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Religious, Practical and Future-Oriented Coping Strategies to End Intimate Partner Violence: An In-Depth Examination of Ultraorthodox Israeli Women's Narratives

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Abstract

Purpose Much attention has been devoted to the ways in which women have made sense of, worked through, coped with, and recovered from Intimate Partner Violence (IPV), but the insights of survivors affiliated with religious minorities are scarce. The purpose of this study is to advance understandings and practices concerning the coping experiences of Ultraorthodox women (UJW) survivors of IPV. Using descriptive phenomenological methodology, in-depth semi-structured face-to-face interviews were conducted with 15 Ultraorthodox Israeli women who identified themselves as survivors of IPV.

Methods The research design and data analysis were inspired by a phenomenological approach to document, analyze, and understand these women's subjective experiences on this heretofore under-studied topic. Shenton's four criteria were assessed to promote the current study's rigor and trustworthiness.

Results Thematic analysis revealed three core themes and seven related sub-themes: (1) Devoting time to spiritual activities (sub-themes: daily prayers and attending Jewish classes); (2) Finding inspiration in a role model (sub-themes: a woman who survived IPV, a well-appreciated rabbi); and, (3) Planning the future (sub-themes: commitment to a new project, helping other women to cope with IPV, and commitment to the future and well-being of their children).

Conclusions An integrative synthesis of the findings reveals two distinctive forms of coping: spiritual-based and practical-based coping strategies, that demonstrate the survivors' multifaceted perceptions and coping narrative with IPV. The strengths and limitations of this study are addressed along with implications for practice and theory.

Keywords Coping · Intimate partner violence (IPV) · Descriptive phenomenology · Ultraorthodox Jewish women · IPV survivors

Introduction

Accumulated evidence suggests that intimate partner violence (IPV), is a significant public health concern with long-lasting negative effects on the physical and mental well-being of women, men, and children (Barrios et al., 2021; Bryngeirsdottir & Halldorsdottir, 2022; Vass &

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Haj-Yahia, 2020). Statistically, nearly one-third of women living in intimate relationships have experienced physical emotional, and/or sexual violence at the hands of their partner, worldwide (WHO, 2019). Experiencing and having been exposed to IPV typically begins in young adulthood (Lehrer et al., 2006; Vass & Haj-Yahia, 2022, 2023). IPV is likely to result in long-term effects on the survivor's mental and physical health and general well-being (Bryngeirsdottir & Halldorsdottir, 2022; Vass & Haj-Yahiya, 2020, 2023). Researchers argue that as the social and individual costs of IPV escalate globally, it is increasingly important for researchers, practitioners, and policymakers to address this problem through new directions and sensitive interventions (Barrios et al., 2021; Drumm et al., 2014; Vass, 2023).

Prevalent in both clinical and non-clinical populations, much effort has been directed at interventions to mitigate the



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harmful consequences of IPV. Some researchers have documented the dynamics of abuse and potential risk factors; the resources needed to secure immediate safety and longerterm survival (Flasch et al., 2017). Others have focused on mapping out the ways women have made sense of/coped with their experiences of abuse with particular attention to coping strategies in the context of IPV (Bryngeirsdottir & Halldorsdottir, 2022). Empirical evidence has already documented the coping processes associated with ending abusive relationships, potential risks that survivors face while they are in the process of leaving, and the exploration of specific coping strategies (Murray et al., 2015). However, research on specific coping strategies of IPV survivors who are affiliated with cultural and religious minorities is relatively scarce. This study contributes to filling this gap by providing an in-depth exploration of coping with IPV as described by Ultraorthodox Israeli survivors. One of the central goals of practitioners in this field is to address the individual coping mechanisms that potentially reduce the impacts of IPV. Despite attention to coping strategies in the context of IPV (Bryngeirsdottir & Halldorsdottir, 2022), specific cultural contexts of religious minorities have been rarely examined.

Our paper begins with a brief look at the existing literature on coping strategies for IPV, emphasizing varied aspects of coping, and the religious or spiritual form of coping. We then offer a glance into the Ultraorthodox community, and IPV. Next, we describe the methodology that guided our research, and the three core themes that emerged from our analysis. We conclude with a discussion dedicated to the synthesis of the findings in light of the Relational Spiritual Framework (RSF), stressing the study's contributions and a review of some clinical implications for clinicians working with IPV survivors from the Ultraorthodox community.

Coping and Recovery in the Aftermath of IPV

Research indicates that IPV survivors may draw upon a range of coping strategies to support their recovery process in the aftermath of an abusive relationship. Examples of such strategies include communicating or creating connections with other survivors, engaging in physical activity, practicing decision-making skills, drawing upon spiritual beliefs, and other self-care strategies (Stenius & Veysey, 2005; Vass, 2023). In their scoping review, Ulloa et al. (2015) identified the main coping mechanisms after an abusive relationship and categorized them into three different types: (1) personality traits, (2) social support, and (3) behaviors and beliefs. Personality traits (e.g., self-confidence, hope, optimism, gratitude, and self-empowerment) can increase adaptability to stressful life situations (Anderson et al., 2012; Shanthakumari et al., 2014; Song, 2012). Social support includes both formal and informal systems (Anderson et al., 2012; Taylor, 2004), as well as the presence of a role model (Cobb et al., 2006); behaviors and beliefs (e.g., the idea of letting go of the past, emotional detachment from IPV, forgiveness and achieving specific goals in the aftermath of IPV) (Shanthakumari et al., 2014; Song & Shih, 2010; Taylor, 2004).

Alongside coping with IPV is the notion of 'recovery'. Recovery in relation to trauma and abuse was first defined by Farrell (1996) as "a multidimensional phenomenon consisting of physical, mental, and spiritual components that reconnect the fragments of the self by putting into perspective the past experiences of abuse" (p. 31). Allen and Wozniak (2010) described recovering from an abusive relationship as "a social, spiritual, cultural, and psychological process" (p. 37). Both argued that recovery is not sequential, but rather it is a long process that can vary according to individual factors (e.g., that can either hinder the recovery process or promote it). In the last two decades, research has focused on the positive outcomes of recovery and growth following IPV (Anderson et al., 2012). Recovery has been described in many ways - as a journey, as phases of recovery and regression, complex, multidimensional, and rife with obstacles (Bryngeirsdottir & Halldorsdottir, 2022; Smith, 2003; Calhoun & Tedeschi, 2014; Tedeschi & Moore, 2021). As noted by Bryngeirsdottir and Halldorsdottir (2022, p. 1): "When facing the broad range of diverse debilitating effects of gender-based violence, most survivors demonstrate a remarkable capability for survival and endurance. Leaving an abusive relationship results in transformative changes in life for survivors of IPV, as they move from being controlled to being in control of their own lives".

Religion and Spirituality in Coping and Recovery

Beyond coping and recovering, researchers have underscored the importance of the role of spirituality for trauma survivors (Ansara & Hindin, 2010; Drumm et al., 2014). It has been recognized that religion and faith might give meaning to the lives of victims and promote their psychological recovery (Anderson et al., 2012; Drumm et al., 2014), provide ways to understand suffering and loss, and often play a role in shaping the coping process (Bryant-Davis & Wong, 2013; Fabricatore et al., 2004). In their latest systematic reviews, Istratii and Ali (2022) embarked upon the influence of religious beliefs and religious experience on the behavior, and mental health of IPV survivors and perpetrators. They highlighted how survivors and perpetrators in religious contexts can be supported through effective and faith-oriented worldviews. Recourse to spiritual attitudes makes suffering understandable for those struggling with trauma and abuse (Simonič, 2021; Westenberg, 2017). Moreover, victims of abuse may resort to religious beliefs to condemn the abuse and to justify the role of faith in helping them to address the



harmful situation (Simonič, 2021). Researchers have highlighted the significance of referring to religious values and traditions in intervening with trauma and stress (Coleman-Brueckheimer et al., 2009; Jayasundara et al., 2017), and that approaching religious attitudes may promote healing for women and men coping with IPV. Studies examining different experiences of IPV indicated that religious survivors prioritized faith-based solutions such as daily prayers upon professional support (Gezinski et al., 2019). However, it is important to note that although spirituality becomes a source of coping, religious concerns might surface in the aftermath of trauma exposure. Findings suggested that religion is sometimes used as a double-edged sword and that women experienced emotional as well as spiritual violence where the husband used religion to not only justify the violence but also to control the woman (Drumm et al., 2014).

The Ultraorthodox Community and Gender Roles

The Ultraorthodox Jewish Community worldwide is recognized as a distinct cultural group, held together by a combination of ancient traditions, cultural norms, and religious instructions (Ringel & Bina, 2007; Wang & Perlman, 2021). In Israel, the Ultraorthodox community represents 12% of the population (Israeli Central Bureau of Statistics, 2019) and is considered a minority sector of the Jewish community. In general, families and individuals within the community live in segregated neighborhoods or areas of living, attend separate educational systems, are guided by the principles of daily prayer, keeping the Shabbat, Kosher living, and typically maintain clear gender roles (Murugan, 2023). In Israel, the Ultraorthodox community is a collectivist society characterized by cultural conservatism and loyalty to the family, and its leaders (Cahaner et al., 2019; Malach et al., 2016).

The family life cycle of Ultraorthodox individuals begins when couples marry. After marriage, men either continue with Torah study and/or teach in religious educational placements (Gurovich & Cohen-Castro, 2004), and more recently, are increasingly integrating into the paid workforce. Families in several sectors of the Ultraorthodox community (mostly the Chasidic sectors) are organized along hierarchical lines, with men assuming most responsibility for significant family decisions and religious practices. Although the common perception is that women take the dominant role in housework tasks and child care, men also maintain some responsibilities such as educating the children, shopping, and more. Further, attitudes of individuals, families, and sub-groups concerning Western world values and practices are diverse, evidenced along a spectrum from strict to modern orthodoxy. This spectrum characterizes members, families, and sub-groups within the community

(starting from rejecting all modernized elements and strictly keeping the Jewish law, to accepting modernity and integrating into the labor market and the larger Israeli society).

The Ultraorthodox Community and IPV

Aside from more contemporary diversity amongst the Ultraorthodox vis-à-vis Western influences, religious values, traditions, and beliefs continue to be fundamental to building the identity of Ultraorthodox Jewish women and instrumental in their efforts to cope with IPV. IPV is thought to be a significant and under-recognized phenomenon in Jewish Ultraorthodox communities in Israel and the Diaspora (Horowitz & Milevsky, 2020; Tuito & Band-Winterstein, 2021). Its prevalence in the Ultraorthodox community has yet to be documented with empirical evidence, but some scholars suggest that it is just as pervasive (Regev, 2007). Orthodox communities usually condemn all forms of abuse against women, minors, and the elderly. In general, there are a variety of attitudes towards domestic violence found in Jewish sources.

One of the basic values associated with Jewish ideology is that of viewing married women as the homemakers and responsible for keeping the family united and the home peaceful, known as 'shalom bayit'. The adage of 'happy faithful family builds a strong Jewish nation' is highly cherished and directs women's actions and decisions to shift primarily within family contexts (Shechory-Bitton & Ronel, 2015). Considering this worldview, IPV is experienced as damaging the Jewish home to the core (Sisselman-Borgia & Bonanno, 2017). UJW confronting IPV experience special challenges when attempting to break the cycle of violence (Grodner & Sweifach, 2004). In a recent phenomenological study dealing with how Ultraorthodox women IPV survivors perceive their violent relationship and the meanings they ascribe to their experience, Vass (2023) presents an interesting point of view. Beyond the findings suggesting that religious terminology, values, and beliefs shed light on surviving IPV and interpreting dynamics related to IPV, the findings underscore the personal choice of some women not to disclose IPV to the community and outside the community for several reasons (e.g., survivors elected to cope with IPV in private due to concern for their children's upbringing and the preference to prevent their children from the stigma of growing up in a violent household). The women preferred disclosing IPV to specific trusted figures (i.e., another survivor, or a trusted rabbi/rabbi's wife). Add to this, the dearth of culturally and religiously congruent support services, though this is slowly changing with a recognition of IPV in Ultraorthodox communities (Tuito & Band-Winterstein, 2021).



Along with the common types of IPV (physical, emotional, sexual, and material), UJW have reported they also experience spiritual abuse. Dehan and Levy (2009) conceptualized spiritual abuse as distinct from IPA and differentiated from emotional abuse. They ascribed the following three behaviors to spiritual abuse: (a) reducing the woman's spiritual esteem and faith; (b) limiting her spiritual activities; and (c) forcing her to engage in spiritual practice. Studies indicate that UJW use religious terminology to explain why they are willing to stay in marriage despite IPV (Sisselman-Borgia, & Bonanno, 2017), for example forgiving the husband and avoiding family breakups (Grodner, & Sweifach, 2004).

The Ultraorthodox community has undergone shifts in both awareness of, and help-seeking in response to, IPV. This shift has "enabled ongoing negotiation processes between community leaders (the Rabbi) and governmental services (such as Social Services), in an attempt to provide abused women with the help they require... [and] has led to increased focus and preoccupation with the issue" including understanding Ultraorthodox women's ways of making sense of, and coping with IPV" (Tuito & Band-Winterstein, 2021, p. 521). It is against this backdrop of the Ultraorthodox context for understanding gender roles and family and community relations, and growing attention to IPV, that we explore Ultraorthodox Israeli women survivors' narratives of coping with IPV. The glaring dearth of research emanating from these women's own voices represents our efforts to begin to fill this gap.

The Current Study

Our research explored two key questions: (1) What coping strategies helped Ultraorthodox women to survive IPV? (2) How are these coping strategies associated with their identity as Ultraorthodox women? While we asked about coping 'strategies', what we unearthed were accounts of how these women coped with IPV in ways that integrated their religious, traditional, spiritual lifestyles and practices. The narratives from UJW in Israel thus compelled us to consider the Relational Spirituality Framework as the appropriate conceptual framework for understanding the findings. This framework posits how spiritual beliefs may play a role in building and maintaining family relationships in the context of adversity (Mahoney, 2010, 2013), as well as in the context of IPV and other forms of family crises (Mahoney, 2010). The RSF explains how spirituality is an inherently relational concept that constructs the individual's relationship with God and/or with religious authority figures (Mahoney et al., 2013). According to the RSF, it is important to examine this relationship since it is associated with the individual's practices, behaviors, and cognitions. We will address the study findings in light of this framework, with specific highlights and interpretations associated with coping and recovery (Mahoney, 2010).

Method

Our study was inspired by a descriptive phenomenological approach to explore in-depth Ultraorthodox women's accounts from their perspectives (Frechette et al., 2020). A phenomenological inquiry aims to describe the lived experience of a phenomenon without the researchers' prior assumptions. Entrenched in the method is a "set of existential and phenomenological assumptions by which women are viewed as active meaning makers" (Buchbinder & Eisikovits, 2003, p. 355). More specifically, we aimed to address and document the core "lived experiences" of longterm survivors of IPV, about the processes by which they were able to cope with, or recover from IPV after an intimate relationship, and what were their assigned meanings. This study is part of a larger study that examined the multifaceted perceptions of coping and recovering from intimate abusive relationships amongst Ultraorthodox Jewish women.

Participants and data Collection Procedures

A total of 15 participants were recruited through purposive and snowball sampling procedures (Johnston & Sabin, 2010), with the aim to achieve diversity in sociodemographic characteristics (age, education level, religious affiliation, working conditions, and the number of children). The first author and a research assistant approached three women who were familiar with a non-profit organization that provides assistance and care for IPV survivors from the Ultraorthoxox community. The three survivors suggested other participants through their personal connections. Inclusion criteria for participation were: (1) being 18 years or older, (2) having experienced an abusive relationship, (3) being affiliated with the Ultraorthodox community in Israel, and (4) self-identified as a survivor of IPV. All women were aged 26-55 years (m=40.5) and all were mothers of children (between 1 and 11 children). Six of the women were divorced (for 1.5–10 years), six were separated (for 4–35 years), and three were in the process of divorcing at the time of the interviews. A semi-structured interview guide was used for face-to-face interviews, that took place in locations selected by the women and lasted between an hour and a half and two hours (i.e., women were asked how they cope with IPV, what were the things that helped them survive, and whether their religious beliefs and values have shaped their coping journey).



Data Analysis

All interviews were conducted in Hebrew, recorded, and transcribed verbatim for initial analysis. Selected quotations were translated to English by the first author who is fluent in Hebrew and unequivocally familiar with the participants' religious-based terminology and then were back-translated to Hebrew by a research assistant to ensure the original meanings were kept. The data were open-coded line-by-line to categorize the information into units of meaning (Braun & Clarke, 2006, 2020) using NVivo-10. The purpose of the coding phase was to stay as close as possible to the data and to gather common patterns. The following stages analyzed the interviews: (1) rereading the transcribed interviews to achieve familiarity with the data; (2) coding and sorting the data into coding lists; (3) targeting categorized meaning units (MUs) according to their similarities and differences; (4) combining the MUs into main themes and subthemes and engaging in a process of going back and forth between designing the themes and rereading the dataset, to achieve a deep understanding of the women's experiences.

Rigor and Trustworthiness

Shenton's four stages (Shenton, 2004) were assessed to promote the current study's rigor and trustworthiness. Credibility was achieved by assessing how our findings correspond with classic and updated empirical literature in the IPV field, specifically regarding coping strategies. Disparities and similarities were discussed between the authors to promote dependability. Transferability was achieved by providing exact quotations to demonstrate the women's experience. Finally, the researchers read the findings sections separately to ensure that the analyses represent the survivors' experiences. In addition, the coding lists, MUs, and themes were presented to three study participants. They were asked to share their viewpoints and thoughts about the themes, to comment, and to suggest recommendations. This memberchecking process further promoted the confirmability of the analyses.

Ethics

Ethical approval was granted by the ethics committee (first author's institution Approval no. 322/21). It was made clear to participants that participation was voluntary and they could stop at any stage and refuse to answer any question. Efforts were made to ensure proper information security, and all recordings, transcripts, and coding lists were kept on locked digital files. The first author (with a long record of interview skills) conducted the interviews and strived to be sensitive to participants' possible distress due

to the discussion of this sensitive topic of coping with IPV. After explaining the research topic, purpose, and aims, and discussing confidentiality with the women, they signed an informed consent and completed a sociodemographic questionnaire.

Positionality Statement

Both authors attended regularly to questions about positionality, that is, how we entered into the research, engaged in data collection and analyses. The first author, located in Israel, a clinical social worker, and a researcher in IPV and violence prevention fields, is affiliated with the Ultraorthodox community. The second author, a Jewish scholar in the diaspora, has teaching, research and communityengagement expertise in feminist and critical approaches to intimate partner abuse. Both authors drew on their distinct experiences as Jewish women to understand the dearth of research and the complexities of 'Jewish' identity; we shared our perspectives to evaluate the state of the knowledge before forming the themes, and contributing to the findings' conceptualization. As an Israeli and a Canadian, with our insider and outsider perspectives, we engaged in reflexive thinking and debriefings, through peer-discussions in different stages of the analysis. The first author drew on her familiarity with Jewish worldviews and perspectives, whereas the second author significantly contributed to the focus on understanding how the unique perspectives of coping with IPV was adequately addressed. Both authors made efforts to respect the "bracketing" process to avoid predetermined conceptions of UJW by centering the participants' lived experiences as authentically as possible.

Findings

The findings presented here offer a glance into the coping narratives of UJW survivors of IPV. The analysis revealed three main themes and seven sub-themes demonstrating the coping strategies used by the women, ultimately promoting their ability to break the cycle of abuse (see Tables 1 and 2).

Devoting time to Spiritual Activities

The findings show how devotion to spiritual commandments and practices helped the women to shift the focus from the perpetrator toward themselves. They described how concentrating on the daily prayers, reading holy scriptures intensively, and attending Torah (Jewish religious) classes, helped them to better cope with the perpetrators' abusive behavior.



 Table 1
 Core themes, subthemes, and assigned meanings derived from thematic analysis

• Theme	
Devoting time to spiritual activities	• Daily prayers- providing introspection and empowerment in a way they felt they were not alone in the situation
	• Participating in Tora classes promoted validation, and a safe space
• Finding inspiration in a role model	 The rabbi is perceived as a spiritual author ity, represents the Jewish commandments, worldwiew, and percieved a trusted figure
	Inspired by other woman who experienced and survived IPV
• Planning the futur	Redirecting their energy to a new project, or studying a new art
	• Planning to become an advisor for fellow survivors. Helping other survivors in their
	journey to recovery
	Prioritizing their commitment to securing
	their childern's future and well-being

Table 2 Spiritual and practical coping strategies

Spiritual-based coping strategies	Practical-based coping strategies
Devoting time to spiritual activities	Finding inspiration in a role model- IPV survivor
Daily prayers	Commitment to a new project
Attending Jewish classes	Helping other women cope with IPV
Finding inspiration in a role model- an appreciated rabbi	Commitment to their children's future and wellbeing

Daily Prayers

The women described they increased the time that was dedicated to prayers. These times allowed introspection, sharing their concerns, sadness, fears, and frustration associated with IPV, and asking for a better future. The women explained that their devotion to the consecutive prayers (mostly in the early mornings and late afternoon) had strengthened their connection with God, in a way they felt empowered and not alone in the situation.

- 'I don't remember when I had been praying for so long. I was standing for almost an hour every morning, speaking with Hashem (God). I was relieved after the prayers, the pain, and my anger, I could share all of this with him. I knew he was listening, and he is merciful, and will make justice for me eventually'.
- 'When I realized my marriage was fake and I was merely an object for him...I started to take my prayers more seriously. I was alone, living in the same house with him, but I was isolated. He couldn't care less about me. So, I asked God to be with me, give me courage to see the truth, to stop living the lie'.

Attending Jewish Classes

Some of the women attended weekly Torah classes for Jewish women, which took place in local community centers. They found those classes empowering. The women looked forward to each class, emphasized its contents and lessons, and found inspiration, comfort, and answers to some of their questions. We hear in their accounts how these classes provided safe space:

- 'I went to hear Torah lesson every week, and the rabbi talked about the Parsha (chapter from the bible), and how it relates to our days, it was amazing, I felt like he was talking to me, and I related to every word. It was a place to run to, those classes.
- 'We were studying this book together. It was about faith and trust in God...we realized everything that happens to us is coming from above, and that no human being can affect you and you cannot affect anyone else. We are not demanding results; what we need to do in our journey is to try. It was like therapy to me, those classes'.

Inspiration by a Role Model

An influential person, commonly a rabbi from the community, or another IPV survivor who provided advice to women dealing with family matters, including IPV, was instrumental in promoting recovery and helping the women break the cycle of abuse.

A Well-Appreciated Rabbi

The women spoke about their rabbi who helped them find the courage to make decisions regarding their marriage or noticed patterns in their relationships. Since the rabbi is perceived as a spiritual authority, represents the Jewish commandments, and is fluent in the Jewish rules, the women described how they could count on his guidance and support. For some women, their rabbi's words were what they needed to hear to lead them to think critically about themselves in the context of their abusive marriage but for all the women, the rabbi affirmed their experiences of abuse.

'I didn't dare to do anything with my life until I spoke to my rabbi. He insisted to meet him (her husband) before he [discussed with me] about what is next. It took about a month before he (her husband) agreed to meet the rabbi...then, after a very short conversation, my husband left the room. He didn't want to listen



[to the rabbi]. It was enough for me - the rabbi saw through him'.

'When I exposed all that happened to me, I felt much more calm and secure. He (the rabbi) is connected directly to Hashem (God), it sounds ridiculous, like, I was sure he was going to tell me to go home and keep working on our marriage. But actually, it was the opposite. He made me realize this was my time to go'. 'You know there is a whole book about divorce. Let's say divorce is an acceptable step for some of us, religious or not. The rabbi told me that divorce is the first issue discussed before marriage, in the Talmudic books (Jewish serial books). So... despite all the stigma, this is something that has to be done for some of us'.

Targeting another Survivor

Some of the women were inspired by survivors who experienced IPV in the past and thrived after leaving their abusive husbands. They connected through meetings and text messages and saw these women survivors as someone with whom they could share their experiences, as a role model and a mentor. Given the unique, and often closed community, knowing that someone else experienced and survived IPV was a chance for hope:

'I was lucky I had Malki, she did it, she suffered about 20 years and did it, she is divorced today. She listened to me for hours. She was a huge help because she has been through it, she knows what she is talking about'.

Two participants described their struggles with sharing their experiences of IPV with members of their religious community. With the support of their role model, they decided to hide the abuse out of fear of stigma (of being perceived as victims). Nonetheless, these women found support from other survivors, indicating that they could discuss their experiences and be understood while not sharing their experiences with other members of the community:

'I didn't want people to know what was happening. People are talking and imagining things about you... like 'what a poor woman', 'look what happened to her', 'how is she going to handle everything with six kids'... Like, what is the point if people know what is going on? They are not going to help me. The only woman who knew, she was herself a survivor, she was practical...very attached to my situation'.

'She was my best friend [during these difficult] days;

I realized I can survive and protect my kids from all this...I barely talked with anybody. I wanted to be alone, didn't want people to feel sorry for me...No, this is none of anyone's business. I owe her so much gratitude, she didn't give up on me until this day'.

Planning the Future

After realizing that they are no longer aiming to stay in the abusive relationship, some women spoke of redirecting their energies from their efforts to change their spouse or themselves in their marriage, to a more fulfilling direction. They described how relying on a future beyond the abuse helped them survive the time left, and gave them hope and strength.

Commitment to a New Project

Setting and fulfilling goals were fundamental to coping. After realizing how much energy and meaningless efforts were directed toward the abuser, they decided to redirect their energy to a new project. Women described being self-employed in a new business (e.g., a private daycare, boutique for religious head coverings and wigs, home-made bakery) or studying a new art (e.g., phototherapy, NLP art form). Shifting their efforts toward a new direction helped them survive:

'At some point, I came to understand that no matter what I do, nothing helps to change him. Nothing makes him admit his wrongdoings... so I stopped reacting to his abuse and blame of me. Then I finally started to do what I do best, working on my bakery, it was an old dream of mine. I was busy baking from morning until the kids came home. At first, few people came to buy, today it's thriving, it's my own business, thank God'.

'I was studying NLP a few months before we got divorced. I was thinking about the future and how am I going to help other women. It was a good distraction from all the stress, maybe it helped me to leave him, eventually, I don't know, maybe'.

Helping Other Women to Cope with IPV

Some of the women indicated their desire to teach and help other women who are coping with IPV. Based on their struggles, they imagined how they were intending to help other victims break the cycle of abuse:



'When I realized what I was dealing with, a personality disorder (sic.) who enjoys (sic.) abusing me, I started to heal. It strikes me that it wasn't my fault at all, and there was nothing I could do to make him change. I wanted to take all this knowledge and help other women. I mean, to educate them that there is another way'.

'Yes, it gave me hope, thinking about how am I going to help others to survive. I want to help women stop wasting their time, and stop being people-pleasing, no one is going to care enough about them...I really think that only women that survived it can truly understand'.

Commitment to Children's Future and Well-Being

Finally, all of the women talked about their commitment to securing their children's future and well-being. The need to support their children during this time of crisis (e.g., when IPV escalated and they were planning divorce) gave rise to demonstrations of strength and resilience. As can be seen, these women described concealing their abuse as a way to reduce or eliminate future stigmatization:

'My heart goes out to my kids, I had to survive it for them, and I had to do it on my own. I mean what is the point to tell what happened to the world? There are consequences. I didn't want my kids to be called "the poor kids of that woman", they are not supposed to grow up like that'.

'I know we have an image of a closed community, that we are hiding problems, but I can understand why. Why should our kids grow up with this stigma? This is not empowering for them. My thoughts about my kids are the reason for me– keeping quiet. I want them to have a good Shidduch (spouse matchmaking), yes, I am like that. I want them to have chances for a better future'.

Discussion

Our findings located two forms of coping, spiritual-based and practical-based coping strategies that shed light on surviving IPV, ultimately leading the women to leave the abuse behind. These two forms represent internal (spiritual) and external (practical) coping strategies that demonstrate the women's coping narratives. Although their coping narratives were multifaceted (e.g., building a new project, developing

a self-employed career, targeting another survivor), the religious aspect of coping was more dominant and is strongly reflected in their narratives. Namely, their narratives about coping were mainly inspired by a religious worldview. We therefore turned our attentions to the Relational Spirituality Framework. This framework posits how spiritual beliefs may play a role in building and maintaining family relations in the context of adversity (Mahoney, 2010, 2013), and in the context of IPV and family crises (Mahoney, 2010). Our findings correspond to some extent with the principles of this framework, as they demonstrate how spirituality and religious practices are central in shaping coping narratives of women.

The first form of coping, religious and/or spiritual, includes devotion to prayers, commitment to the Jewish commandments, and accessing an appreciated rabbi for advice. Focusing on such activities allowed the women to dedicate time to themselves, think introspectively, rely on a trusted source, and calculate their next steps. This key finding corresponds with some literature on trauma recovery, indicating that one of the protective factors of a trauma response is associated with spirituality and religious coping (Anderson et al., 2012; Flasch et al., 2017; Giesbrecht & Sevcik, 2000). According to the women's narrative, these spiritual-based strategies (i.e., devoting time for prayers and attending Jewish classes) were fundamental to their recovery and to leaving the abuse. Accessing support from rabbis was particularly helpful for them in deciding to leave. This finding is supported by extended research emphasizing the importance of support by religious figures in coping with trauma and abuse (Anderson et al., 2012; Postmus et al., 2009; Shannon-Lewy & Dull, 2005); as individuals from faith-based communities often turn to faith-based counseling and informal support before seeking public resources (Logan et al., 2003). Gillum et al. (2006) indicated that IPV survivors who participated in their study reported that religious involvement tended to increase their psychological well-being, and spirituality was a source of comfort (Fowler & Rountree, 2009; Gillum et al., 2006). In the Ultraorthodox community, the rabbis are perceived as authority figures directing individuals and families both in material and spiritual issues (Coleman-Brueckheimer et al., 2009). Our findings show how the women's narratives reflect another aspect of consulting with a rabbi. The decision to leave the relationship is relied on the rabbi's advice. This finding corresponds with the RSF, which suggests that spirituality is associated with significant relationships with religious authority figures (Mahoney, 2010, 2013). The role of the rabbi, according to the women's descriptions is crucial in proceeding with the decision to break the cycle of violence.

The second form of coping concerns practical strategies. The women described how their commitment to a new



project, helping other women survive IPV, and commitment to their children's future, helped them shift the focus from the abuse and concentrate on a better future. These women prioritized planning a better future rather than dealing with and reacting to the abuse (directing energy and efforts toward new fulfilling goals). Developing a new project or studying a new field to help others, and at the same time recognizing that their husband will likely not change, were the impetus for directing their energy into a new creation. This finding corresponds with additional studies indicating how helping others in similar situations is fundamental to recovery (Flasch et al., 2020). When survivors can advise others, they experience empowerment, which in turn facilitates growth (Murray et al., 2015).

We assume that an integration of these two forms of strategies demonstrates the coping narrative. Spiritual and practical-based coping both contributed to the recovery journey. Our findings correspond with previous findings suggesting that IPV survivors experienced inner (i.e., journey with self) and outer (i.e., journey with others) elements of recovery (Maxwell et al., 2010); and with more qualitative studies addressing two directions of internal (recreating one's identity) and external (building positive social supports) processes (Flasch et al., 2017).

An in-depth glance at the findings further corresponds with a prior study on messages from longer-term IPV survivors to women more recently victimized. The messages included the inherent strengths and self-love, the importance of social support, leaving the abusive relationship behind, focus on self-care, practical issues and resources, recommendations about children, religious and spiritual messages, advocacy and social action, and more (Flasch et al., 2020). In conclusion, by viewing these research findings in an integrative manner, one can advance the understanding of what coping strategies might help IPV survivors. Our findings document a combination of two main directions for coping. Namely, although religion is central to how they live and cope with IPV, other parts of their identity should be taken into consideration (the identity of a mother- securing her children's future, the identity of a working womanseeking to develop her career and the identity of a Jewish woman who relies on her faith).

Limitations

This study provides an in-depth examination of a hard-toaccess population, a specific minority of women surviving IPV, and sheds light on some of the coping strategies that helped them survive and leave the abuse behind. However, this study carries several limitations related to the sample and data collection procedures. The women participated through snowball sampling, which means they knew each other to some extent and belonged to the same community and areas of living. This approach was deemed essential for participation from a heretofore difficult group to access. While their insights are informative, the findings represent a limited variety of perceptions and insights of women who probably shared common experiences. Further, the current study included UJW who considered themselves to be relatively modern among the large Ultraorthodox community by virtue of engaging in this research and sharing their accounts of coping with IPV. We can assert the centrality of religion in their coping narratives. Further research might benefit from purposive sampling with a diversity of UJW, aiming to gain richer insights into the ways in which western culture intersects with ultra-religious practices to shape coping.

Implications for Research and Practice

Our findings emphasize the importance of recognizing the unique coping strategies of IPV survivors from the Ultraorthodox community. Beyond the prior body of empirical knowledge, the added value of our study is in providing a rich picture of the multiple coping strategies the women utilized to end IPV. While we caution against assuming a homogenous approach to intervention, we suggest appreciating how religious observances, practices, and cultural community norms might shape a woman's journey from victim to survivor. This starting point might build trust with IPV survivors, particularly since religious and community contexts appear to impact ways and sources of help-seeking. This study supports previous evidence of the importance of learning about women's culture directly as experienced by first-hand sources. Effective intervention should be based on the unique knowledge and understanding of the survivors rather than on the knowledge of the practitioners (Haj-Yahia, 2011), and taking a step further, centering their unique voices and insights that, arguably, challenge the Ultraorthodox context within which their voices are formed and heard. This study also supports previous conclusions related to working with clients from the Ultraorthodox community. The need to become acquainted with the codes of the community, learn the basic terminology of the client (Band-Winterstein & Freund, 2015; Vass, 2023), and target the spiritual leader to address effective interventions in real collaboration, so he can actively join the intervention process (Ringel & Bina, 2007).

This study promises an added value to theory and practice. Religious practices, although frequent in this study's findings, were not the only documented ways of coping. In other words, although religious practices (prayers, Jewish lessons, rabbis' support) were fundamental for coping, and promoted the decision to leave the abuse behind, our



findings underscored a combination of both religious and practical coping strategies. Practitioners working with this population and with other faith-based minorities would benefit from considering additional aspects of coping that might be useful for survivors.

In terms of future directions, it is recommended to expand the knowledge of what coping strategies are commonly used across different religious groups of IPV survivors. Further, our findings documented both spiritual and practical strategies for coping with IPV, leaving us to call for exploring how these two dimensions influence each other. In other words, what is the intersection between internal (e.g., spiritual) and external (e.g., practical) coping strategies in the coping process? Furthermore, future research on more religious minorities and the evaluation of theoretical frameworks for studying these minorities would further contribute to the IPV field. The theoretical contribution of this study might be in replicating its design in future studies, particularly in cultural-based contexts.

Conclusions

In an attempt to fill the research gap and to enhance the body of knowledge of how survivors in faith-based minorities cope with IPV, this study aimed to shed light on the coping narratives of Ultraorthodox women. The study provides a rare glance into this hard-to-access population and sheds light on some of the coping strategies that helped women leave the abuse behind. The multifaceted perceptions of the coping experience can serve as a framework for future exploration of more faith-based minorities within culturally informed contexts.

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Declarations

Conflicts of Interest The authors declare that they have no conflict of interest.

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