physical abuse. She has implemented Mindfulness practices into her healing process, which was inspired by her Buddhist cultural background. Three qualities that she identified for herself were "proactive, hardworking, and enjoying."

Participant 4. The fourth survivor is a 28-year-old Chinese-Peruvian-American female who was born in the United States. She works in technology at a large company in Southern California. Her first exposure to Buddhism was through temple attendance with her mother as a child. However, after being introduced to Mindfulness at her job, she began integrating practices as a way of coping with difficult experiences, specifically IPV. Her IPV experiences involved verbal abuse and stalking from a previous partner. Words she used to describe herself were "creative, innovative, compassionate, loyal, and a reliable friend."

Participant 5. The fifth survivor is a 30-year-old Chinese-American female who was born in the United States. She is currently working as an immigration lawyer in the federal system. She was in an eight-year abusive relationship in her mid teens to early 20s that involved significant physical, verbal, and emotional abuse. She found peace and calmness through the use of Mindfulness and Buddhism in the forms of prayer and yoga. When asked to describe three positive qualities of herself, she stated two: "positive and driven."

Participant 6. The sixth survivor is a 31-year-old Chinese-American female who was born in the United States. She is currently employed as a teacher to fifth graders at a local public school. She experienced IPV in a previous relationship in which she was physically, verbally, and emotionally abused. She had fears that he would end her life if she had continued the relationship. Through the significant influence of her grandmother, she employed Buddhist and

Mindfulness techniques into her coping with her experiences of IPV. Words she used to describe herself included, “outgoing, personable, and reliable.”

Reliability and Validity

Reliability and validity in research are just as important as it is in qualitative research. Reliability in qualitative research “lies within consistency” (Leung, 2015, p. 326). Therefore, reliable data in qualitative research must yield similar results but may differ in depth within similar dimensions. Furthermore, validity in qualitative research refers to how appropriate and “epistemologically” (Koro-Ljungberg, 2008, p. 985) consistent are the methods. More specifically, the choice of methodology used to interpret the data must facilitate findings of phenomena in the appropriate context, both culturally and contextually, for it to be valid (Leung, 2015).

For the purpose of this study, to increase reliability when analyzing the data, a second coder was utilized. The principal investigator and the second coder analyzed the data separately and then jointly compared the categories in order to identify common general themes, which yielded good reliability. It is also important to note that the principal investigator and the second coder are from two different cultural backgrounds; specifically, the principal investigator being Chinese-American and the second coder being Belizean-American. Although different terms were used at times, similar themes were generated across the threads of the participants. After, the principal investigator then conducted a more thorough analysis in an effort to gain the deepest understanding possible. This was then discussed with the second coder to further refine the general themes postulated. To further gain an increase in face validity of the identified themes, an auditor was used. The auditor was an African American licensed psychologist with expertise in the integration of culture, spirituality, and trauma. The auditor reviewed the themes

and then made suggested changes to increase the validity of the constructs and preliminary model. Ultimately, the auditor approved the emergent themes and the preliminary model.

Moreover, in order for the principal investigator to maintain “unacknowledged preconceptions” (Tufford & Newman, 2012, p. 81) that may impact the results of the qualitative analysis, bracketing was used. For the purpose of grounded theory, memo-writing was used as a method of bracketing. Charmaz (2014) identified memo-writing as “creat[ing] an interactive space for conversing with yourself about your data, codes, ideas, and hunches” (p. 162). This allowed the principal investigator to reflect on the qualitative research process and in identifying perspectives and biases that may impact the results of the qualitative research. This was especially useful as this topic contains a lot of heavy material that was emotionally impactful for the principal investigator.

Results using Grounded Theory

By using Grounded Theory to analyze the transcribed interviews, four main categories emerged during the analytic process, with a category having three subcategories and another category having two subcategories. The principal investigator utilized the categories to formulate a preliminary model that best captured the story told by the collected data. Shown in Table 1 are the identified categories that reflect characteristics of the framework, which include familial and cultural influences on coping strategies (with three subcategories of rejection of disclosure, use of spiritual practice, and acceptance of IPV as normative), core elements of Mindfulness/Buddhism (with two subcategories of Mindfulness practices and Buddhist practices), additional contributors to healing, and indicators of healing observed within survivors of IPV.

Categories and Codes

Table 1
Categories Identified from Qualitative Interviews

Familial and Cultural Influences on Coping Strategies	Rejection of Disclosure <ul style="list-style-type: none"> - Disclosure of problems bring shame 	Use of Spiritual Practice <ul style="list-style-type: none"> - Passed down family traditions - Buddhist rituals 	Acceptance of IPV as Normative <ul style="list-style-type: none"> - Modeling family cultural dynamics
Core Elements of Mindfulness/ Buddhism	Mindfulness Practices <ul style="list-style-type: none"> - Contemporary Mindfulness practices - Nonjudgmental awareness/focus - Staying in the here and now 	Buddhist Practices <ul style="list-style-type: none"> - Impermanence - Temple attendance - Prayers and teachings - Meditation/reflection 	
Additional Contributors to Healing	<ul style="list-style-type: none"> - Social support - Safe environment - Others' experiences - Talk therapy 		
Indicators of Healing	<ul style="list-style-type: none"> - Increased strength - Increased hope - Better sense of self - Intrinsic peace/calmness - Forgiveness (outlier) 		

Familial and cultural influences on coping strategies. Three subcategories emerged from the category of familial and cultural influences on coping strategies, which will be discussed below.

Rejection of disclosure. Throughout all the interviews, participants spoke about how the Chinese culture impacted the way they approached healing. This occurred not only through

values and morals developed through the Chinese culture, but also through older generations. This directed the method of coping they chose to deal with difficult issues, specifically IPV. Specifically, five out of the six participants discussed to some degree how disclosure of problems bring shame, which resulted in not initially seeking social support to cope with IPV experiences. The Chinese culture has impacted non-disclosing of personal troubles indicated by participant 6: “And I think it has to do with our culture, too. Like in an Asian culture, it’s, like, hard to, you know, kind of talk about your personal stuff.” Participant 3 spoke about not seeking social support, because it brings shame: “And so, I would say that growing up in a very like Chinese, Asian, um, um, society kind of, uh, made IPV harder to talk about and harder and like more shameful to have experienced.” Participant 1 also discussed how discussing personal troubles brought shame:

My culture? Well, I think most of Chinese they don’t speak out. They don’t speak up and, uh, even though the violence around them, they just let it go away itself. They don’t ask for help. They don’t tell anybody. Just – they just cover everything themselves. I think there’s shame maybe in China-chi—in Chinese culture.

The same participant even noted that the phenomena of non-disclosure of family issues impacted whether or not she attended therapy: “Uh, I was thinking but I’m afraid to go to therapy because in China they don’t, this kind of situations they never tell anybody.” Participant 4 talked about how she couldn’t turn to her parents due to this phenomena: “So, it was very problematic. But I couldn’t turn to my parents about it. I really didn’t know what to tell them.”

Participant 5 talked about how the family would overlook IPV because divorce was never a solution within the culture: “There – when there is domestic violence within a marriage-the- (the) family even the siblings of those partners will try to brush it aside, brush it under the rug,

cover it up, you know. Of course, divorce is never an answer.” She also attributed it to her Chinese culture: “Yeah, because-it’s-(it’s) a very tough subject to be talking about, just like what you were mentioning with the culture wise as well.”

Use of spiritual practice. Passed down family traditions were indicated by all six participants and most participants discussed how their grandmother facilitated the influence of integrating Buddhist practices into their lifestyle. Participant 1 discussed how her grandma utilized praying as a way of coping with problems: “I think when I was young, my grandma, I go to her house and anytime she has any problem and she tried to pray in front of the Buddha.” She also stated, “Yes, my grandma saying and like whatever my grandma’s feeling bad she said praying works, so I tried to learn from her.” Participant 6 also mentioned how her grandma played an important role in her development as a person: “I definitely feel like it was until I got older and speaking a lot to my grandma, that made me the person I am because she is Buddhist.” Buddhist traditions also impacted participant 2’s way of approaching not only coping, but also throughout life, which was also influenced greatly by her grandmother:

Well, every year I do have to go to the temple, and I get my blessings, and then I know my grandma, for example, this year looked at my birthday in my horoscope to see when I could get married and when I can move into my house for the blessings of Buddha and for the good lucks.

Parents also influenced Buddhist cultural practices in some of the participants’ lifestyle, such as participant 2: “My parents have a Buddhist background. So, I’ve always been – I was always raised with a Buddhist background.” Participant 3 reported how her father influenced her exposure to Buddhism: “Yes. My parents, um, my dad, initially, was more like culturally Buddhist. He did go to the temple every Sunday.” Participant 4 indicated how her mother

involved her in temple attendance, “My mom is Buddhist, but she didn’t really- she didn’t really guide us through the teachings. She would go to temple and she would bring us with her.”

Not only did participants discuss how family paved the way of them inheriting Buddhist traditions, but participant 5 in particular discussed how her family shaped her understanding of what love should look like: “Their [family] actions mostly shaped my understanding of what love is and how physically fighting or screaming at each other is just one aspect of a relationship and something that, to work through.” By witnessing her family’s arguments and physical violence, she believed that these were healthy parts of a relationship that she must work through. Her parents’ relationship made physical violence acceptable.

Passed down Buddhist traditions from older generations also facilitated Buddhist rituals utilized for a variety of reasons, which included seeking help. This was endorsed by all six participants. Participant 1 stated, “I tried to um, learn from my—cause my grandma recall- (recall) me and say, ‘Hey, Buddha,’ maybe the Buddha helps me when we pray.” Buddhist rituals were also practiced to bring good luck to the New Year. Participant 5 stated, “Yeah, my parents would pray you know, every New Year’s or burn incense” Participant 2 stated, “So I do know every year my mom takes me to the temple for Chinese New Year to give me new luck and new prayers.” These rituals were also integrated into the same participant’s current household:

But my mom does have a lot of cultural influences. So, a lot of things that we do is very Buddhist. For example, all the offerings we do every holiday, every new moon, my mom taught me all those things, but she likes to reflect a lot of feng-shui and basically not to Buddha, but she just said to pray.

Having religious memorabilia also indicated types of rituals practiced by participant 3: “My

mom recently with, um, my dad, like my grandpa, became super Buddhists. They keep like a gong and everything.” Participant 5 said, “my grandma went to the temple. We still have Buddhist statues in our home.”

Participant 4 reported that although Buddhist rituals were practiced at home, the meaning behind the practices were unclear: “So we’d go – we’d go through some of the rituals, but I don’t think we understood what it meant or who we were praying to or why we were doing something.” Participant 6 said that Buddhist rituals were once practiced at her household, but not anymore: “Oh, yeah. And my-(my) dad used to meditate and everything but, um, he doesn’t do that anymore.”

Acceptance of IPV as normative. In addition to family traditions that impacted each participants’ utilization of Buddhist traditions and rituals, three participants discussed how their upbringing led to them modeling family cultural dynamics. Therefore, the participants that described how they modeled their family dynamics also paved way for acceptance of IPV as normative. Participant 2 discussed how anger was normalized within her upbringing: “I mean that’s the type of concept that I was kinda raised with because that’s like my parents – my father kinda dealt with anger so I kinda got used to it. Yeah. But then when I started talking to family members and friends they said that’s not normal.” Participant 5 talked how the idea of true love was strongly influenced by her parent’s own experiences of abuse within the marriage: “...because I grew up thinking or observing and when you see your parents fight and stay together physically, verbally, emotionally but they never got divorced then I thought that’s true love, you know.” It also appeared participant 3 made sense of the perpetrator’s abuse by understanding his own upbringing:

Yeah, um, I would say the first one, I saw it. He [perpetrator] told me that his dad like

used – so his mom – his dad is like a very, like, rich affluent guy I guess, and the mom is a stay-at-home-mom. And he told me before any of this happened that he used to have to defend his mom whenever his dad would hit her when they're much younger. And, you know, I didn't think anything of it until the end.

Participants modeled their own family dynamics in the way they understood what love is and what is acceptable within a relationship. However, it appeared that the perpetrator's abusiveness toward a participant was also heavily influenced by his own experiences growing up. Therefore, there is a huge emphasis on how one views and engages in relationships through their own upbringing as a child.

Core elements of Mindfulness/Buddhism. Throughout the interviews, core elements of Mindfulness/Buddhism were identified by the participants as a main category. Through their stories, two subcategories emerged, which included Mindfulness and Buddhist Practices.

Mindfulness practices. Within Mindfulness practices, four participants discussed contemporary Mindfulness practices. Specifically, yoga and meditation were conveyed as coping strategies utilized as healing practices. Yoga was also utilized as a meditative practice, participant 3 stated:

Um, I really turned to yoga. I think yoga was like my gateway to meditating and it being, you know, like, when you're in the practice like you're concentrating on, like, the yoga moves, itself, but also like what the teacher is saying.

Similarly, participant 4 said, "So I will sometimes go to a yoga class that's more focused on – it's not like vinyasa yoga, it's more meditative and involves a lot of deep breathing."

Congruently, participant 5 stated that these practices helped clear her mind, "And it's just meditating whether it be through exercise or just sitting still and trying to clear my mind, it does

help.” Meditation even took form through music for participant 6: “I would sit in my room sometimes and just listen to music, you know. It’s kind of a self-meditation. Just being able to kinda, like, uh, painting, like, the whole ideas and-and finding the center of yourself.”

From Mindfulness practices, three participants learned how to develop nonjudgmental awareness/focus. This element of Mindfulness allowed participants to detach and increase awareness. Participant 4 stated, “That was kind of a stepping stone into just really being present, being very mentally aware, and detaching, um, a bit.” It also allowed for increased focus on oneself for participant 5:

It’s [yoga] very meditative although there’s a lot of movement in it. There are also a lot of, you know, moments where your body is still and you’re just focusing on yourself. Or at least that’s-that’s what we try to do. That’s what we aim to do. Although you’re surrounded by people, you wanna focus on you.

This same participant also identified how Mindfulness facilitated acknowledging of a thought but also letting it pass: “They have – I’ve been to yoga class where an instructor would say, you know, if a thought comes up just acknowledge it and let it go.” Participant 3 also was able to utilize nonjudgmental awareness/focus to gain control over her anxious thoughts surrounding IPV:

It helped me realize like it wasn’t my fault. And then, like the thoughts that came from it are just like, you know, like anxious thoughts, uh, but not necessarily true thought – and not have that impact me so much but also to acknowledge these thoughts and to think about why I’m having these thoughts and that like for that to be something that I work. I work not to get rid but to kind of like over-overcome.

Staying in the here and now was also a core element of Mindfulness that allowed three participants to not place too much emphasis on past experiences. Participant 3's therapist facilitated the instillation of staying in the present moment:

And I think she [therapist] really instilled like the ideas of Mindfulness and just being like in just concentrate on the project and don't think about the past but just think about the present and don't care about the future because you can't like control that, be control of the present.

This was also indicated in participant 5: "Um, for me I think the idea of being in the moment in the present and not worrying about the future or lingering, dwelling in the past. That helps."

Likewise, participant 4 focused on the present moment, which allowed to decrease feelings of anxiousness: "Yeah, to kind of focus on the positives in my life and really identify things to be grateful for, right? I think we often get too caught up in, 'what next, what next, what next.' Like, 'am I good enough, am I not good enough?'" The same participant indicated that Mindfulness "grounds me. Gives more energy so I can truly be present when I'm with – when I'm around people."

Buddhist practices. Out of all the participants, only two out of the six participants reported utilizing both Buddhist and Mindfulness practices as tools to healing from their IPV experiences. However, all six participants indicated learning and implementing Buddhist practices as a child. Buddhist practices indicated the teaching of *impermanence* as a helpful concept to overcome IPV experiences for two participants. Participant 1 indicated, "Let it go. Yeah. If you're stick on it, you, you, you getting more sadness. You're getting more, uh, your like emotion is getting worse." Participant 5 also incorporated the concept of impermanence;

specifically, “I think the idea of, you know, not to put too much emphasis and focus and energy on any one thing that doesn’t serve you.”

Practices, such as temple attendance were also recognized by three participants as identifying ways of coping within Buddhist practices. After the IPV experiences, participant 1 stated, “I think I went there [temple] almost every single week. I think that would be almost half a year.” Participant 2 went to the temple in hopes of gaining strength to leave the relationship: “I’ve gone to the temples and kind of prayed for a better life, or a better relationship or for Buddha to help me with my emotions, to give me strength to leave and walk out because after two, three years you’re stuck.” Participant 5 found peace when attending the temple: “I do find that one year in, you know, a God’s home whether it be Buddhist temple or at church. I find it very peaceful.”

Prayer and teachings were also acknowledged by three participants as contributors to healing from IPV experiences. Participant 1 identified re-reading Buddhist excerpts increased calmness:

I think it helps because Buddhism, they try to, um – what should I say? You have to read-read this stuff by yourself and read to try-try to read everything into your mind and you read by yourself that you could only hear by yourself and those things will calm yourself down.

The same participant also identified prayer to help her gain the strength to leave the relationship:

Okay, I think the first thing I use, uh, Bu-Buddhism. So I went there to-to pray. To ask-try to ask someone, not actually human, but I tried to ask some spirit to help me try to get out of this situation.

Participant 2 also indicated praying as a source of strength:

I don't know about teachings, but I know my mom has always told me if you need anything, pray to whoever you want, pray to either it's God or Buddha, anything, just to give you strength and to help you through life and just to cure your pain.

Buddhist teachings of how violence is perceived also induced some conflicting emotions in participant 5 in helping her make sense of her IPV experiences: "I think it was hard to – like I knew it was wrong and, you know, in Buddhism you don't, um, violence is never the answer."

Meditation/Reflection was also identified by three participants as a core element of Buddhist practices that allowed for introspection into their lived experiences. Participant 5 read quotes discussing Buddhism as a way of relating: "Yeah, I like to read about Buddhism- randomly, but sometimes they just show up, you know, on social media. And we can relate to it or we can—we feel that we can learn from it in that moment." Participant 2 applied meditation/reflection as a retrospective practice: "Um, for me it was a lot of self-reflecting. And self-thinking and not really meditating but basically just taking in silence and just thinking about the things I've done." Lastly, participant 3 even utilized an application on her phone as a guided meditation: "When I go home, and, like, before I sleep, I have this, like, meditation app that, like, also has a guided meditation."

Additional contributors to healing. While Mindfulness and Buddhism facilitated the process of healing, additional contributors to healing were identified by all participants. Although the participants all indicated nondisclosure of personal issues as a cultural phenomenon, all six participants indicated social support as a form of healing as well. Participant 1 indicated that she had reached out to a friend who has gone through a similar experience as her: "Uh, well, yes. I have one friend, well, actually it's a co-worker." In addition, the same

participant identified talking to others as a source of advice for individuals going through similar situations:

Well, I think they should, um, say it out, talk to someone that you're close to – you are very close to. Express whatever you're angry, I mean your anger and that not happy, that I'm not happy just let it out and you will feel much better.

Furthermore, participant 2 indicated that social support gave her strength to leave the relationship:

It took me years to get to that point, two to three years and it finally – yeah. After that, I did go back to the temple thanked everything and yeah, got my strength back and walked out along with the support of some friends and family members.

The same participant also gave similar advice: “And know that you're not the only one that's dealt with it and there's ones out there. Either seek help or look for strength and family members.” Similarly, participant 3 discussed how her friends also tried to help her leave the relationship: “And towards the end, um, like my friends knew about this and like the more they tried to take me out of the relationship.” Friends also helped participant 4 seek legal counsel through her IPV experiences: “Coping from friends understand that I was you know, I needed some help. So I did tell my best friends, and they were the ones who advised me to seek legal counsel.” The same participant found that dealing with the IPV experiences alone was not as effective as seeking out social support: “I think, goes back to finding the people you can trust, identifying them and telling them earlier on. I think I tried to deal with this on my own for too long.”

Seeking support from friends also helped participant 5 gain more understanding of the IPV experiences: “Um, I think just talking to others about their hardships and triumph helped me

cope with mine, helped me understand my situation better.” The same participant found a particular new experience through seeking social support: “I think-I think I’ve co-I’ve come to realize that speaking about it is helpful even when I thought speaking about it wouldn’t be helpful.” Lastly, participant 6 found that surrounding herself with positive role models helped her change her perspective: “You know, uh, uh, and it’s the people that I’ve met along the way, you know. When you surround yourself with good people and those who have always been there with you and you know that, like, it changes your view.”

In addition to social support, three participants indicated having a safe environment as an additional contributor to healing from their IPV experiences. Safe environment for these participants came in forms of safety from close friends and new relationships. Participant 3 indicated: “...all my friends are very defensive of people I date because of what have happened.” The same participant said that her friends opened her to seeking therapy as well:

And so for those two years I was in nursing school, they’ve [friends] been very open about those experiences and they themselves had some therapy. So, they also helped me like suss out which therapist they liked. And it was cool too that my school offered, um, like free therapy sessions.

Having friends who were present no matter the situation was also an important contributor to healing for participant 4: “Like things are will always be okay, and that there will be a solution, um, and I think it also reinforces how important it is to have close friends who have your back no matter what and who know you well, who can really-you can really rely on.” Participant 5’s new relationship helped form a safe environment for her to heal through her abusive relationship in the past:

But like when I-when I'm angry with [current partner's name], he doesn't react the way that [former partner's name] would react. He wouldn't hit me or scream or tell me that I'm not worth anything, that no one would love me, that I'm so impossible to love-that I was such a bitch, you know. He would never say those things. He just has so much respect- for the relationship and for me.

Three out of the six participants also spoke upon receiving healing through hearing others' experiences of IPV relationships. For participant 1, it was sharing advice that she received while struggling with the IPV experiences: "And she had this almost my same situations. I told her same words, I said, 'back up one step, you could see the whole sky.'" Participant 5 indicated that learning from others' relationships gave her more insight into her own experiences: "A lot with others about this experience, but I think over time you know just by living and by learning from other people's relationships- their ups and downs and even seeing from my own clients' relationships cause they've been in domestic violence situations." In addition, witnessing IPV experiences in other relationships even helped participant 2 identify that she was currently in an IPV relationship:

When-- he lives with his brother and his brother's wife. And I was there one day and his brother and his brother's wife had an argument about something, and they ended up throwing things at each other. So I witnessed that violence and I said, 'Oh my gosh I'm not going through the same thing but similar.' And then she called the cops. When the cops came, he interviewed me and asked me who I was and I said, "I was a teacher." And he said, 'Did you know this is domestic abuse? You shouldn't be around this, or it's gonna go on your record.'

Three participants also identified talk therapy as an additional contributor to healing from their IPV experiences. This was labeled as an additional contributor as participants did not initially discuss talk therapy as a main contributor to their healing process. Instead, it was an additional contributor as it was also culturally incongruent to the Chinese community in disclosing personal experiences to someone who is not within the family unit. Participant 1 stated that she had to seek therapy in order to help with disturbances in her sleep: “Yeah, but actually problem for because you’re sad, you’re angry and also the, uh, whatever the abuse so make me lost my control-sleeping control-so that’s why I ha-have to go to the doctor.”

Participant 2 identified seeking therapeutic services as a way of healing for those struggling from IPV experiences:

Those who are in a relationship self-reflect on yourself. Think of your self-worth and if you can walk out of the relationship. If not, seek help or seek counseling if your partner is willing and those who have or sorry- if those who are of a relationship, congratulations on being so strong.

Participant 3 noted how seeking therapy facilitated her healing through her first IPV experience: “I haven’t even thought of that, um, but I’m- for the first situation like seeing a therapist helped a lot.”

Indicators of healing. The stories from the participants all identified what they believed were indicators of healing from IPV experiences. Increased strength was identified by four participants by praying through Buddhist temples, such as participant 1. She noted, “I was thinking about the spirit could help me find strength in myself.” Participant 2 said,

I know my mom has always told me if you need anything, pray to whoever you want, pray to either it's God or Buddha, anything, just to give you strength and to help you through life and just to cure your pain.

The same participant identified that praying to Buddha helped “me heal during the relationship but it also gave me strength to leave.”

Others indicated that Mindfulness and self-reflection facilitated the healing process in understanding that the abuse was not their fault. Participant 3 shared, “It [Mindfulness] helped me realize like it wasn't my fault and it gave me autonomy.” Similarly, participant 4 indicated, “So, yeah. Like, ‘this isn't good for me.’ Um, so I realized at the end of it – at the heart of it, that I needed to leave.” The same participant came to the realization that the abuse occurred not because of her:

And I-I know that this has nothing to do with me. It was never me so I don't hold it against myself and he's out of my life completely. It was never me so I don't hold it against myself and he's out of my life completely, so I feel- I feel-I feel okay.

For participant 6, it was through social support and sharing her own experience that led to intrinsic strength: “I made- I made a difference, like-- And so, I've become stronger and I honestly believe that I wouldn't have met the person I am with now if I didn't go through all that stuff.”

For one participant, Buddhism led to increased hope; specifically, it helped participant 5 gain hope in regard to impermanence:

I was always hopeful even to the very end, to the very end. I was always hopeful that things will be better. Buddhism help me with that. That things will get better. It's not permanent.

Three out of the six participants identified having a better sense of self through the utilization of Mindfulness and/or Buddhism. Participant 4 noted, “And it grounds me. Gives more energy so I can truly be present when I’m with – when I’m around other people.” Other participants gained focus on themselves with these practices. Participant 5 conveyed, “There are also a lot of, you know, moments where your body is still and you’re just focusing on yourself. That’s what we aim to do. Although you’re surrounded by people, you wanna focus on you.” Similarly, participant 6 shared “Being able to sit by myself and meditate. And just kind of focusing on yourself.”

All six participants identified experiencing intrinsic peace/calmness as indicators of healing from utilizing Mindfulness and/or Buddhist practices. Praying helped induce peace in participant 1: “I try to pray and try to calm myself down.” Participant 2 also experienced calmness through self-reflection:

But it gave me a calmness after thinking about it, self-reflecting, and praying to them so much that it just gave me more strength and calmness about being able to walk out of that type of violence, or not understanding it but being able to cope with it – even if I’m with – in pain.

Self-reflecting and praying also assisted in inducing calmness into not only herself, but also in her new relationship. The same participant stated:

Um, not really changes or yes, I can say it's given me more appreciation of praying, and self-reflecting, and thinking about all my decisions before I actually do it. And now I'm actually more calm in a relationship, I don't really argue anymore and it makes me think before I speak and even if I am upset and I explode I take a second to take a step back to reflect on myself and then either apologize or know what I did wrong and not do it again.

For participant 3, Mindfulness facilitated more with coping rather than her decision to leave or stay within the IPV relationship: “Um, I’ll-let’s say its [Mindfulness] like less of-like the-I think it helps me more with the coping-um, than like the decision to leave or stay. It brought me peace within myself.” The same participant indicated that Mindfulness facilitated overcoming her thoughts: “I work [on her thoughts] not to get rid but to kind of like over-overcome. That brings me peace.” Participant 5 utilizes meditation through exercise to help her clear her mind: “...trying to clear my mind, it does help.” Meditation also helped participant 6 in coping: “And just the way I cope with things with meditation, it made me calm about it.”

Moreover, as an outlier, only participated 1 indicated forgiveness as an indicator of her healing process. Notably, she stated: “Yeah, bald head, no hair. But she lived in that, uh, temple. I talked to her a couple of times. she was teaching me and tried to educate me that—about the relationship. she’s said, uh, ‘bac-back up one step, you could see the whole sky.’ That means forgiv-forgive someone. That helped me forgive.”

The Preliminary Model of Coping with IPV in Chinese American Survivors

After thorough analysis of each participant’s responses, each transcript painted a clear picture of a preliminary model formulated through each IPV survivor’s stories. Through their stories, the preliminary model that came together informed the way in which IPV survivors utilized Mindfulness and/or Buddhism in their own recovery process. From the data collected, it appears it was through familial and cultural customs that each participant chose Mindfulness and/or Buddhism as a healing practice. Surprisingly, additional contributors to healing, that were not culturally congruent, were also identified by the participants that led them on the road to recovering from their IPV experiences. This preliminary model will be discussed further in detail and supported by existing literature in the discussion below.

Chapter IV: Discussion

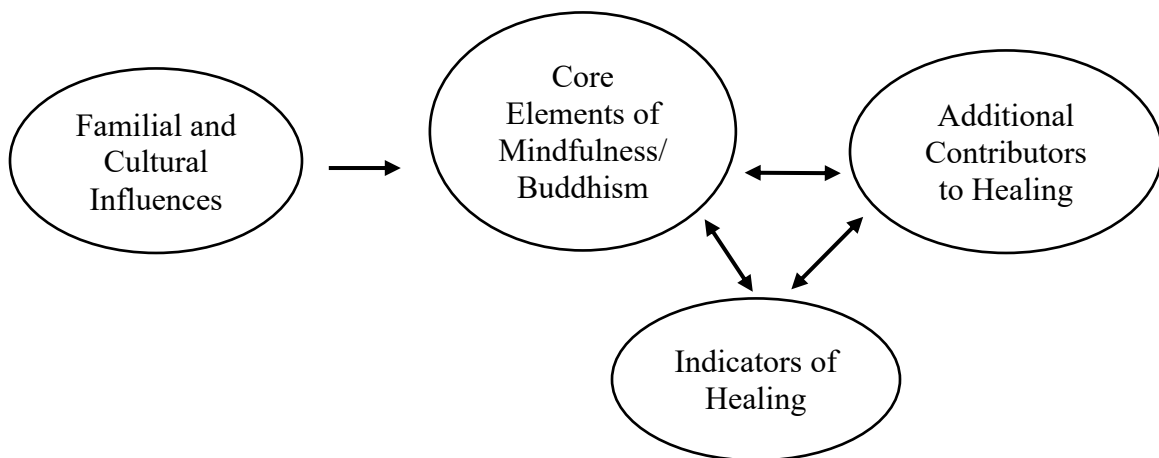
The use of Mindfulness has been empirically supported as an effective coping strategy amongst survivors of IPV (Dutton et al., 2013; Tesh et al., 2015; Tollefson & Phillips, 2015). Although there was no literature found on the effectiveness of Buddhism as a coping mechanism in relation to IPV, empirical data supports how Buddhism impacts happiness and decreased stress (Liu et al., 2012; Xu, 2018). Research also suggests that in China, religious coping is utilized among trauma survivors (Dueck & Byron, 2011). This particular study was conducted to further understand some of the elements within Mindfulness-Buddhism that led survivors of IPV to healing and recovery. Other elements, not found within Mindfulness and/or Buddhism and the Chinese culture, were also discovered as contributors to healing from IPV experiences. Grounded theory was utilized in examining the qualitative data to provide survivors with a voice as a way to allow the data to formulate the development of a potential preliminary model in understanding what specific elements within Mindfulness-Buddhism led to healing and recovery. Grounded theory was also chosen as an approach as it allowed IPV survivors to tell their stories as it will contribute to the limited existing research for this particular cultural ground. Six IPV survivors located in Southern California volunteered to share their experiences through audio recording, while using semi-structured interviews, to contribute to this study.

Analysis of the data through grounded theory was intentionally chosen as this method allows meaning to be derived from the data rather than from preconceived theories present within existing literature (Charmaz, 2006; Duordouma & Morti, 2012). By using grounded theory, the data was explored through an open and organic process allowing key categories or themes to develop through each survivor's personal accounts of their experiences. From the participants' narratives, four main categories or themes surfaced in relation to familial and

cultural influences, core elements of Mindfulness/Buddhism, additional contributors to healing, and indicators of healing observed within survivors of IPV. Within the current section, there will be a discussion of each of these main categories. From the four categories, an emerged preliminary model was formulated to further facilitate the understanding of their experiences found across the data. Methodological considerations, potential contributions and limitations of the present study, and implications for future research will also be further attended to within this section.

Consistent across the participants’ narratives, Mindfulness-Buddhism was particularly chosen as a means of coping through cultural practices derived from older generations. Generally, participants viewed Mindfulness-Buddhism in a favorable light in terms of coping with IPV experiences. However, other factors not found within Mindfulness-Buddhism also contributed further in each IPV survivors’ road to recovery. The following figure (Figure 1) is a visual summary of the proposed preliminary model and the following sections further explain the fundamental elements comprised within this model.

Figure 1



The preliminary model of coping with IPV in Chinese American survivors.

Familial and Cultural Influences on Coping Strategies

The coping method chosen by participants from the study were largely impacted by older generations from the same culture. According to Chun, Moos, & Cronkite (2006), culture is defined as a “highly complex, continually changing system of meaning that is learned, shared, transmitted and altered from one generation to another” (p. 31). However, prior to adapting a preferred way of coping, participants discussed the rejection of disclosure within their culture and how that influenced their inability to seek social support initially.

Rejection of disclosure. From the Chinese culture, all participants spoke to some degree about how disclosure of problems bring shame. Through this cultural phenomenon, family conflicts have long been kept hidden from the community as it brings shame to the family name. This is largely supported through existing research (Ahn et al., 2008; Bedford & Hwang, 2003; Chen, 1995; Sue & Sue, 1999). The importance of keeping family conflicts hidden from the public as it may bring shame to the family name is ingrained in the Chinese culture. *Xiu chi* is experienced when an individual’s act or belief in the act may threaten one’s identity and the the collectivistic identity (Bedford & Hwang, 2003). When one experiences *xiu chi*, the individual will avoid all contact with others and hide at home to eliminate the fear that others will learn about a shameful event (Bedford & Hwang, 2003). Therefore, with *xiu chi* in mind, it is no wonder that five out of the six participants from the present study were reluctant about sharing their IPV experiences to family members or friends. For participant 1, it even impacted her ability to seek therapy due to the fear of discussing her IPV experiences and it bringing shame to her family name. For participant 3, she discussed how shameful it was for her to experience IPV because growing up, IPV was not discussed within her household. Therefore, for these survivors of IPV, seeking social support as a means of coping was not an option at first.

Use of spiritual practices. Culture also has an impact on preferred ways of coping. More specifically, culture provides the efficacy of coping strategies and the appropriateness of the institutions that teach them (Aldwin, 2004). The participants' chosen method of coping was not only influenced by their Chinese culture, but also largely influenced by the institutions of older generations, such as parents and grandparents. All six participants from the present study spoke to a degree surrounding how their family practices of Buddhism help shaped their way of coping with IPV experiences. From their parents' and grandparents' accounts of the efficacy of Buddhism helping them in overcoming hardships, participants decided to apply these methods in hope of reaching healing and recovery from their IPV experiences. In addition, due to the large influence of family practices in each participants' narratives, Buddhist rituals were discussed as cultural influences that also shaped the survivors' identified methods of coping. Participant 4 stated that Buddhist rituals were practiced in her house hold but she didn't understand the meaning behind the rituals or who she was praying to. Furthermore, participant 2 and 5 discussed how Buddhist rituals were integrated in Chinese holidays, such as Chinese New Year and New Moon Festival.

Acceptance of IPV as normative. In addition, three out of the six participants discussed how their idea of what love consisted of was largely influenced by their own parents' romantic relationship. Essentially, this led to normalizing behaviors within IPV as acceptable experiences for these participants, which may have led to them staying in the abusive relationship. This is consistent with existing literature that conflict between parents have been found as a positive correlation to experiencing dating and marital violence (Andrews, Foster, Capaldi, & Hops, 2000; Linder & Collins, 2005). For participant 2, anger was normally expressed in her household; therefore, when anger was exhibited in her own relationship, she normalized the

experiences. However, it was only through sharing her experiences with friends and family that she realized her IPV experiences were unhealthy and damaging. Participant 3 discussed how she found a pattern of behavior in the perpetrator's childhood. She spoke about how the perpetrator shared stories of how his father used to physically abuse his mother and he would have to protect his mother from his father.

The intergenerational transmission of intimate partner violence has been empirically supported in the literature. In fact, an association has been found between witnessing violence in childhood and IPV perpetration in adulthood (Delsol & Margolin, 2004; Eriksson & Mazerolle, 2015; Franklin & Kercher, 2012). Participant 5 shared her story of what she believed true love was in relation to her witnessing her parents' abusive relationship. This largely influenced her staying in her abusive relationship she later experienced in adulthood for a number of years. Her perspective of true love was defined by her parents' relationship; therefore, she modeled the learned behavior of her mother when she reached her adulthood, which is also consistent with the literature on survivors of IPV (Eriksson & Mazerolle, 2015).

Core Elements of Mindfulness/Buddhism

Mindfulness practices. Participants from the present study identified many elements of Mindfulness and/or Buddhism they found was helpful in their recovery process from experiences of IPV. Many of the participants identified contemporary Mindfulness practices that led them on the path of healing. Specifically, yoga was mentioned amongst the participants as a Mindfulness practice. Yoga has been proven effective to decrease symptoms of depression and to promote psychological well-being, specifically increasing Mindfulness and religious/spiritual well-being (Gaiswinkler & Unterrainer, 2016). In addition, it has been demonstrated that yogic breathing has been proven to significantly lower symptoms of depression in survivors of IPV (Franzblau,

Echevarria, Smith, & Van, 2008). Other participants also identified meditation as a contemporary Mindfulness practice. Some identified meditation as focusing on a single activity, such as exercise, painting, or listening to music.

Nonjudgmental awareness and focus was also mentioned throughout the participants' narratives as a core element of Mindfulness that was practiced. Nonjudgmental awareness and focus from this present study can also be identified as decentering. Decentering allows an individual to view their feelings and thoughts in a nonjudgmental way (Fresco et al., 2007; Pearson, Brown, Bravo, & Witkiewitz, 2015). Furthermore, in an empirical study, facets of Mindfulness were studied in relation to PTSD and depression severity post-discharge of veterans. What was found in this study was veterans who practiced awareness demonstrated a significant variance in PTSD severity at discharge, whereas changes in nonjudgmental acceptance demonstrated a significant variance in depression severity at discharge (Boden, Bernstein, Walser, Bui, Alvarez, & Bonn-Miller, 2012). Although participants from the current study are not veterans and did not report having a diagnosis of PTSD, some did report symptoms in relation to PTSD, depression, and anxiety. This included difficulty sleeping, weight loss, low mood, hypervigilance, excessive worry of beginning a new relationship in fear of being abused, and isolation. Therefore, it is no surprise that nonjudgmental awareness and focus were identified as practices of Mindfulness.

With nonjudgmental awareness and focus, participants also identified staying in the here and now as a facet of Mindfulness. Many of the participants identified staying present as an effective Mindfulness practice as it allowed them to not put focus on their past or future, which caused anxiety and sadness. There is a huge gap in research on the effectiveness of Mindfulness practices utilized by survivors of IPV. However, staying in the present moment has been

demonstrated to be effective amongst individuals suffering from PTSD, depression, and anxiety (Khusid & Vythilingam, 2016; Lynn, Malakataris, Condon, Maxwell, & Cleere, 2012; Pearson et al., 2015; Zerubavel & Messman-Moore, 2015). It is the ability to remain in the present moment that allows one to fully let go of past and future thoughts, which induces peace and calmness.

Buddhist practices. Buddhism explains the concept of impermanence as all occurrences are transient in nature (Shonin, Van, & Griffiths, 2014). Impermanence applies to a wide-range of phenomena including psychological phenomena, such as thoughts, feelings, and perceptions; also to material phenomena, which includes animate and inanimate (Shonin et al., 2014). For participants 1 and 5, impermanence served as a reminder that not all things remain constant. “Let it go” and “doesn’t serve you” came up in the narratives of these participants as Buddhist practices that they integrated throughout the healing process. In addition, participants were also attracted to the concept of impermanence because it allowed them hope that thoughts and feelings were transient, that they don’t last forever. This generated hope for these participants.

Participants also noted temple attendance as a core element of Buddhist practices. As mentioned earlier, the lack of research of Buddhism in relation to healing practices has been scarce throughout the literature. Therefore, little research was found on attendance at Buddhist temples. What was found in the literature was that Buddhists are much less likely than Catholics to attend regular religious services (Cadge & Ecklund, 2006). This was consistent with the stories given by the participants. Participants noted they began going to Buddhist temples when the abuse was occurring or after the abuse to seek strength and hope. Another interesting factor was that none of the participants attended the temple with the abuser. Notably, the survivors all attended alone, which may be attributed to them wanting to seek strength and hope that the relationship will end or that they will overcome these experiences.

Participants stated prior to the IPV experiences, they only attended the temple during major holidays, such as Chinese New Year and New Moon Festival. In addition, another study interviewed 26 Latinos who converted to Buddhism from Christianity (Cherry, Budak, & Ramos, 2018). The reason Latinos reported converting to Buddhism was because they saw temple involvement as seeking “material support” and “miracles” (Cherry et al., 2018, p. 58) as they were unable to gain from their Christian faith practices, which included both Catholic and Protestant services. Material support was identified as Christian institutions asking their attendants for monetary donations. Latinos from this study enjoyed the decreased pressure from Buddhist temples not asking for money due to limited monetary means (Cherry et al., 2018). In addition, Latinos from the study stated miracles occurred after attending Buddhist temples, such as extra money added into their bank account or receiving a free month of electricity due to overpayment the prior month (Cherry et al., 2018). Congruent to the reasons Latinos were increasing their involvement in Buddhist temples, participants from this present study similarly attended Buddhist temples for a type of miracle or even an answer.

Limited literature was identified in terms of Buddhist prayers and teachings practices amongst survivors of trauma. However, literature was found where Thai individuals implemented Buddhist practices during the aftermath of a Tsunami (Falk, 2010). It was found that these individuals attended Buddhist temples to hear of teachings given by monks and practice Buddhist rituals, which involved prayer (Falk, 2010). This is very similar to the present study as the participants sought rituals and teachings as a way of healing and to gain understanding of their IPV experiences within the Chinese culture. Survivors from the present study turned to Buddha to pray for a better life to find hope that these experiences and their

feelings will get better, which is very similar to Falk's (2010) article on the importance of Buddhist ceremonies in the recovery process of experiencing trauma from a natural disaster.

Participants indicated meditation and reflection as components of Buddhism they inherited as practices in their recovery process. Meditation and reflection was coded under the sub-category of Buddhist practices and not Mindfulness practices because it originated from Buddhism (Surinrut, Auamnoy, & Sangwatanaroj, 2016). In addition, participants identified using reflection and meditation in relation to Buddhism, as an introspective look into their own experiences of IPV and how they made sense of it. Furthermore, participant 5 sought Buddhist quotes online to further reflect on her experiences and to induce peace. Meditation and reflection was mentioned many times throughout the participants' narratives as a way of gaining understanding of their IPV experiences and to gain a greater understanding of themselves.

Additional Contributors to Healing

Coping strategies are identified through the culture of the individual, which has been understudied in research (Yoshihama, 2002). Therefore, it was important to identify the theme that organically developed through participants' narratives of additional contributors to healing. The reason the category was named as *additional* is because in Asian cultures, very rarely do individuals suffering from IPV engage in active coping as it is often discouraged (Yoshihama, 2002). Active coping involves leaving the relationship, seeking legal advice, and seeking support from friends and family. However, Yeh, Arora, & Wu (2006), proposed the notion of *collectivistic coping*, which discusses that primarily collectivistic cultures, such as Chinese, tend to seek coping styles within a family network or community-based social group. Collectivistic coping is therefore identified in practices, such as family support, respect for authority figures,

intracultural coping, relational universality, forbearance, social activity, and fatalism (Yeh et al., 2006).

In Yoshihama's quantitative study (2002), results gathered from 129 women who have suffered from IPV indicated that Japanese women who were born in the United States (U.S.) were more likely to seek support from friends and to actively confront their partner. They were also found less likely to minimize the situation when compared to Japan-born participants (Yoshihama, 2002). U.S.-born participants were also more likely to find seeking help from friends as more effective and minimizing the severity of the situations as less effective when compared to Japan-born individuals (Yoshihama, 2002). Five out of the six participants from the present study are born in the U.S. and one is born in China. However, all six indicated social support as a helpful strategy or identified it as advice that they would give to other women who are either currently or have experienced IPV. The reason this may be is due to participant 1 having been in U.S. for over 30 years and have acculturated to the U.S. culture, indicated by her reporting that she watches English television shows and speaks English with her children and friends. It was an interesting finding through the analytic process when each woman identified seeking social support outside the family unit as a factor in their healing process as this goes against their cultural value and norms.

While seeking support, three participants also indicated that hearing stories of other women who have experienced similar situations also led to healing. The notion of normalization has been long regarded as a means of decreasing shame to individuals' experiences and emotions, which has been demonstrated as a tool in the realm of trauma (Cocciatore, 2007; Foy, Eriksson, & Trice, 2001; Gist & Lubin, 1999; Trippany, Kress, & Wilcoxon, 2004). Participant 1 discussed that she sought friends who went through similar experiences to hers and shared words

of wisdom gained from a monk she met at the temple. Participant 2 was able to identify her own experiences of IPV through witnessing others' IPV experiences. In addition, the same participant also identified her own experiences of IPV when police officials brought her experiences to light. Furthermore, participant 5 found universality in listening to her clients' abusive relationship experiences. In addition, hearing and observing others' hardships helped her understand her own situation better.

Another code that was assigned to additional contributors of healing was having a safe environment where the survivors were able to disclose information about their abuse. The principal investigator identified the term safe environment in relation to Winnicott's concept of a holding environment, which was given to describe an infant being able to be contained and experienced and relates to both emotional and physical holding (Slochower, 1991; Winnicott, 1945; Winnicott, 1989). The concept of a holding environment was associated to the experiences of what the participants identified as a safe environment. Particularly, participants 1, 3, 4, and 5 discussed elements of a safe environment included expression of uncomfortable emotions, friends protecting survivor from future instances of IPV, discussion of others' experiences in therapy, reliability in friends, and corrective emotional experiences from new relationships.

Lastly, talk therapy was also identified by three participants as an additional contributor to the recovery process. Stigma towards seeking mental health treatment has contributed to lower utilization of services amongst the Chinese community (Arora, Metz, Carlson, 2016; Chen et al., 2016; Chung, 2010). Therefore, it was notable that participants from the present study discussed therapy and even sought therapy as a way of coping from their IPV experiences. This is also due to the fact that participants 1, 2 and 3 identify as Chinese-American and are considered as bicultural. Biculturalism signifies proficiency and acculturation with both an individual's

heritage culture and the culture of the country which the individual has settled (Schwartz & Unger, 2010). This is also applicable to children of immigrants, who although are born and raised in the country where their parents have settled, but have also deeply ingrained the culture at home (Schwartz & Unger, 2010). In other words, these participants have acculturated to the dominant culture. Therefore, seeking mental health treatment is primarily a Westernized individualistic coping tool that has been adapted by these participants.

Participant 1, who was born in China but has been in the U.S. for over 30 years, identified that she sought mental health treatment because she was experiencing sleeping problems. It's interesting to note she didn't seek therapy due to emotional-related issues but on issues that were more concrete. This may be due to Chinese IPV survivors demonstrated an exacerbation of somatization because they tend to internalize their emotions and it externalizes in a physiological form that is easier to explain to the outside world (Lee & Hadeed, 2009). In addition, participant 2 gave advice of seeking therapy to other women who are currently experiencing or have experienced IPV. Furthermore, participant 3 discussed how seeking a therapist that was well-versed in IPV was helpful in her recovery from her own IPV experiences.

Indicators of Healing

The recovery process for survivors of IPV has been understudied (Allen & Wozniak, 2010; Flasch, Murray, & Crowe, 2017). A large portion of the literature focuses solely on symptoms, pathology, safety, and crisis management of survivors (Allen & Wozniak, 2010; Flasch et al., 2017; Song, 2012). In addition, due to the limited research available on Chinese survivors of IPV, identifying indicators of healing of Chinese-American women survivors of IPV was an essential contribution to the literature. Survivors of IPV from the present study identified core features that reflected their recovery process from utilizing Mindfulness and/or Buddhism in

conjunction with the additional contributors to healing. In Song's (2012) study, 191 Chinese survivors of IPV from Taiwan took a survey that identified growth from IPV experiences were mainly in their psychological and interpersonal domains. Furthermore, those healing from traumatic experiences paints the notion of posttraumatic growth. This is defined as "a process of transformation and recovery, a rediscovery of oneself, regaining power internally and externally, and taking actions to pursue goals for recreating a satisfactory life" (Song, 2012, p. 1130). In the present study, more emphasis was placed on growth within their psychological well-being.

For the participants in the present study, all participants indicated a sense of increased strength and hope in their recovery process. Implementing specific coping strategies from Mindfulness and/or Buddhism helped the participants gain the strength to leave the relationship. Specifically, participants 2 and 4 identified that gaining strength and hope from Mindfulness and/or Buddhism helped them leave the relationship. This is particularly significant as the religious and spiritual aspects of these practices helped participants gain the strength to physically leave the relationship. Participant 3 attributed gaining autonomy and taking the blame off herself to Mindfulness practices. Many of the participants attributed blame to themselves when the abuse first occurred, usually accompanied with negative self-talk. Participant 5 attributed an increase in hope to Buddhism as it allowed her to hold on that the situation will get better. This allowed this participant to take action in moving on from the IPV experiences and entering into a new relationship that helped reshape her views on romantic relationships. Participant 6 was able to utilize the aforementioned coping practices to reframe her experiences, which made her a stronger person. This was demonstrated in transforming her body through physical exercise, which increased her self-esteem.

Furthermore, participants identified having a better sense of self as an indicator of healing through the IPV experiences. This was portrayed by the participants of having an increased focus and awareness on themselves. They were able to gain awareness and focus of themselves through the use of Mindfulness practices. Particularly, participant 4 noticed these practices helped her to be more present in her interpersonal relationships. For this particular participant, her group of friends was an essential factor in her healing process. Therefore, it is no wonder she identified healing through interpersonal domains. In contrast to participant 4, participant 5 and 6 both recognized that Mindfulness practices allowed them to focus their attention to themselves and not to any external surroundings. This allowed them to pay attention to their thoughts and emotions that entered through the use of yoga and meditation. By focusing their attention to themselves, they were able to choose paths that would benefit them and their recovery process.

Results indicated intrinsic peace and calmness were indicators of healing. Specifically, elements of Mindfulness brought upon calmness and peacefulness to the participants. This has also been demonstrated in Mindfulness-based psychotherapy (Brantley, 2014; MacDonald, 2016). Mindfulness practices focuses on the present moment, which increases peace and calmness in oneself. Therefore, many of the participants identified remaining in the present moment helped them gain peace and calmness from their IPV experiences. For participant 3, these practices helped her acknowledge her anxious thoughts and not allow herself to succumb to those thoughts. Interestingly, for participant 2, self-reflection actually helped her gain understanding of her IPV experiences. By gaining understanding of her experiences, she was able to find peace. Praying and self-reflecting also helped her think about decisions made before putting them into action, which she attributed to an increase in calmness.

Forgiveness as an Outlier

As an outlier, only one participant indicated forgiveness as an indicator of healing. Participant 1 sought advice from a Buddhist monk, which gave provided her with a teaching that allowed her to forgive the abusive partner of the abuse she had experienced. Interestingly enough, participant 1 revealed during the interview that she returned to her abusive partner for a few years before leaving the relationship completely. The other five participants all indicated that they have left the abusive relationship completely. It has also been indicated in a study that women who forgave their abusive partners were more likely to return to the relationship (Gordon, Burton, & Porter, 2004). However, there are some factors that may contribute to participant 1 indicating forgiveness in her recovery process. Participant 1 is 54 years old and immigrated to the United States over 30 years ago; therefore, it is important to consider her decision to stay in the relationship as a possible attribute to her Chinese culture of saving face to the family name. In addition, research has also indicated that commitment to the relationship may impact one's decision to leave or stay (Rhatigan & Street, 2005). This is plausible for participant 1 as she indicated having children with her abusive partner, which increases her commitment to the family, especially given that the Chinese culture is a collectivistic culture.

Potential Limitations and Contributions

The current study has several limitations that should be considered when interpreting the findings. The participants were collected solely from Southern California. Due to this, the results obtained from this study may not be generalizable to Chinese Americans across the entire United States. In addition, the participants were collected mainly through referrals from personal and professional references. Therefore, the participants were primarily from a middle socioeconomic status and the same city in Southern California, which again, limited the generalizability of this

study to all Chinese Americans who have experienced IPV across the United States. Given this central fact, it would be important for future studies to include participants from a variety of socioeconomic statuses and from other community settings and locations. In addition, the tenets of Mindfulness and Buddhism are vast and the practices may vary between different sociocultural contexts amongst the Chinese Americans community. This may create some discrepancy between the participant's views of their personal experiences, which may create further variability amongst the results. However, the narratives of these participants were understood as subjective accounts that broadly speak to the overarching practices of Mindfulness and Buddhism.

Due to the qualitative nature of this study, the results may be impacted by personal bias of the principal investigator. Therefore, an additional coder and auditor were employed to minimize personal bias. Another limitation of this study is that there is no assimilation scale that is included within this study. This is a limitation because it is unknown how assimilated the participants are to the American culture, which may impact how receptive each participant is to the Mindfulness-Buddhist teachings and principals. This may further impact how much each participant integrates this into their lives. Although questions within the semi-structured interview included questions that will assess the level of acculturation for the participants in order to reduce this limitation, it is important for future studies to include an assimilation measure to further minimize this limitation.

Despite these limitations, this study had numerous strengths. Primarily, there is very limited research not only on IPV within the Chinese American population, but also utilizing religious and spiritual coping with Chinese Americans who have experienced IPV. Due to the limited research on factors in healing, this study allowed for identifying specific indicators to

healing in the recovery process for Chinese American survivors of IPV. In addition, the present study allow readers to better understand how culture and older generations play a role in choosing specific coping strategies to utilize within this specific ethnic culture. This further reinforces the collectivistic nature of the Chinese culture. The important emphasis participants placed on gaining wisdom and maintaining traditions and rituals gathered from older generations was palpable throughout the narratives. Many of the participants made continuous references to their grandparents and parents for helping them identify Buddhist and Mindfulness practices as ways of coping.

Another important strength of this study is to demonstrate the importance of social support, whether it was from family or friends. This was a surprising finding in this present study due to the prominent belief in the Chinese culture to not share personal details of one's experiences that may bring *diu lian* (throw away face) to the family's name. Most of the participants were in their late 20s to early 30s, which may have contributed to them identifying social support as a key component in facilitating their recovery process due to them being bicultural as five out of the six participants were born in the United States. However, even the participant that was born in China identified social support as an important aspect of recovery from IPV experiences. Therefore, this present study provides evidence into the importance of incorporating social support into the healing process of Chinese survivors' experiences of IPV.

Furthermore, this study provides implications for treatment recommendations for clinicians and create individualized and culturally-sensitive treatment plans for Chinese Americans who are survivors of IPV. The most significant strength of this study was providing space for survivors to share their experiences and give voice to their stories instead of relying on measures which were not designed or normed for these participants. Many of the participants

indicated they wanted to share their stories to provide hope to other survivors from the Asian community. In addition, many of the participants also indicated that due to the stigma attached to talking about IPV within their culture, they hoped the sharing of their stories will lead to much needed discussions of this issue within the Asian community. After conducting the in-person interviews, many of the participants expressed that they were happy they shared their story as it was a cathartic experience especially knowing that their narratives will begin a movement to further expand the research in IPV within the Asian community.

Areas for Future Research

Although research on the utility and efficacy of Mindfulness has been increasing in its popularity as a treatment practice for a wide-range of psychological symptoms; however, research within the utility and efficacy of Buddhism as a coping mechanism has been overall scarce. Furthermore, research within the Chinese population has been limited, especially when it comes to identifying ways of healing for this specific cultural group in regard to survivors of IPV. Therefore, the current study aimed to examine the relationship between Mindfulness and/or Buddhism as a coping mechanism for Chinese American survivors of IPV in hopes of developing a greater understanding of ways of healing for this particular cultural group. It may be useful for future research to focus on qualitative interviews with clinicians who have implemented Mindfulness-based treatment and integrated Buddhist teachings into therapy with Chinese American survivors of IPV. The importance this research serves is to give readers a different perspective and understanding of how this has been effective during therapy and in their recovery process from IPV experiences. It will also be extremely helpful to incorporate quantitative measures in order to further support data collected from the qualitative interviews.

Other research should focus on specific elements and practices of Mindfulness and Buddhism. The current study formulated data that was wide-ranging in different aspects of Mindfulness and Buddhism with Chinese American IPV survivors. Therefore, it will be extremely useful for future studies to focus on specific elements of these practices in order to determine what specifically is helpful towards the healing process for Chinese American survivors of IPV. This will further enhance more specific and individualized treatment planning for this particular cultural group in regard to healing from IPV experiences.

Conclusion and Implications

Due to the limited literature that exists in regard to research within the Chinese community in relation to survivors of IPV, the current study provides an essential contribution to the existing literature. The participants appreciated the opportunity to tell their stories with hope that other Chinese survivors would benefit from hearing them. Due to the collectivistic nature of the Chinese culture, sharing their stories gave participants a voice to utilize as a powerful contribution to their community. Therefore, the goal of the current study was to explore how Mindfulness and/or Buddhism as a coping mechanism is experienced for Chinese American survivors of IPV. This study will lead to further research and the development of individualized treatment for survivors of IPV from this specific cultural group. Most importantly, this study promotes the much needed discussion of the prevalence of IPV within the Chinese American community. Having a discussion of the usefulness of Mindfulness and Buddhism in coping with IPV experiences will allow women to gain strength and decrease stigma surrounding talking about their IPV experiences, which will in turn lead to their own journey of recovery.

The results from the present study demonstrated the importance of integrating traditional and non-traditional ways of coping that contributed to the recovery process in Chinese American

survivors of IPV. The results also reflect the importance of integrating a familial and cultural value within each participants' style of coping. More specifically, a huge emphasis was placed on the type of coping older generations utilized, which involved Buddhist traditional practices. This impacted the type of coping each participant chose to utilize when discovering ways to heal from their IPV experiences. However, it was not only Mindfulness and/or Buddhist practices that impacted their way of healing, but also integrating non-traditional ways of coping (talk therapy, social support, others' experiences) that maximized their ability to heal from their IPV experiences. The reason for this is due to the participants being bicultural, integrating both the Chinese and American culture into their daily lives.

The findings of the study suggest participants who integrated both traditional and non-traditional ways of coping experienced increased strength and hope, better sense of self, and intrinsic peace and calmness. Therefore, it is important in treatment to not only integrate Mindfulness and/or Buddhist practices, but also integrate elements of social support and normalizing their experiences. In addition, research demonstrates that forgiveness may lead to re-entering the cycle of abuse with their abusive partner. Due to forgiveness only identified by one participant, it may be important to explore other ways of forgiveness within this cultural group that will further the recovery process.

The results of this study were gathered from a small and geographically limited sample. However, it is important to remember that the findings from this study are significant in that they provide clinicians, survivors, and readers a sense of hope when it comes to healing from such difficult and often times, isolating, experiences of IPV. The results of this study indicate a need for researchers and clinicians to explore deeper into other ways of coping that are effective and culturally-congruent within the Chinese American community in regard to IPV.

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APPENDIX A

Screening Questionnaire

Screening Questionnaire

Response Script via Email or Phone

VIA EMAIL

Hello and thank you for your interest in participating in the study. Before I ask you some questions to assess the eligibility of your participation in the study, I will be providing you with some information about the study. The study is interested in capturing experiences of Chinese American women who experienced intimate partner violence. This includes emotional, sexual, verbal, or physical abuse. The study is also interested in seeing how utilizing Mindfulness and/or Buddhism has impacted the recovery process. Prior to allowing you to participate in the study, I will be setting up a phone screening in order to determine your eligibility of your participation in the study. Please let me know what time is most convenient for you and which number to contact you. I will also be answering any questions you may have for me. Is there anything else I can assist with or information I can provide you with prior to setting up a phone meeting? Thank you again and have a wonderful day.

VIA TELEPHONE

Hello and thank you for your interest in participating in the study. Before I ask you some questions to assess the eligibility of your participation in the study, I will be providing you with some information about the study. The study is interested in capturing experiences of Chinese American women who experienced intimate partner violence. This includes emotional, sexual, verbal, or physical abuse. The study is also interested in seeing how utilizing Mindfulness and/or Buddhism has impacted the recovery process. Prior to allowing you to participate in the study, I will be asking you a few questions to determine your eligibility of your participation in the study. Do you have time now for me to ask you a few questions or would you like me to call back another time at your convenience? Also, do you have any other questions for me?

Phone Screening Questions

Hello thank you for your interest in participating in the study. I will be asking you some questions to assess the eligibility of your participation in the study.

1. How old are you?
2. Have you ever experienced intimate partner violence (emotional, sexual, verbal, and/or physical)?
3. How do you identify ethnically?
4. Have you ever used or do you currently use Mindfulness and/or Buddhism to help cope with your intimate partner violence experience(s)?
5. Are you currently under the influence of alcohol or any other substances?

To be completed by the principal investigator

Does the candidate meet the entrance criteria? YES NO

IF NO: I want to thank you for the time you took to complete this initial screening and your interest in this study. However, to participate in this study, you must (Indicate the reason why the candidate is ineligible to participate). Again, I thank you for your time and interest in this study.

IF YES: I want to thank you for taking the time to complete this initial screening and your interest in this study. Based on the answers you have provided to these questions; you are eligible to participate.

Prior to moving forward, I would like to remind you that if you agree to participate, you will be participating in an interview with me and will be further asked a series of questions about what specific Mindfulness and/or Buddhism practices help you cope with your intimate partner violence experiences and whether these strategies were helpful or not. This interview will take about an hour to an hour and half to complete and will be audio recorded so that I can make an accurate transcript of what you said.

Given that your privacy is very important to me, I will not record your name on any of the study materials, except for on the consent form, which will be provided to you in person.

Also, some interview questions may be sensitive in nature. As such, you may skip questions you would prefer not to answer and withdraw from the study at any given time.

You will also receive a \$25.00 Visa gift card for participating in the study.

Do you have any other questions for me? (Answer any questions).

Given all of this information, would you like to move forward and schedule a date and time for an interview?

APPENDIX B

Questions on Demographics

Questions on Demographics

1. Tell me about yourself.
2. When is your birthday? (To see whether their age has changed from the time of the phone screening to the time of the in-person interview)
3. What are three positive qualities about yourself?
4. What was the primary language spoken in your household?
5. What country were you born in?
6. If not born in the United States, how long have you been in the U.S.?
7. With whom do you associate within and outside of the Chinese community?
8. What is type of music do you listen to? What are your favorite shows on television?
Name your top three all-time favorite movies.
9. What language do you read/write in?
10. Are you currently under the influence of alcohol or any other substances? (Must assess during in-person interview)

APPENDIX C

Interview Questions

Interview Questions

1. How have your cultural values shaped your views on intimate partner violence?
2. Describe to me the type of intimate partner violence you experienced either currently or in the past.
3. What type of strategies have you found most helpful in coping with intimate partner violence?
4. Describe to me any teachings and/or practices relating to Mindfulness and/or Buddhism that you have used to help cope with your intimate partner violence experience(s) either currently or in the past. This can include meditative practices, reflective practices, increasing awareness, Buddhist doctrines, etc.
5. Have any of the teachings and/or practices from Mindfulness and/or Buddhism impacted the way you made sense of the intimate partner violence experience(s)?
6. Have any of the teachings and/or practices from Mindfulness and/or Buddhism impacted your decision to either stay or leave the relationship?
7. If any, what changes have occurred in your Mindfulness and/or Buddhism beliefs since your intimate partner violence experience(s)?
8. Was Mindfulness and/or Buddhism practiced in your family household as you were growing up?
9. Does your family and/or close friends know about the intimate partner violence experience(s)?
10. If so, how have Mindfulness and/or Buddhism shaped your family's perspectives on your experiences relating to intimate partner violence?
11. How have your experiences from intimate partner violence impacted your mental health?
12. What advice would you give to those either currently experiencing intimate partner violence or are survivors of intimate partner violence?

APPENDIX D

Recruitment Flyer

VOLUNTEERS WANTED FOR A RESEARCH STUDY WILL BE COMPENSATED MONETARILY

The Role of Mindfulness and Buddhism in the Recovery Process of Chinese American Survivors of Intimate Partner Violence (IPV)

Are you over the age of 18, a survivor of intimate partner violence (verbal, emotional, sexual, and/or physical), and identify as female and Chinese and/or Chinese American?

If so, we are conducting a research study to explore the ways in which Chinese and/or Chinese American women use Mindfulness and/or Buddhism to cope with verbal, sexual, emotional, and/or physical IPV.

Who can participate?

- Identify as Chinese and/or Chinese/American
- Identify as a survivor of intimate partner violence
- Utilized Mindfulness and/or Buddhism. Some examples include, but are not limited to:
 - Meditation – Focusing in a relaxed, nonjudgmental way on one structured aspect of a situation (e.g., breath, mantra)
 - Reflection – To become aware of your state of being; bringing it back to yourself (prayer, contemplation, yoga, music, art - with the intention of focusing the mind)
 - Mindfulness – Nonjudgmental awareness and acceptance of the present moment.
 - Lovingkindness – Being nonjudgmental, compassionate, kind to oneself and others.
 - Impermanence – Realizing nothing lasts forever.

What is involved?

- The study will include an audio recorded interview which will take approximately 45 to 90 minutes
- Participants will receive \$25 for their time

For more information, please contact:

Principal Investigator

Teresa Yeh, M.A.

Email: teresa.yeh@pepperdine.edu

Dissertation Chair

Thema Bryant-Davis, Ph.D.

Email: tbryant@pepperdine.edu

APPENDIX E

Informed Consent

Informed Consent

PEPPERDINE UNIVERSITY

Graduate School of Education and Psychology (GSEP)

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

The Role of Mindfulness and Buddhism in the Recovery Process of Chinese American Survivors of Intimate Partner Violence

You are invited to participate in a research study conducted by Teresa R. Yeh, M.A. and Thema Bryant-Davis, Ph.D. at Pepperdine University, because you identify as an adult Chinese and/or Chinese American survivor of intimate partner violence (IPV). In addition, you have indicated that you have integrated Mindfulness and/or Buddhism practices to cope with your intimate partner violence experience(s). Your participation is voluntary. You should read the information below, and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. If you decide to participate, you will be asked to sign this form. You will also be given a copy of this form for you records.

PURPOSE OF THE STUDY

The purpose of this research study is to better understand the use and effectiveness of Mindfulness and/or Buddhism as culturally sensitive forms of coping among adult Chinese and/or Chinese American survivors of intimate partner violence. While these forms of coping have been studied within the field of psychology, very little research has examined their efficacy with this population. This study will attempt to add to the body of literature in this area by providing a voice to Chinese and/or Chinese American survivors of intimate partner violence who utilize these coping strategies.

STUDY PROCEDURES

If you volunteer to participate in this study, you will be asked to complete a face-to-face interview. The study will be conducted in person at one of the Pepperdine University Counseling Clinics (i.e., West Los Angeles, Irvine, Encino) or at the approved women’s shelters at the convenience of each participant.

Interview

The interview will include questions about your experiences using Mindfulness and/or Buddhism practices to cope with your intimate partner violence experience(s) and will last approximately 45 to 90 minutes. Some interview questions may be sensitive in nature. As such, you may choose to move on to another question, take a break, or stop the interview altogether. As part of this interview, an audio recording will be made of you during your participation in this study to assist with the accuracy of your responses. The audio will be transcribed verbatim by the principal investigator and will then be coded by both the principal investigator and a second coder for data analysis. The audio recording will be permanently deleted once it is transcribed by the principal

investigator (by the research team). The transcription will then be coded and reviewed by an auditor (i.e., dissertation chair member). These results will be reviewed by an auditor (i.e., dissertation chair member). The transcription will not include any information that could identify you. Further follow-up interviews may be required to provide clarification, gather additional information, or to receive feedback from the participants about the study. Such follow-up interviews should not exceed 30 minutes and will be conducted at the convenience of the participant. Quotes and references from the transcriptions may be used as content for this study.

You may request to stop the audio recording at any time or to erase any portion of your recording. The digital recordings and transcriptions will only be shared with the research team (i.e., transcriber, coder, auditor, dissertation chair member) and will be kept well-secured on a password protected computer to be maintained by the principal investigator. After the interviews are completed, it will be transcribed in verbatim by the researcher. The transcriptions will only be identified using a randomly assigned participant number to further ensure confidentiality. After the transcription process is completed, the audio recording will be immediately permanently deleted from the computer. All data (i.e., consent forms, transcriptions) will be kept for a minimum of three years following the study's completion and will then be destroyed in its entirety. Collected data from your participation will only be shared with the research team and will only be used for the sole purpose of this study.

POTENTIAL RISKS AND DISCOMFORTS

Participation in the study poses no more than minimal risk. However, this research study includes sensitive information that will be disclosed during the interview. Therefore, there may be emotional distress from thinking and recalling experiences that may be upsetting emotionally. In other words, it is possible for some, reflecting on past intimate partner violence experiences may bring up feelings of sadness or upset that may be uncomfortable. Questions being asked throughout the interview will focus mainly on the recovery process of your experiences. Legal risks will be minimal as this study does not involve the inquiry of childhood, elderly, or dependent-related abuse. However, if such is reported, reporting procedures will be implemented and it will require for me to break confidentiality. Please look at the "Confidentiality" section for examples of the types of issues that will require me to break confidentiality. In addition, I am highly aware of the potential confidentiality concerns you may have when discussing IPV-related experiences. Therefore, all of the data collected will not contain any of your personal information.

In the case, you experience discomfort or stress during the interview, you will be encouraged to take breaks, discuss the discomfort with the interviewer, and/or will be provided with referrals for centers where culturally appropriate support or mental health services may be available.

- Pepperdine University Counseling Center
West Los Angeles Campus: 310-568-5752
Irvine Campus: 949-223-2570
Encino Campus: 818-501-1678

- The YWCA Greater Los Angeles
213-365-2991
<http://www.ywcagla.org/what-we-do/programs/sexual-assault/>
- The National Domestic Violence Hotline
1-800-799-SAFE (7233)
1-800-787-TTY (3224)
www.thehotline.org [English]
- National Suicide Prevention Line (24hrs/7days)
1-800-273-TALK (8255)
www.suicidepreventionlifeline.org

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR SOCIETY

While the study may not provide direct benefits to all participants, it is hopeful that the data collected will contribute to the field of psychology and the body of literature regarding the use of Mindfulness and/or Buddhism as coping strategies for Chinese and/or Chinese American survivors of intimate partner violence.

PAYMENT/COMPENSATION FOR PARTICIPATION

All participants will be compensated with \$25 for their participation in the study. Discontinuation of the study will not affect the eligibility for this compensation given that the informed consent has been signed and the participant has begun the interview process.

CONFIDENTIALITY

I will keep your records for this study confidential as far as permitted by law. However, if I am required to do so by law, I may be required to disclose information collected about you. Examples of the types of issues that would require me to break confidentiality are if you tell me instances of child abuse, dependent adult abuse, and elder abuse as well as danger to yourself or others. Pepperdine's University's Human Subjects Protection Program (HSPP) may also access the data collected. The HSPP occasionally reviews and monitors research studies to protect the rights and welfare of research subjects.

All hard copies (e.g., consent forms, transcriptions of interviews) will be shredded using a paper shredder upon scanning and electronically storing this information on a password protected computer maintained me. Prior to this information being stored electronically, I will remove all identifying information from these documents and replace it with a number specifically assigned to each participant in order to further protect confidentiality. All electronic data will be stored for a minimum of three years after the study has been completed and will then be destroyed in its entirety.

Any identifiable information obtained in connection with this study will remain confidential. All participants will be assigned a random number that will correspond to their name and interview (i.e., audio recording, verbatim transcription). The audio recordings from the interview will be transcribed verbatim by the principal investigator. It is extremely important to note that the confidentiality of the audio recordings will be completely protected because there will be no

transcription record of any personal identifying information. In other words, if the subject names someone or gives an address, this information will not be transcribed in the written record. The transcription will be coded by both the principal investigator and a second coder for data analysis and will then be reviewed by an auditor (i.e., dissertation chair member). Audio recordings and verbatim transcriptions will only be shared with the research team (i.e., dissertation chair member, coder, auditor) and will only be used for the purpose of this study.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue your participation without penalty. You are not waiving any legal claims, rights, or remedies because of your participation in this research study.

ALTERNATIVES TO FULL PARTICIPATION

The alternative to participation in the study is not participating or answering questions to which you are most comfortable with.

EMERGENCY CARE AND COMPENSATION FOR INJURY

If you are injured as a direct result of research procedures, you will receive medical treatment; however, you or your insurance will be responsible for the cost. Pepperdine University does not provide any monetary compensation for injury.

INVESTIGATOR'S CONTACT INFORMATION

I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact the investigator of this study, Teresa R. Yeh at teresa.yeh@pepperdine.edu, or the chairperson for this study, Thema Bryant-Davis, Ph.D. at tbryant@pepperdine.edu, if I have any other questions or concerns about this research.

RIGHTS OF RESEARCH PARTICIPANT — IRB CONTACT INFORMATION

If you have questions, concerns or complaints about your rights as a research participant or research in general please contact Dr. Judy Ho, Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500 Los Angeles, CA 90045, 310-568-5753 or gpsirb@pepperdine.edu.

SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction and I agree to participate in this study. I have been given a copy of this form.

Name of Participant (please print)

Participant's Signature

Date

SIGNATURE OF INVESTIGATOR

I have explained the research to the participants and answered all of his/her questions. In my judgment the participants are knowingly, willingly and intelligently agreeing to participate in this study. They have the legal capacity to give informed consent to participate in this research study and all of the various components. They also have been informed participation is voluntarily and that they may discontinue their participation in the study at any time, for any reason.

Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

APPENDIX F

IRB Approval Notice

IRB Approval Notice



Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: June 26, 2018

Protocol Investigator Name: Teresa Yeh

Protocol #: 17-07-594

Project Title: The Role of Mindfulness and Buddhism in the Recovery Process of Chinese American Survivors of Intimate Partner Violence

School: Graduate School of Education and Psychology

Dear Yeh:

Thank you for submitting your amended expedited application to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your 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 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today June 26, 2018, and expires on April 04, 2019.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the 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 an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond April 04, 2019, a continuing review 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 the 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 IRB as soon as possible. We will ask for a complete written explanation of the event and your written 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 IRB and documenting the adverse event can be found in the **Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual** at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.



Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

Sincerely,

Judy Ho, IRB Chairperson

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist