

THE LIVED EXPERIENCES OF INTIMATE PARTNER VIOLENCE AMONG
AFRICAN AMERICAN/BLACK WOMEN

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BY

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DEDICATION

This dissertation is dedicated to the ten women who had the courage to share and trust me with their stories. I would also like to dedicate this to those women who wanted to share but were not ready and to those stories untold. May all these women find the strength and their voice.

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ABSTRACT

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Reported as one of the primary causes of injuries to women, intimate partner violence (IPV) perpetrated against women presents a major public health quandary in the United States (CDC, 2015). Despite the copious research concerning IPV and why women stay or leave abusive relationships, studies regarding African American/Black women's lived experiences and IPV are dearth, suggesting the need for conducting this study. Purposive sampling was used to recruit 10 participants. Ten semi-structured interviews were conducted to gain an understanding of their lived experiences as survivors of IPV. Social learning theory provided the theoretical framework for this study. Findings resulted in five major themes related to the lived experiences of study participants including: (1) growing up in a family environment where abuse was present, (2) having IPV in first intimate relationship, (3) emotional/psychological abuse, (4) faith, prayer, and coping with violence in the relationship, and (5) ending the relationship. Recommendations are to develop more culturally tailored programs to address IPV in the African American community. The findings of the study added to the existing literature in understanding the experiences of African American/Black women lived experiences of IPV during their lifetime.

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CHAPTER I

INTRODUCTION

Intimate partner violence (IPV) remains one of the most serious public health issues that has devastating and long-lasting effects on the victims and their families' health and quality of life. Victims and survivors experience more health problems and often seek assistance from health care services, in the context of acute traumatic injuries, physical, sexual and psychological sequels of abuse. (Bonomi et al., 2009; Bradley et al., 2020; Gerino et al., 2018). Prior to the COVID-19 pandemic, the World Health Organization (WHO) estimated that 35% of women globally experienced physical or sexual violence from an intimate partner over the course of their lives (WHO, 2017). Public health imperatives like lockdowns, stay-at-home orders, and social isolation have had a profound impact on families experiencing IPV. One in four women experience physical violence, sexual violence, or psychological abuse by an intimate partner at some point in their lives (Gerino et al., 2018; Horesh et al., 2020; Wong & Mellor 2014). IPV has been linked to nonfatal injuries of women in the United States, with approximately 35.6% of women reporting being injured because of IPV during their lifetime (Black et al., 2011). When examining IPV from a social-cultural perspective, several researchers found that African American women are at greater risk for negative outcomes and nonfatal injuries related to IPV compared to women from other racial or ethnic backgrounds (Sugg 2015; Yakubovich et al., 2018). IPV is considered a societal issue that affects all ages, races, ethnicities, religions, political affiliations, sexual orientations, and

socioeconomic backgrounds (Popescu & Drumm, 2009; Tjaden & Thoennes, 2000; Walters et al., 2013). Although findings from earlier studies suggested that there are no statistically significant differences pertaining to the causation of IPV against women across different races and ethnicities, researchers have found that culturally specific interventions may be more effective in helping African American women cope with IPV (Breiding et al., 2015; White & Satyen, 2015).

Little attention has been given to women of color, particularly African American women; and as a result, the voice of this population is inadequately represented in the research literature. African American victims of IPV may be able to cope better if they have resources of emotional support that are culturally specific coping strategies (Foster et al., 2015). Minority women have been considered more vulnerable to abuse (Hien & Ruglass, 2009) and research pertaining to minority cultures is often lumped together (Lacey, 2010; Lacey et al., 2011). Cultural beliefs and practices of African American women differ from other ethnic groups, which greatly influences their responses to situations of IPV (Bliss et al., 2008; Campbell et al., 2002; Grossman & Lundy, 2013; Lacey, 2010; White & Satyen, 2015). More research is needed to examine the lived experiences of African American women who have survived IPV and the factors related to survivorship. The aim of this study is to explore the lived experiences of a sample of African American women who can speak to their experiences with IPV.

Statement of the Problem

IPV has a considerable impact on the health and well-being of many Black American women. It remains a significant public health concern that is associated with premature death and disabling injuries for Black women (Dailey et al., 2011). Black American women are three times more likely to die at the hands of a partner or ex-partner than members of other racial groups. In most cases, their perpetrators were intimate partners. IPV coupled with other types of trauma has cumulative effects on the physical and mental well-being of African American women and may be among the contributors to health disparities (Anderson et al., 2015; Bent-Goodley, 2007; Langley & Sugarmann, 2017). Attempting to identify the factors affecting IPV survivorship has been difficult due to issues with reporting, measures, and definitions as well as the silence of some survivors. Researchers (Bent-Goodly, 2013; Hayes, 2013) suggest that structural inequalities are to blame for the higher rates of IPV among black women. This may be particularly true for low-income African American women as the risk of experiencing IPV increases when living in low-income communities. Studies have identified a strong relationship between IPV and mental health problems, for African American women, the psychological consequences of IPV have been chronic posttraumatic stress disorder (PTSD), depression, anxiety, suicidal ideation, substance abuse, low self-esteem, eating disorders and cognitive distortions (Bryant, 2010; Hayes, 2013, Modi et al., 2014).

Other studies have found an association between IPV against women and negative social and health consequences for children (Keeling & van Wormer, 2012; Yamawaki,

et al., 2012). A growing realization is that children who are exposed to violent home environments are likely to not develop similarly as children who are raised in non-violent environments (Keeling & van Wormer, 2012). Children who witness or are victims of emotional, physical, or sexual abuse are at greater risk for health problems as adults. These early exposures could include mental health conditions, such as depression and anxiety and may also include obesity, and poor self-esteem (Keeling & van Wormer, 2012; Yamawaki et al., 2012). Stressful and violent relationships between intimate adult partners can lead to increased emotional difficulty in the parent-child relationship and intensify the negative effects of IPV along with compromising their parental capacities (Robbins et al., 2012; Wathen et al., 2018).

Purpose of the Study

The purpose of this study was to qualitatively explore lived experiences of heterosexual African American women who have been victims of IPV. While a majority of the research has focused on the pervasiveness, causes, and consequences of IPV (Tjaden & Thoennes, 2006; Walters et al., 2013; Williams et al., 2008), there is limited research about influences related to the lived IPV experiences among African American women. The findings can be used to aid researchers and to help professionals to gain a better understanding of IPV in the African American community and enhance the development and delivery of their programs. There remains a significant need for increased awareness of and sensitivity to the interwoven dynamics of race and gender for African American survivors of IPV (Cho, 2011; Hayes, 2013; West, 2004).

Theoretical Framework

Social learning theory (SLT) by Albert Bandura (1977) was used to explore African American/Black women's lived experiences of IPV. Bandura reported that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior. A major assumption of SLT is that people learn through observation, imitation, and modeling. SLT explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences (Bandura, 1973a). SLT reflects the way in which individuals acquire and maintain behavior, while also considering the social environment in which individuals perform the behavior (Bandura, 1973a). SLT considers a person's past experiences, which factors into whether behavioral action will occur. These past experiences influence reinforcements, expectations, and expectancies, all of which may shape whether a person will engage in a specific behavior and the reasons why a person engages in that behavior.

There are five key tenets of SLT

1. Learning is not purely behavioral but rather a cognitive process that takes place in a social context (Bandura, 1977);
2. Vicarious learning occurs by observing a behavior and by observing the consequences of the behavior;
3. Observational learning involves observation, and the extraction of information from those observations, and making decisions about the performance of the behavior;
4. Reinforcement plays a role in learning but is not solely responsible for learning; and

5. Reciprocal determinism the learner is not a passive recipient of information.

Cognition, environment, and behavior all mutually influence each other (Bandura, 1977).

For the purposes of this study, the researcher focused on observational learning/modeling. Violence against intimate partners is initially acquired through modeling during childhood (Bell & Naugle, 2008; Hess & Rosario, 2018; Johnson et al., 2015). SLT proposes that approaches for settling family conflicts are often learned during childhood by observing parental and peer relationships. Victims and perpetrators of IPV are thought to have either witnessed abuse or directly experienced physical abuse as children, resulting in the development of tolerance or acceptance of violence within the family (Johnson, 2017).

Research Question

The research question that guided this study was. What are the lived experiences of African American/Black women who have experienced IPV?

Definition of Terms

African American/Black: A person having origins in any of the Black racial groups of Africa (United States Census, 2011). This also includes people who self-identify as Black and African American, Sub Saharan African entries such as Kenyan, Nigerian, and Afro-Caribbean cultures such as Haitian and Jamaican (United States Census, 2011). The terms African American and Black are used interchangeably and as appropriate to the ethnic group.

Emotional Abuse: Verbal or psychological mistreatment; manipulation or threats with the intent to blame, use coercive tactics or demean an individual's sense of self-worth (United States Department of Justice, 2012).

Heterosexual: A person who is sexually attracted to people of the opposite sex (APA, 2010).

Intimate: An intimate relationship is an interpersonal relationship that involves physical or emotional intimacy. Often an intimate relationship is usually a sexual relationship; it may also be a non-sexual relationship involving family, friends, or acquaintances (Cambridge English Dictionary, 2018).

Intimate Partner Violence (IPV): IPV is a pattern of abuse that occurs between two people in a close relationship. The abuse includes physical injury, psychological damage, verbal insults, sexual assault, stalking, deprivation, or isolation occurring between current or former spouses, cohabitating and dating partners as well (Centers for Disease Control and Prevention [CDC], 2015).

Physical Violence: Behaviors, actions, or gestures intended to invoke fear, intimidation, injury, or any type of physical harm. It includes striking, beating, choking, pushing, destroying materials or property, reckless driving, displaying weapons, injuring animals, and other exchanges where the outcome can result in physical injury to the victim (Chhikara et al., 2013).

Sexual Abuse: Forcing an individual to participate in sexual act without that person's consent or against one's will (CDC, 2012).

Assumption

Participants will be honest in discussing their experiences.

Delimitations

The first delimitation is based on the gender of the participants. This study focused solely on the lived experiences of Black American/Black women who have experienced IPV and are not currently experiencing any form of violence. Participants were recruited from the North area of Texas.

Role of the Researcher

My interest in the lived experiences of African American women occurred when I was first introduced to family violence when I was employed as a counselor at a local women's shelter. Curiosity developed further during my work with victim advocacy, expert court-testimonies, victims' groups, abuser intervention, and anger management groups in Oklahoma and Texas. Because of my professional knowledge and skills, I am very qualified to interview a sample of African American/Black women about their lived experiences as survivors of domestic violence. As a minister, my role is to provide spiritual guidance and support to individuals who may be experiencing a wide range of personal and family issues. These interconnecting roles have been instrumental in shaping and developing me into the woman I am today. I am able to assist and support women who experience trauma by providing options, education, and resources to women who have endured IPV. There is a need to explore the dynamics impacting African American/Black women who have experienced IPV at various points in their lives thus

enabling helping professionals to design culturally informed services, supports, and best practices.

Summary

Most studies examine groups of women who experience IPV by gender or situation rather than race. There remains a scarcity of research that has focused on African American/Black women's lived experiences of IPV. It is the researcher's purpose to find the meaning of these women's experiences of intimate partner violence. The individuals exposed to IPV are vulnerable to a wide range of mental health problems, such as depression, anxiety, PTSD, and additional physical or mental pains, making IPV an important public health issue (George et al., 2014; Wathen et al., 2018). White et al. (2015) indicated that IPV is multifaceted in nature, requiring a comprehensive, integrative approach to addressing it. I used premises of social learning theory to understand their experiences. The study findings will be beneficial to IPV survivors, their families, researchers, and helping professionals seeking to alleviate the effects of IPV among African American/Black women. This study will add value to the body of research in family studies and would also inform other disciplines involved with the care of women who experienced IPV.

CHAPTER II

REVIEW OF LITERATURE

The purpose of this qualitative study is to phenomenologically explore the lived experiences of African American /Black women who have been victims of IPV. Behavioral modeling of social learning theory will be used to understand these women's experiences. A summary of the literature revealed that social support was a frequently investigated topic among African American/Black women who experienced IPV; the lived experiences of the woman are the central focus of the research. The social learning perspective is useful in helping to understand learned behaviors that may play a role in these women's experiences. Topics of social support (family and friends, religion and spirituality, and social services), race/ethnicity, income, and substance abuse can provide an understanding of the relevance of social learning in these women's lives.

Social Supports

Family and Friends

Social supports are often a protective aspect associated with reducing IPV for victims and survivors. Social support from family and friends can significantly help to reduce the prevalence and frequency of IPV. These supports are instrumental to a woman in need as they often provide her with some form of tangible aid that helps her to achieve a desired goal such as safety (Sylaska & Edwards, 2014; Wright et al., 2010).

Family and friends often are not aware of the IPV that women are experiencing for reasons of shame and fear of being viewed as unstable for staying in the relationship

(Baly, 2010; Fontenot & Fantasia, 2014). Many African American women have been reared to repair the damage dealt in the Black family through economic and racial adversity. Bender et al. (2003) examined perceptions of social support (tangible, emotional, and informal) to learn of its relationships to childhood maltreatment experiences (i.e., sexual abuse, physical abuse/neglect, emotional abuse/neglect) and IPV among 362 African American women with low incomes, ages 18-64 years old. Bender et al. (2003) identified an association between childhood maltreatment and adult IPV. The association occurred through lowered levels of social support. The more severe a woman's history of childhood maltreatment, the less likely they were perceived to have had social support. The less perceived social support that women had, the more severe adult IPV was experienced. A lack of tangible social support (e.g., advice, guidance) that could help her to achieve a desired goal such as safety or expressive support (e.g., concern, trust, affirming her self-worth) often led women to believe that they had fewer options for other intimate relationships. Social support was usually provided by a family member in African American systems when women had been abused in their childhood by a family member. That social support from family often became less available when they became an adult (Bender et al., 2003).

African American women who were disproportionately poor were found to have minimal social support. The quality of support was impacted due to some women's inability to form and maintain trusting relationships that resulted from childhood maltreatment. The finding supported the clinical beliefs that all forms of childhood

maltreatment can significantly predict adult IPV and further support the theory that women who have learned through childhood experiences that certain behaviors are expected in their intimate relationships are more likely to tolerate them in their adult relationships (Bender et al. 2003).

An ethnographic study of 17 Afro-Trinidadian women exposed to IPV was conducted by Hadeed and El-Bassel (2006). Participants were ages 18 to 55 years old, and reported to have had experienced IPV during the past year or were still involved in an IPV relationship. The length of their intimate relationships ranged from 1 year to 32 years, and 65% had two dependent children living in the home. Seventy-six percent lived with their abusive partners. Seventy percent reported severe physical abuse, 41% reported sexual abuse, and 88% reported severe emotional or verbal abuse. Five women turned to their mothers and indicated that support from them was not always available because of strained childhood relationships. One participant reported that her mother was a victim of IPV who provided financial support and childcare but wanted her daughter to handle her abuse in the same way she did by minimizing the violence and pretending that all was well. Support from fathers and uncles came in the form of physically threatening the abusers but never following through on their threats. Participants reported being encouraged to behave themselves and reconcile with their abusive partners. Friends and coworkers mainly offered supportive advice; some friends allowed women to use their homes as a place of escape during violent episodes.

Current research by Pickover et al. (2018) involved an investigation of 67 African American women ages 18 to 56 years who reported a suicide attempt, exposure to IPV in the past year, and lived-in neighborhood disorder (i.e., crime, vandalism, danger, noise, and illicit substance use). Regarding marital status, 43.8% of participants were never married, 39.1% were married or partnered, 15.7% were divorced or separated, and 1.6% were widowed. Participants completed face-to-face assessment and intervention sessions that addressed reducing intrapersonal, social, situational, environmental risk factors, and increasing protective factors. Pickover et al. (2018) found that social support (perceived, actual, or expressive resources) supplied by family members, friends, and community social networks mitigated risk for low-income African American women residing in highly disordered neighborhoods. IPV severity was of greater concern when the participants lived closer to neighborhood disorder (Pickover et al., 2018). Among low-income, African American women exposed to IPV residing in disordered neighborhoods. Interventions should include a significant focus on fostering relationships with supportive figures that include family and friends. Community-level interventions aim to increase social cohesion to strengthen social ties between neighbors and enhance the collective efficacy of women exposed to high rates of IPV.

Service providers working with IPV exposed women must be mindful of the individual, relational, social, and cultural factors that influence survivors' disclosure, social engagement, help-seeking, and treatment attendance and response (Pickover et al., 2018).

Religion and Spirituality

Historians generally agree that the religious life of Black Americans forms the foundation of their community life (Foster et al., 2015). African American women stand out for their high level of religious and spiritual commitment (Watlington & Murphy, 2006). According to Pew (2008) more than 84% say religion is very important to them, and 59% say they attend religious services at least once a week.

Nason-Clark (2009) reported that African American women in abusive situations seek help and assistance from faith-based leaders. African American women are also more likely to engage some type of spiritual practice that may include prayer. This finding adds to the growing evidence for African American women seeking services such as counseling from faith-based leaders in addition to praying. Foster et al. (2015) found that many women rely on their faith and seek out God as a means of coping when enduring domestic violence in their relationships. Additionally, the use of religion and spirituality may contribute to domestic violence survivorship (Vil et al., 2017). An earlier study by Nash (2005) involved narratives from semi-structured interviews with nine African American women's personal experiences with IPV and their patterns of religious coping with IPV. This sample was taken from a study of 14 African American women that examined of religious coping among victims of IPV. The participants' ages ranged from 33 years to 69 years. The focus of the interviews with the women were (a) the participants' religiosity, (b) the participants' husbands' religiosity, (c) the religious meanings used to cope with an abusive marriage, and (d) the individuals and structures

that influenced religious coping (Nash, 2005). Participants discussed the importance of faith and prayer, interpreting their meaning and instruction from God, surviving the abuse, and strategies to end their abuse. Several women expressed religious caretaking toward their spouses, a role that cast them as their husbands' protectors.

In retrospect, the women found it unbelievable to the degree they had disregarded their own safety in order to sanction their spouse' protection. Black women were found to remain in their abusive relationships, longer than they should, as a result of how they were engendered to take on the protector role (Nash, 2005).

Another earlier study by Watlington and Murphy (2006) found that social support, religion, and spirituality were linked to depression and PTSD when coping with IPV among 65 African American women. Participants' coping skills and depression were found to be dependent on their level of spirituality and faith practices. Data revealed participants who had positive social support and coping skills often had religious practices present in their lives. A correlation was found when those religious and spiritual practices were absent, depression and PTSD were identified. Other research (Hadeed & El-Bassel 2006) suggest women who experienced IPV found solace through specific activities of prayer, church connections, and spiritual counseling.

In a phenomenological analysis, Potter (2007) interviewed 40 African American women about their experiences utilizing faith and religion as a part of their efforts to escape their IPV relationship. Participants were 18 to 59 years old who had been in IPV relationships that included physical violence. The majority ($n = 23$) of the women were

affiliated with a Christian denomination. Baptist was the most represented Christian religion; other religions were Seventh Day Adventist, Jehovah's Witness, Mormon, and Muslim. The women were asked about their level of religious participation and any fluctuation in participation before, during, or after abusive episodes.

Eight of the 40 women did not seek assistance from the church and had become disheartened with their church and its members during their abusive relationships. Their discontentment was rooted in (a) feeling their reports of abuse would not be believed by their pastors, (b) witnessing how clergy had failed to help other abused women, and/or (c) witnessing how clerics and other church members were hypocritical and aberrant in their faith. Multiple women were found to have a strong dependence on their faith as a means of coping with and/or getting out of their relationships. Participants expressed their faith being a very integral part of their lives despite their decreased involvement in religious practices during their abusive relationships.

Paranjape and Kaslow (2010) examined the role of spirituality, social support levels, and negative health outcomes among 212 African American women who were 50 and older and were exposed to IPV. Demographic variables included a median monthly income of \$927.00, unemployed and/or disabled was 54%, and did not finish high school was 44%. Participants were interviewed in two urban primary care practices over 24 months. Researchers found that older African American women who were victims of IPV reported worse physical and mental health well-being. Women who reported higher levels of spirituality developed better coping responses and higher levels of resiliency

over their lifetime, which translated into better physical and mental health status.

Paranjape and Kaslow (2010) suggest that helping professionals are to be more proactive in inquiring about the levels of spirituality and sources of social support among older African American victims of IPV. Further, both spirituality and social support levels were potential intervention points for improving the physical and mental health for these women.

Brade and Bent-Goodley (2009) research was different from the aforementioned studies in that their participants were faith-based leaders ($N = 153$) in the African American community. Brade and Bent-Goodley (2009) found IPV was an issue that needed to be addressed in the church. Seventy-three percent of their participants believed that church leaders were not open to addressing IPV within congregations. Ninety-seven percent of the participants recommended that churches should provide members with resources about domestic violence. Participants also discussed that pastors should incorporate IPV education and teaching into preaching strategies, and churches should be made aware of resources and supportive services to provide to persons who report domestic violence.

Social Services

Victims of IPV on average make five attempts to leave their partners before they actually end the abusive relationships (Lacey et al., 2011). After leaving, violence frequently continues in the form of stalking, threats, and physical assault (Sylaska & Edwards, 2014). The extent to which African American women choose and are able to

leave IVP relationships remains unclear and not well researched. There is limited information on the use of social services agencies, the health care system, and advocacy programs by African American female victims of IPV (Sylaska & Edwards, 2014).

Bent-Goodley (2004) conducted three focus groups to examine African American women's perceptions and experiences of IPV. Participants were 18-48 years old, and all had children under the age of 12. All the women reported that they had been threatened or put down by an intimate partner and had experienced physical abuse, such as being pushed, having limbs broken, and being hospitalized as a result of domestic violence. Participants were asked to respond to the definition of domestic violence given to them and the question "What are your perceptions about domestic violence?" Domestic violence was defined by Bent-Goodley (2004) as a pattern of assaultive and coercive behaviors including physical, sexual, and economic coercion that adults or adolescents use against their intimate partner. Four major themes were perceptions of domestic violence, inaccessibility of domestic violence services, the need for public education, and the child welfare system. Bent-Goodley (2004) learned that participants had a lack of knowledge regarding where domestic violence services were within their community. Participants shared displeasure about the lack of information regarding domestic violence services. They expressed feeling trapped and having nowhere to turn because they did not know where to go for help. Public information about domestic violence should take place using a culturally competent approach such as in churches, barbershops and beauty salons. Participants discussed feeling penalized for being poor, African American, and a

victim of IPV and that social workers should not assume that the client views violence as something wrong. Fear of having your children removed by child welfare workers was a reason for apprehension to discuss domestic violence. A concluding note was that service providers and advocates must be understanding of the importance of African American women's perceptions about domestic violence and how persistent systemic barriers can discourage them from seeking assistance (Bent-Goodley, 2004).

Crann and Barata's (2016) phenomenological study centered on the lived experience of 16 multicultural participants between 18-55 years old. Two participants were currently in abusive relationships, and 14 had a history of abuse. Interview questions asked women to describe how they moved through and coped with their experiences of abuse, to describe a time they did and did not feel supported after, during, or in spite of abuse. It was found that participants' experience of resilience emerged as cognitive, emotional, and behavioral shifts described as changes in the women's thinking, feelings, or behavior. Throughout their narrative's women discussed many internal and external factors and processes that helped them develop or maintain resilience. The shifts were toward the participant, the abuser, the relationship and the violence. Crann and Barata (2016) identified a gap in the lived experiences of resilience and IPV survivors and suggest that multiple conceptualizations have resulted in placing resilience into broad categories (i.e., lack of a clinical diagnosis and the presence of factors that are related to resilience). Social support, both personal and institutional, was identified as an important external pathway for many women in the study. According to Crann and Barata (2016),

little is known about the lived experience of resilience in minority IPV survivors, mainly due to past scholars' narrow conceptualization and measurement of it.

Other Areas of Investigation: Early Exposure to IPV, Infidelity, Race/Ethnicity, Economic Hardship, Substance Abuse and Survivorship

A community sample of 190 children ages 6 to 12 years and their mothers who were exposed to IPV in the last year (Bermann & Perkins, 2010), found that mothers reported an average of 15 acts of physical violence in the last year and 69 acts of psychological maltreatment. School-age children were eyewitness to 82% of the physical violence and 89% of psychological maltreatment tactics. Mothers' mean age was 33, ethnicity for both mother and children was diverse (52% White, 34% African American, 9.5% Biracial, 4.5% other). At the time of the study (<5% of the mothers were residing in shelters). Mothers were asked to complete the Conflict Tactics Scale (Straus, 1979); Mothers reported whether they, their partner, or their child had any physical injury as a result of IPV during the last year. The mothers' self-reported history of violence with an abusive partner indicated that the average length of their abusive relationship was 9 years, findings revealed that 63% of the children were first exposed to IPV in infancy (0–1 year of age), 18% as toddlers (1–2 years of age), 7% as preschoolers (3–5 years of age), and 12% were first exposed to IPV when they were between 6 and 12 years old. These findings suggest that perhaps it is the accumulated effect of exposure to traumatic experiences that contributes most to adverse outcomes for the children. Given the length of their violent relationships and the frequency of violence experienced by the women in

this study, depicts family violence as an ongoing, chronic stressor for their children., More than 60% of the children were exposed to both mild and severe violence for most of their lives. These estimated cumulative amounts of violence witnessed and/or experienced by the child could be related to greater childhood adjustment problems and subsequent adult relationship problems.

Utley (2017) conducted 65 interviews with surviving partners of sexual affairs who also experienced IPV. The women's ages ranged from 21 to 67. Sixty- three percent of this sample included heterosexual African American women in relationships with African American men. Participants were asked about their heterogeneous experiences with infidelity to provide a more inclusive picture of how infidelity impacts women's lives. Direct questions about IPV were not asked during the interviews because the research had no intention of collecting data about infidelity and IPV but found 150 distinguishable instances of IPV recurred within the interviews.

Utley (2017) posited that race partially explained why many Black women experienced infidelity with Black men. Racially biased socioeconomic impediments like high incarceration and mortality rates can create an imbalanced sex ratio that makes fewer marriageable Black men available to marriageable Black women. This pattern may contribute to wittingly or unwittingly man sharing (Utley, 2017). The coexistence of infidelity and IPV that emerged from the data were not a matter of infidelity as a precipitating factor that led to IPV or infidelity as part of a pattern of violence. Instead, infidelity took on the characteristic form of IPV. Relational transgressions were found to

be hurtful events causing the women to feel victimized and vulnerable in addition to IPV that was occurring in their relationship. For example, an abuser became physically violent when his wife/partner confronted him about his affair (Utley, 2017).

It is important to note, while highlighting structural disadvantages experienced by the majority of African Americans women in the sample, that it is equally important not to pathologize them simply because they were African Americans surviving the dark side of romantic relationships.

Racial and ethnic disparities in IPV relationships appear to be lacking in studies of nonclinical samples; several related paths of research point in this direction (Agazie, 2011). Alcohol use (Lipsky & Caetano, 2007) and lack of income (National Center on Family Homelessness, 2013) have been associated with IPV, especially among Black women. In Nash's (2005) study, participants were asked "Do you think that race is a factor in how some Black women respond to their abusive situation?" Three patterns emerged (1) an obligation to act as Black men's caretakers, by protecting their masculinity, social image, and the life chances of their Black sons, by responding through a sense of religious duty; (2) the relationship between tensions experienced, and a Black men's encounters with workplace discrimination and educational disparities; and (3) how race, gender, and class discourage some Black women from intervention (i.e., formal mental health assessments and treatments were unsuitable for Black women; Nash, 2005). Participants also discussed White racism as an external irritant that is both

historically relevant and a present-day, ongoing stressors in Black relationships (Nash, 2005).

Wright (2015) used secondary data collected in 2002 by the Project on Human Development in Chicago Neighborhoods. Wright investigated the relationship between social support and IPV across neighborhoods and if this relationship was moderated by neighborhood disadvantage. The sample included 4,645 respondents age 18 and older and focused only on female caregivers who were victims of IPV and reported being in a married, cohabiting, or dating relationship within the year prior to the PHDCN study. Seventy-five percent of the participants were African American females. A result was that older African American women who lived in higher income households were less likely to be victimized by prevalence and frequency of IPV. Substance abuse was found across neighborhoods to increase the frequency of IPV among African American Women (Wright, 2015).

Vil et al.'s (2017) study shed light on the strategies that Black women use to survive IPV even in the midst of feeling helpless. Women who experience IPV are often portrayed as helpless victims; many women who experience IPV implement strategies to help them survive the abuse. The qualitative study explored the survivor strategies used by low-income Black women who experience IPV, whose ages range from 18 -55 years old. Semi-structured interviews were used for 26 survivors who reported being in an IPV relationship in the past two years. Interviews focused on questions about major life events, childhood experiences, and relationships including sexual partners. Disputing the

stereotype that women who experience IPV are simply passive victims of their abuse, the Black women in this study used several internal, interpersonal, and external strategies to deal with their abusive relationships. Data analysis revealed three types of survivor strategies used by low-income Black women: (1) internal (use of religion and becoming self-reliant), (2) interpersonal (leave the abuser or fight back), and (3) external (reliance on informal, formal, or both kinds of sources of support (Vil et al., 2017).

O'Connor and Nepomnyaschy (2019) used a longitudinal sample ($n = 4,234$) to study the association of IPV with material hardship. Researchers found that 43% of African American who experienced IPV also experienced material hardship based on the following situations due to a lack of not enough money in the past year: (a) received free food; (b) did not pay full amount of rent; (c) evicted for not paying rent; (d) had the electricity turned off; (e) moved in with others; (f) stayed at shelter, car, or abandoned building; (g) did not get necessary medical care; or (h) had phone service disconnected. While all types of IPV predicted increased material hardship, physical abuse has the highest association with hardship. This result of a more direct relationship between physical violence and hardship, compared to other types of IPV is because physical violence resulting in injuries or visual bruising prevent women from working. Much research has been dedicated toward devising assessment measures in areas such as lethality screenings and safety planning (O'Connor & Nepomnyaschy, 2020). Limited work has been done on understanding the impact of IPV on economic security, in sum, findings indicate that mothers' ability to provide for themselves and their children is

substantially reduced when they experience IPV, which play a key role in IPV survivors' ability to thrive and build economic security.

Summary

There is an absence of literature pertaining to the lived experiences of African American/Black women who are survivors of intimate partner violence. These gaps highlight the significance and importance of this study. Clearly, more research is needed to help increase in the development of culturally competent supports and resources for this population. Moreover, the requisite to engage in research that contributed to designing and implementing culturally sensitive interventions for the empowerment of African American/Black women who have survived IPV is significantly important. This study will add to the research of lived experiences of IPV among African American/Black women.

CHAPTER III

METHODOLOGY

This qualitative study focused on the lived experiences of African American/Black women who experienced intimate partner violence. The women had the opportunity to share their experiences via Zoom interviews. This chapter outlines the qualitative methodology that illuminates this study's setting, sample, data collection, analysis, and management. In addition, this chapter includes the approach used to enhance the quality of the research and trustworthiness of the data, as well as information about the quality and standards related to the ethical considerations of the participants.

Qualitative Methodology

Qualitative research is a method of inquiry that allows for examination of social phenomena in the context of how people interpret their lived experiences (Creswell, 2013). Qualitative research emerges and evolves similar to human behavior. Qualitative studies can provide rich, concentrated data that can be used to understand the phenomenon being studied. The purpose of this qualitative study is to explore the lived experiences of African American/Black women who experienced IPV.

Phenomenology

For the purpose of this study, a phenomenological approach was used to examine the lived experiences of African American/Black women who experienced IPV. Phenomenology is used to explain how human beings experience a certain phenomenon. According to Creswell (2013) researchers can gain an in-depth understanding of the lived

experiences of the participants when conducting phenomenological research. A key element of phenomenology is that researchers seek to minimize factors that can influence how phenomena are understood (Creswell, 2013). Efforts are made to set aside preconceived assumptions, biases, and feelings towards a particular phenomenon so that the data can be understood in its richest sense. In order to discover meaning in the data, researchers should be open enough to let unexpected meanings emerge (Marshall & Rossman, 2014).

Bracketing

Bracketing represents two forms of researcher engagement (Creswell, 2013). The first form is the identification and setting aside of researchers' assumptions. The second engagement is revisiting data and one's evolving comprehension of it in light of a revised understanding of any aspect of the topic (Creswell, 2013). Bracketing is important to do in qualitative research in order to gain a clearer view of the participants' experiences with minimized bias (Creswell, 2013). I avoided bias by taking time to debrief with professional peers and my research advisor. This allowed me to refocus and move through the bracketing process as well as to keep me grounded in the interpretations and meaning of my participants' experiences concerning their lived experiences of IPV.

Triangulation

This method of research uses various means to triangulate the data to help ensure trustworthiness of the information gathered. Triangulation is a method used in qualitative research that helps to establish credibility of a study (Marshall & Rossman, 2014).

Different types of triangulation exist, such as data triangulation and analyst triangulation. For this study, I utilize analyst triangulation that involved my review of the data along with a research assistant, and the research advisor's review.

Researcher Perspective

When conducting qualitative research, the researcher experiences the research process. The researcher is an instrument in qualitative studies as the researcher often creates the interview questions, conducts the interview, and analyzes data all through their personal lens (Marshall & Rossman, 2014; Saldaña, 2013). As an advocate for victims and survivors of IPV through my work with non-profit organizations, I am highly aware of my sensitivity and existing knowledge about this topic. I began bracketing during the start of my literature review and continued throughout the research process. I discussed and processed the collection of the literature with my research advisor, two survivors/advocates of IPV, and one professional peer who works in the IPV field in order to discuss potential biases during data collection and the data analysis processes. These debriefing sessions allowed opportunities for me to refocus and move through the reflective process as well as remain grounded in the interpretations and meaning of my participants' experiences. In addition, I maintained a journal during this study in order to process my own thoughts related to the study that might present themselves as biases. Journaling afforded me the opportunity to engage in self-reflection continuously during and after the data collection and analysis process. The journaling was not only intended

for me to examine my conscious thoughts but also those unconscious attitudes, behaviors, and ideologies that contribute to my understanding of the data.

This also allowed preexisting knowledge to be bracketed out from new data that was collected during this study. I consciously maintained awareness of how I interpreted the data in order to help minimize any biases influencing the results of the study.

Protection of Human Participants

The Institutional Review Board (IRB) protects the rights of the human subjects who participate in research. An application to the Texas Woman's University (TWU) IRB was submitted to obtain approval for participation of human subjects in my research. Participants were informed that participation is on a voluntary basis, and that they can discontinue their participation at any time. The participants were notified that their information will be kept confidential and safeguarded from unauthorized disclosure.

Participants

For the purpose of this study, 10 African American/Black women who had lived experiences of IPV were recruited. Participants were selected on the basis of an initial screening, and their experience of leaving and remaining away from an abusive partnership. In order to be a participant in this study, women meet the following criteria: (a) African American female, (b) age 18 years or older, (c) biological, heterosexual female, (d) lived experiences of IPV in any form, (e.g., physical, sexual, verbal, or emotional), and (e) not currently in a state of crisis regarding an intimate relationship. The phrase "state of crisis" is defined as actively fleeing an abusive intimate partner or

residing in a shelter for victims of IPV. The purpose of requiring that participants be biologically female, and heterosexual was to reduce the likelihood of confounding the research. Women who are lesbian or transgender are special groups who would require individual attention to examining lived experiences of IPV.

Procedures

Recruitment of Participants

Participants were recruited through the researcher's family, friends, and social media platforms: Facebook and Instagram. Purposive sampling criteria was used for this study, African American/Black women who were 18 years and older and who were not currently in a state of crisis regarding an intimate relationship. All 10 women who expressed interest in the study, met the purposive sampling criteria. Purposive sampling, also known as judgmental or subjective sampling, is a form of non-probability sampling in which the researcher relies on their own judgment when choosing the population to participate in their study (Onwuegbuzie et al., 2012). This sampling method requires researchers to have prior knowledge about the purpose of their studies so that they can properly choose and approach eligible participants. This method of sampling was used as it may have been difficult to recruit participants given the nature of the study. The topic of this study is sensitive IPV and includes participants whose backgrounds are unique. The recruitment email/flyer (see Appendix A), Facebook post, and Instagram post were sent out once. In my communication with family and friends, I informed and reminded them of the study verbally and/or via recruitment email/flyer. I asked them to forward the

recruitment email/flyer to persons who may meet the study criteria and to post the recruitment flyer on their social media platforms to recruit participants for the study. Interested individuals were asked to contact me by email with a preferred telephone number and time they can be contacted. I then contacted interested individuals by telephone using a telephone script (see Appendix B). I described the details of the study, confirmed that individuals met the study criteria, read the informed consent form, (see Appendix C), asked if individuals were still interested in participating in the study, and addressed any questions the individuals might have. For individuals who met the study criteria and agreed to participate in the study, a date and time for a Zoom meeting was scheduled. To help protect participant confidentiality, I asked participants to find a location for the meeting that is private, and I would be in a private location also. The consent form (see Appendix C), demographic questionnaire (see Appendix D) and a resource list (see Appendix E) were emailed to the participants prior to the meeting. Participants were asked to read and complete the consent form and demographic questionnaire and return both documents to the researcher via email prior to the meeting; participants were permitted to digitally sign the consent form. After interviews were scheduled, the researcher sent a reminder via text (see Appendix F).

Data Collection Procedure

At the beginning of the meeting, a summary of the study including any potential benefits and risks were reviewed. Participants were asked for permission to audiotape their interviews. If a participant indicated “no” for audiotaping their interviews, then

their responses were handwritten. Next, I reviewed the consent form with the participants and discussed any questions or concerns they had. In addition, I asked participants if they had questions about their demographic questionnaire. The participants were reminded that the study was voluntary and that they could withdraw at any time, which helped to establish an environment for the participants to be open and honest about their experiences. Explaining this allowed a participant the option to withdraw and added credibility to the study (Lunenbergh & Irby, 2008). Next, the interviews were conducted all 10 of the interviews were audiotaped, none of the participants declined for their interviews to be audiotaped. The purpose of audio-recording interviews is to protect the integrity and accuracy of the interview. My intent was to report exactly what was captured in the interview. Interviews were approximately 60 minutes. I used a semi-structured interview question (see Appendix G) to help comprehensively explore the ways in which participants made sense of their personal and social world, and to examine their unique perceptions regarding their experiences of intimate partner violence. Each participant was interviewed separately and asked specific questions related to their lived experiences with IPV. Encouraging statements such as, “tell me more” were made by the researcher to facilitate discussion. The participants were given an opportunity to ask questions before, during, and after the interview. As a means to establish rapport with the participants, the researcher asked open-ended questions, actively listened for content, and clarified misunderstandings as needed. Throughout the interview, participants’ questions about the study were answered. At the end of the interview, they were asked if they

would like to participate in member checking; none decided to participate. Participants received a \$10 eGift card as an incentive for their participation. The gift card was offered at the conclusion of the interview, all participants completed the study. Bracketing was utilized in order to not excessively influence the data.

Data Collection

Participants completed a demographic questionnaire (see Appendix D) and participated in a semi-structured interview (see Appendix G). The demographic questionnaire contained questions such as age, marital status, number of children, and time in IPV relationships. I developed the interview questions based upon research literature on IPV.

The following research question guided the study:

What are the lived experiences of African American/Black women who have experienced IPV?

Interview Questions:

1. When did you first experience violence in a relationship with a partner?

Prompt: Would you tell me more about that?

2. What did intimate relationships look like when you were a child?

Prompt: Would you tell me more about that?

3. What type/s of violence have you experienced in romantic relationships (such as physical, emotional, verbal, psychological)? (Intimate relationships such as with boyfriends, spouses).

Prompt: Would you tell me more about that?

4. Would you tell me about your previous history of violence in romantic relationships such as with boyfriends, spouses?

5. When and how did these intimate relationships that were violent end?

Prompt: Would you tell me more about that?

6. How has violence in your romantic relationships affected your relationships with family and friends?

Prompt: Would you tell me more about that?

7. What/Who led you to your decision to stay or leave in violent intimate relationships?

Prompt: Would you tell me more about that?

8. How did you get from how you used to be (in an abusive relationship) to how you are now (as a survivor)?

Prompt: Would you tell me more about that?

9. Which people and services have you turned to for help when you were experiencing violence in your intimate violent relationship?

Prompt: Would you tell me more about that?

Conclusion: Final Question

10. Is there anything that you would like to share, that I did not ask?

Data Analysis Procedures

After interviewing the participants, the audio recordings were transcribed and coded using the qualitative software Dedoose. According to Saldaña (2013), coding in

qualitative research is typically a word or short phrase that characteristically ascribes a summative element for a portion of the data. After the transcription, a first cycle coding of descriptive coding was utilized. Dedoose was used to color code labels for sentences, phrases, paragraphs that appeared similar in nature. For second cycle coding, pattern coding was used to identify themes that emerged from the data. To help ensure trustworthiness, analyst triangulation was utilized; the research assistant conducted data analysis using similar steps employed by the researcher. The findings were discussed in the form of the themes that emerge from the data. The research assistant was a doctoral student who completed a doctoral level qualitative research methodology course. The assistant and lead researcher met on three occasions to discuss the data to compare and contrast the findings. The researcher and research assistant reviewed the categories and themes they had in common and discussed what data in the transcription led to each deciding on the similar or common themes. In addition, they met to discuss the differences in the interpretation of the results. The researcher and research assistant's final discussion included an individual analysis of the data and decided on a draft of results. A final discussion regarding the study themes and categories was also discussed and reviewed by the researcher's advisor.

Summary

The data were gathered from 10 participants using a demographic questionnaire and semi-structured interview. The interviews were audio recorded with participant's permission. The data were transcribed and coded using the qualitative software Dedoose.

The researcher and research assistant, research advisor, were part of the analyst triangulation process. The data were analyzed for themes that could offer insight into the lived experiences of African American/Black women who have endured lived experiences of IPV. In the next chapter, I present my study findings.

CHAPTER IV

RESULTS

The purpose of this phenomenological study was to examine 10 African American/Black heterosexual women's lived experiences of IPV. Data were gathered via semi-structured interviews as well as through a questionnaire that captured demographic data. The interviews were audio-recorded and transcribed verbatim, and these data were analyzed to develop themes amongst the participants. The theoretical framework that guided this study was social learning theory observational learning. This was the focus for the evaluation and presentation of the findings. Observational learning is appropriate to this research because it includes family structures and how individuals acquire and maintain behavior, while also considering the influence of their social environment in which individuals carry out the behavior. This research sought to understand the relationship of observational learning in the family dynamics of African American/Black women and their lived experiences with IPV. Violence against intimate partners has been initially acquired through modeling during childhood (Bell & Naugle, 2008; Hess & Rosairo, 2018). This chapter provides demographic data of the participants, followed by the themes that emerged, which were incorporated into the participants' narratives.

Demographic Sample

The demographic questionnaire was created by the researcher. The questionnaire included inquiry regarding the participants' age, years of experiencing IPV, education

level, number of children, last time IPV was experienced, and marital status. The mean age of the participants was 43.8 years old, ranging 21 to 61 years old.

Seventy percent of participants ($n = 7$) were divorced, 20% ($n = 2$) were married, and 10% ($n = 1$) was single. Eighty percent of participants ($n = 8$) had children. More details about the participants are displayed in Tables 1-3.

Table 1.

Descriptive Statistics of Demographic Characteristics

Characteristics	Category	<i>N</i>	%	<i>Range</i>	<i>M</i>	<i>SD</i>
Participant's age		10	100%	21-61	43.8	2.5
Racial/Ethnic identification	African-American/Black	10	100%			
Marital status	Married	2	20%			
	Single	1	10%			
	Divorced	7	70%			
	Widowed	0	0%			
Educational level	High School	0%	0%			
	Associate Degree	1	10%			
	Bachelor's degree	2	20%			
	Master's degree	4	40%			
	Ph.D. or professional degree	3	30%			

Employment status	Full time (35 hours or more per week)	6	60%			
		3	30%			
	Part time (less than 35 hours per week)	1	10%			
	Not Employed		0%			
Number of children	0	2	10%		2.1	1.9
	1	2	20%			
	2	4	10 %			
	3	1	10%			
	4	1	0%			
Income Range	Less than 20k	1				
	\$20K - \$39,999	2				
	\$40K - \$59,999	4				
	\$60K \$79,999	2				
	Over \$80k	1				

Table 2*IPV Demographics of Participant*

Participant	Age	Last time IPV was Experienced	Number of Years IPV Lived	
P-1	21	6 months ago	3 Years	
P-2	39	Over 5 Years ago	4 Years	
P-3	37	Over 5 Years ago	5 Years	
P-4	45	Over 5 years ago	2 Years	
P-5	45	Over 5 years ago	10 Years	
P-6	45	1 Year ago	20 Years	
P-7	40	Over 5 years ago	8 Years	
P-8	59	Over 5 years ago	6 Years	
P-9	61	Over 5 years ago	2 Years	
P-10	59	Over 5 years ago	2 Years	

Table 3*Abuse History: Types of Abuse Observed and Experienced*

Participant	Abuse Observed during Childhood	Abuse Experienced during Childhood	Types of Abuse Experienced in IPV Relationships
A-1	Emotional	Reported None	Sexual, Emotional Psychological Physical
A-2	Reported none	Reported none	Sexual, Emotional Psychological Financial
A-3	Emotional abuse	Reported None	Emotional, Lots of Psychological and Physical
A-4	Emotional Abuse	Reported None	Emotional Psychological and Physical
A-5	Psychological Emotional Financial	Emotional	Emotional Psychological and Physical
A-6	Severe childhood physical abuse and emotional abuse	Raped, Molested and Physically Abused	Sexual, Emotional Psychological, Physical Spiritual
A-7	Emotional and Psychological	Molested, Emotionally and Psychologically Abused	Psychological Physical
A-8	Physical and emotional/psychological abuse	Human trafficked from age 5-11, Multiple rapes and molestation	Sexual Emotional Psychological Physical
A-9	Physical and psychological Abuse	Had seizures from parents arguing and fighting	Emotional Psychological Physical
A-10	Physical and emotional abuse	Sexually Molested Physically abused	Emotional Psychological Physical

** Participant words were used from their interviews*

Descriptions of Themes and Sub-Themes

Analysis of the data was guided by one research question: What are the lived experiences of IPV among heterosexual African American Black Women? A main goal of this question was to examine the range of lived experiences of IPV in their past relationships. Five themes emerged from the analysis: growing up in a family environment where abuse was present; having IPV experiences in first intimate relationship, emotional/psychological abuse; faith, prayer, and coping with violence in the relationship, and ending the IPV relationship (see Table 4).

Table 4: Research Question and Themes and Sub-themes

RQ1: What are the lived experiences of IPV among Heterosexual African American/Black Women?	Themes and Sub-Themes
	1. Growing up in a Family Environment Where Abuse Was Present.
	2. Having IPV Experiences in First Intimate Relationship
	3. Emotional/Psychological Abuse
	4. Faith, Prayer and Coping with Violence in the Relationship
	5. Ending the Relationship Subthemes: Infidelity and Protection of their Children

Theme 1: Growing Up in A Family Where Abuse Was Present

Participants who grew up in abusive family environments where a parent or caregiver was physically abusive, controlling often experienced IPV in their adult relationships (see Table 3).

Thirty percent ($n = 3$) of the participants discussed growing up in a two-parent home where physical, emotional, and/or psychological abuse was present.

Participant 6 shared: I remember my dad from the time I was old enough to really know what abuse I was probably age 3 1/2 he used to just come on the weekends and beat my mom and then he was gone again this was a repetitive cycle.

Participant 9 also shared: I grew up with a mother and father in the same home they were married. My dad was the breadwinner, mom stayed home and took care of us, but you know there were times when argued and fought and this would cause me to have seizures.

Finally, Participant 10 explained: My father was definitely emotionally and psychologically abusive towards my mom, I remember a physical incident, my bedroom was next to the bathroom. One night I was awakened by sounds of crying coming from the bathroom. I could hear my father spanking my mother with a belt. As a teenager I don't know what the incident was about it's never been discussed. I'm the only person who knows among my siblings about the incident...but it's a very disturbing memory.

Twenty percent ($n = 2$) of the participants discussed growing up in a home where no biological parents were present.

Participant 7 recalled: For me my childhood was very chaotic. ..without a very strong foundation as far as my father and my mom both were on drugs... [my mom] she went through abusive relationships growing up which made things very uncertain for me. I was not raised around meaningful relationships; I was molested as a child, in and out of foster care shelters. Those things I went through in my childhood made my life filled with abandonment issues, not feeling loved and a hurting little girl broken inside.

Participant 8 shared: I was human trafficked from age 5 to 11 and so it's kind of hazy, but the people that were supposed to be my protectors when I was a child, they were supposed to watch over me, but they did not. The violence that I experienced as a child...I did not consent to those sexual advances; how could I have? I was a child... I did not meet my biological parents until I was 15 years old.

Theme 2: Having IPV Experience in First Intimate Relationship

As data were analyzed it became evident that although each participant provided individual narratives, it was clear that they shared aspects of violence in their first intimate relationship that shaped their experiences of IPV. Sixty percent ($n = 6$) of participants discussed salient experiences of IPV that occurred during their first abusive relationship, these intimate relationships were boyfriends, spouse or partner.

Participant 1 recalled: He was like the first person I've ever been in a relationship with, like the first person I ever had sex with. I remember once we were in the bed and I asked him, pass me [the] pillow we were like 2 centimeters from each other, and he threw the pillow at me. It hit me and made me hit my head on the wall behind me.

Participant 3 shared: He grabbed my arm and pushed me into the wall. I can remember my [first] husband pushing my car through a red light. I remember fighting and being pushed into a wall to where the whole wall left a hole indication in it. I could have been walking [pass him] and then he just took his whole hand and just smacked me back around the corner. I can remember stuff like that.

Participant 4 explained: I'll go back to the very first time that had happened [with first boyfriend], and I remember being on campus and we were outside, and it was at night, and we were in a conversation and the conversation wasn't going so well, I can recall laughing at something that's not necessarily funny, but it's just kind of like an easy laugh. And so out of nowhere, it was a backhand slap across my face. and I remember my eyes being split and when that blow, hit my face, I remember it almost sounded like a wounded puppy. I remember letting out a gasp like, from the blow.

Participant 10 noted the following: It started in my first marriage and during my first pregnancy just increase aggression particularly as I move forward in the

pregnancy with my first son... the most memorable incident that I recall is I'm not sure what going on but, I remember my ex-husband wanting my car keys for some reason and I wouldn't give him my car keys I remember crawling under the kitchen table and him biting my knee trying to get my car keys. I never dated a lot so I can't say that there was this long relationship history with guys, the emotional and psychological abuse stems from that first and only marriage. That in and of itself was too much, I knew it was a mistake when I got married.

Participant 6 also shared: I would say when I was about 19 years old basically, my first boyfriend by that time I had moved off to college and he was very outgoing [and] very, very physically abusive he hit me over the head and caused me to need stitches. This was the first time that a man ever hit me to hurt me. I have had a black eyes and busted lips.

Finally, participant 8 recalled: My first husband hit me with the old type of big telephone, he just walked up on me because he felt like he- he said to me that he was married to me, had papers on me so he could do whatever he wanted to.

Theme 3: Emotional and/or Psychological Abuse

Emotional and psychological abuse included verbal interactions that intimidated the participant, undermined their self-worth, and controlled their independence. This type of abuse may even go as far as derogatory name calling or make demeaning comments. The abuser often inflicts emotional or psychological abuse in order to decrease the

victim's self-esteem and create insecurities that may lead the victim to suffer from internal doubts about self-worth (Walters et al., 2013).

Seventy percent ($n = 7$) of participants reported that they experienced emotional and/or psychological abuse in their intimate relationship, several shared their similar experiences.

Participant 7 described: I was in one of those situations where everything looked good on the outside but most of my marriage was internal abuse- psychological and emotional abuse and that came with a lot of depression.

Participant 5 recalls being in college, "I did not know that the mind games, the psychological and emotional abuse was considered domestic violence. I just started thinking boys will be boys, so to speak.

Participant 2 shared: The verbal and psychological abuse had gotten so bad, and I was so restricted. I remember after a few days of arguments all night long. My husband decided to tell me he wanted to live a Polyamorous lifestyle; he wanted to have sex every three hours.

Participant 6 described: I remember thinking about the hidden things in a relationship you know, it was all about me wanting him to leave and he didn't want to leave, he was abusing me emotionally and spiritually and he didn't want to leave. He just wanted to keep hurting me physically.

Participant 1 explained: Like if I did not acknowledge something he had said, that was the whole reason why we were arguing. I found myself like apologizing for

things that I didn't need to apologize for like. He wanted to keep our relationship a secret there was a whole lot of psychological stuff like second guessing myself a lot. I held a lot of stuff in it that wasn't good, I couldn't tell anybody he was very big on that, like things have to stay between us yeah, there was a lot of emotional and psychological abuse.

Finally, Participant 3 recalled: My ex was very spiteful, very psychologically abusive. He was a spiteful man; he would make me change my phone number like every couple of months. My mom and dad weren't allowed to come to the house. I had to go see them and then it got to, well, you don't have to go see them. He would say they can come over here, but then when they would try to come to the house, he always made an excuse.

Theme 4: Faith, Prayer and Coping with Violence in the Relationship

Participants acknowledged having faith, trust, and a reliance on God as a part of their coping with IPV in their relationship. According to these women, faith in God influenced their ability to be resilient during the abuse. Thirty percent ($n = 3$) shared experiences of drawing upon their faith and prayer to cope with the abuse in their relationship.

Participant 8 shared: I prayed a lot and said God if you just move this situation out of my life and move me out of the situation, I would not return to this, reading my Bible that is the reason why I was able to come up with this idea of how to get out of everything.

Participant 2 explained: I am from the South, and we are very devoted in our faith and in our religion, I believe in the power of prayer. So, you know what the Lord put together, no one takes asunder. If you've got married, and you took your vows seriously and [you] know what marriage means. I wanted to be married and stay married was not because of my religious faith but it was also something that I very much wanted to keep despite the violence.

Participant 10 shared: Being married to a Pastor was challenging, I had only one person to confide in about the abuse- she was my Spiritual Mother and mentor she lived in another city. Much prayer and probably fasting to get those times of abuse. You know there was no one to talk to in the Church about what was going on at home.

Theme 5: Ending the IPV Relationship

As the women's narratives illustrate, the process involved in making the decision to leave their abusers was not always easy. Nevertheless, once the women made up their minds to leave, the challenge became taking the steps to move forward in their lives. The women described how they relied on support from family to assist them in leaving their abuser. Two sub themes emerged from the participants' lived experiences that led to them ending their IPV relationship: infidelity and protection of their children.

Infidelity

Fifty percent ($n = 5$) of the participants discussed how their relationships ended due to infidelity.

Participant 1 explained: He had unprotected sex with other people and like not telling me so, it was a problem, and it would be a shock to me every time and I remember like at the beginning of this year [2020] he started feeling symptoms from the STD, I think he had before, like for the third time and I'm like bro, what, are you talking about?. I thought we were fine, like things are good like what are you saying so he didn't even go get tested, I got tested and I was positive, and I hadn't had unprotected sex with anybody, but him, like ever in my entire life so, I knew it had to be him we tried to work through that but, I decided in February and then March COVID happened so. I was done with the relationship; my sister was glad.

Participant 6 discussed that: Basically, all of them [relationships] ended with my husbands, um, once they cheated or committed adultery, that was like the end. It was like I had no fight left after that. Once all of it got to the point that each one of them committed adultery, either I saw them, heard them on the phone, or they admitted to me- once you bring somebody else into the picture, I felt like I had nothing else left to fight for in the relationship, so all of them ended in when they finally cheated.

Participant 9 explained her decision to end the relationship: It ended with my ex-husband when I told him he had to leave because it was my apartment [he had an affair] I always had my own place and I protected myself by having my own place. I would never move in with someone. I told him you know we needed

some space. I made it seem like it was my fault. I told my parents I needed to come home because I was pregnant, so they came and helped me pack up and move out of that apartment, and when he decided to go back to the apartment the neighbors told them that I was gone, he came into the apartment and nothing was there. He had an affair; I can't blame him for his affair; he complained that I was spending too much time working on my master's degree at the time.

Participant 5 said she: Made him think that he was ending it, because I learned when I ended [past relationships] it was an issue. My longest abusive relationship was with my twin daughters' father which I did end. People were like need you stay away from him, don't let him treat you like that, don't go for that, something's wrong. Something is not good, And I, you know, I wasn't listening. I was going headstrong into this thing. I found out I was one of many women, he was engaged, and had been for a couple of years. The relationship only got worse, and I had to end it. There was no foundation, I did love him.

Finally, Participant 10 explained: Once this affair was discovered he wanted to be like-I don't want to lose my family, I want to be home, he kept playing games for a year and a half and at some point um, it came down to a knock down drag out fight on the street in my neighborhood his mistress came, and it was time to end this madness. We tried to reconcile but he always kept cheating. I needed to move on.

Protection for Their Children

Participants shared that they did not want to expose their children to domestic violence any longer, and they made decisions to leave the relationship based on their fears of something potentially lethal could happen. Thirty percent ($n = 3$) of the participants left the violent relationship for the emotional and/or physical protection of their children.

Participant 2 expressed, that her husband: Wanted to move another woman in our house, so he could have sex with me, and she would act like a second wife, she could also have children and she could also do all this stuff with him. I didn't think this would be a physically safe environment for my babies. I had two small babies at this time, I had a 6-month-old and 18-month-old when I left him.

Participant 10 also, shared her reasons for ending the relationship: Initially, I struggled with staying because he was a pastor. What is it going to look like? what is it going to mean? But after some reflection it just wasn't worth it. I didn't care about the church, I don't care about the people, I don't care what they thought, so I decided leaving would be the best thing for my son emotionally, I didn't want him raised by this man or even be exposed in that environment, so I moved out and left the house to him.

Participant 7 reported, that: The last incident was too much as far as being disrespected in front of the children. I have two girls and a son, and we were having an argument, and the level of disrespect and emotional abuse was so

severe, I looked at my children and you know they're crying and for me that was my breaking point, I had to get out and end. Because you know I wanted my kids to understand the love that God has for them and that they were worth more than this, so I had to get out of my relationship for my kids, my girls more importantly.

Researcher's Reflection

A comment made by a participant that I have replayed in my mind throughout this process is the following: When asked why you chose to participate in this study? she replied, "I participated in your research because you looked like a Black woman who wanted to talk to Black women about IPV." That statement made a very impactful impression on me. I used every opportunity to engage the participants in a way that made them comfortable, safe, and willing to share their lived experiences of IPV with an African American/Black woman. Over the course of my human service career, I have had the privilege of hearing the pains and struggles of countless survivors of IPV. This experience of interviewing African American/Black women as a researcher was quite different. As the women guided me further into their lived experiences, I began hearing strength, hope, purpose, and faith this encouraged my heart.

Summary

The chapter presented the themes that were generated from data collected from 10 African American/Black female's participants' lived experience with IPV. The participants responded to 10 semi-structured interview questions. A comprehensive

analysis of the transcribed data from participant interviews made known five themes: (1) Growing up in a Family Environment Where Abuse was Present; (2) Having IPV in First Intimate Relationship; (3) Emotional/Psychological Abuse; (4) Faith, Prayer and Coping with Violence in the Relationship; and (5) Ending the Relationship; subthemes: Infidelity and Protection of Their Children. As a result of participating in the study, respondents revealed having the opportunity to share their stories was refreshing and healing. Some women expressed this study was the first time they had discussed their abuse in such detail. Chapter 5 presents a discussion of the results, limitations, recommendations, and the conclusion.

CHAPTER V

DISCUSSION

There remains limited research that focuses on IPV from the perspective of African American/Black women lived experiences. The purpose of this phenomenological study was to gain a deeper understanding of the lived experiences of 10 African American/Black women and their IPV relationships. The study also provided African American/Black women survivors of IPV a forum to voice their experiences through scholarly research. This was achieved through information-rich accounts and personal narratives allowing a greater understanding of the meanings and interpretations of experiences. This study was guided by the social learning theory as a theoretical framework focusing on observational learning/modeling and was centered on one research question: What are the lived experiences of African American/Black heterosexual women who have experienced IPV? The proposed research question elicited five themes and two subthemes from participants that added depth and understanding to their responses: Growing up in a Family Environment Where Abuse was Present; Having IPV in the First Intimate Relationship; Experiencing Emotional/Psychological; Abuse, Faith, Prayer, and Coping with Violence in the Relationship; and Ending the Relationship had two subthemes: Infidelity and Protection of their Children. As participants explored their experiences with IPV, they indicated that survivorship is an on-going process. Women in this study often grappled with some of the trauma of IPV from earlier times in their lives. This chapter includes a discussion of

the findings presented in Chapter 4 within the context of the original research question. A discussion of the strengths and limitations of the study is provided, followed by implications for policy, practice, and research, and a closing statement.

Overview of Results

Women's Characteristics

The study gave voice to 10 African American/Black women who experienced abuse during their intimate relationships. The demographic characteristics of the participants included all participants who self-identified as African American/Black and had experienced IPV in the past. In this sample, the average age for the 10 participants was 43.8 years, with an age range of 21-61 years old. Earlier studies conducted found the age of African American/Black participants similar in age to the participants in this study. (O'Connor & Nepomnyaschy, 2020; Utley, 2017). Compared to Pickover et al. 2018, regarding relationship status, 43.8% of participants were never married, 39.1% were married or partnered, 15.7% were divorced or separated, and 1.6% were widowed. In this study were; two participants had remarried, seven participants were divorced, and one was single. All the women in this study had various levels of a higher education degree. One participant held an associate degree, one participant held a bachelor's degree, one participant was working towards her bachelor's degree during the time of this study, four participants held master's degrees, and three participants held a PhD or professional degree. Also, 90% ($n = 9$) of the participants in this study were either working full-time or part-time. Average number of children the study participants had was 2.1 children.

Compared to Pickover et al. 2018, (70.1%) women reported having children, 53.7% were homeless, 86.4% were unemployed, 60.3% used food stamps, 20.6% reported SSI/Disability, 94.4% had a monthly household income less than US \$2,000, and 44.8% reported their highest level of education was less than 12th grade. Paranjape and Kaslow's (2010), women had a median monthly income of \$927.00, and 44% did not finish high school, 54% were disabled/unemployed. Although some of the findings in this study are similar to trends and reports from existing literature on IPV among African American women, the result of the theme: first intimate relationships appeared to not exist among many publications that examined the IPV experiences of African American/Black women.

Women's Lived Experiences of IPV

Growing up in a Family Environment Where Abuse was Present

Participants reflected on their family environments growing up witnessing and experiencing family violence; they discussed what they endured, the challenges they faced, and what helped move them toward survivorship. Violence against an intimate partner is initially acquired through modeling during childhood (Callaghan et al., 2018; Hess & Rosairo, 2018). Through a reflective lens, the women questioned their childhood exposure of violence as an attempt to understand their lived experiences as they became adults. One participant witnessed her mother retaliating against their abusive father and described her mother in positive terms for making attempts to protect them.

Fifty percent of the respondents were verbally, emotionally, or physically abused by their parents or caregivers. Also, half of the participants witnessed IPV abuse among their parents and a small number of women were sexually assaulted by a family member or acquaintance. Women who were witnesses to violence among their parents or caregivers ascertained that couples sometimes attempted to solve their problems in a violent or abusive manner. Participants recognized the effect of their exposure to violence during their childhood; they also identified that childhood exposure to be a factor in the lives of their abusers, as well. Learning often occurs through interactions with significant others, and children are likely to imitate and model behaviors when they identify with persons who are familiar to them and demonstrate approval towards them (Bandura, 1977). If a father uses aggressive behavior against his wife, the children, particularly sons, are more likely to model this behavior with siblings (Bandura, 1977).

All the women expressed experiencing a need to adjust their negative experiences to a more positive outlook, thereby creating a means to cope and move through the abuse they either witnessed or experienced in their childhoods. These findings align with Bermann and Perkins (2010), cumulative amounts of violence witnessed and/or experienced by children could be related to greater childhood adjustment problems and subsequent adult intimate relationship problems. Bender et al. (2003) found an association between childhood maltreatment and adult IPV; they posit that the more severe a woman's history of childhood maltreatment the less likely she perceived to have received any social support as an adult. The lack of social support and the more severe

adult IPV was experienced often led women to believe that they had fewer options for non-violent intimate relationships.

Having IPV Experience in First Intimate Relationship

First experience of IPV in intimate relationships was another theme that emerged in which participants shared what they had endured throughout their first abusive IPV relationships. Sixty percent ($n=6$) of participants discussed salient experiences of IPV that occurred during their first intimate relationships, these relationships were with a boyfriend, spouse, or partner. All of the participants were abused by Black men; this view was solidified as they progressed into adulthood and entered into future relationships with abusive men. In order to escape their unstable and chaotic home environments, some of the women left their homes of origin going directly into the relationships with their first abusers. These women, as well as those who had no significant exposure to violence during their youth, had difficulty in determining the clues indicating their batterers pending abusive behaviors. Wright et al. 2010 suggested that the role of empowerment is a resilience factor and that African American women possess internal methods for coping with abuse. Collectively, the women identified the violence being perpetrated against them was distressful and a serious threat to their physical, emotional, and psychological well-being, and that the abuse would have likely continued if they remained in the relationship. Bryant (2010) posits the ability to judge IPV as unacceptable and taking the first steps to leave can be most challenging. However, when a woman is able to make that choice, it is the beginning of her self-empowerment and path to becoming a survivor

rather than a victim. This researcher was not successful in identifying literature to date that addressed the aspects of victimology or survivorship among African American/Black women having IPV in their first intimate relationship.

Emotional /Psychological Abuse

Experiences encountered by the participants during their IPV relationships were often psychological and emotional abuse. The participants chronicled partners that used manipulation, humiliated them, were disrespectful, sexually assaulted them, withheld information, as well as being prone to unpredictable and seemingly unwarranted angry outbursts that often escalated into physical acts of violence. Seventy percent ($n = 7$) of the women in this study were abused emotionally and psychologically abused to varying degrees. The emotional and psychological abuse was reported as being more destructive than physical abuse, as it struck the core of their self-esteem.

One participant shared:

I was in one of those situations where everything looked good on the outside but most of my marriage was internal abuse, psychological and emotional abuse and that came with a lot of depression.

Survivors of IPV often use emotional bonding to the abuser as a strategy for survival. In order for women to experience true freedom from the IPV relationship, emotional ties must be severed to rebuild their lives and to experience growth and self-awareness. However, the emotional connection does not always end once the women

leave, especially women when they have children with their abusive partners (Anderson et al., 2012; Crann & Barata, 2016).

Additionally, victims of IPV often feel trapped and have nowhere to turn because they do not know where to go for help and feel shame of the abuse they are experiencing even if no physical abuse is present (Sylaska & Edwards, 2014).

Faith, Prayer and Coping with Violence in the Relationship

Thirty percent ($n=3$) of the participants acknowledged having faith, trust, and a reliance on God as a part of their coping with IPV in their relationship. According to these women, faith in God influenced their ability to be resilient during the abuse. Participants expressed their faith was vital and inspired them to push forward in prayer during many of those stressful moments. Findings were similar to earlier research that African American women tend to rely on religion or spirituality as a means of coping with abuse (Fowler & Hill, 2004). Nason-Clark (2009) reported that African American women in abusive situations seek help and assistance from faith-based leaders. African American women are also likely to engage in some type of spiritual practice that may include prayer. This finding adds to the growing evidence for African American women seeking services such as counseling from faith-based leaders in addition to praying. Comparably, other research supports earlier findings that many women rely on their faith and seek out God as a means of coping when enduring domestic violence relationships (Foster et al., 2015). Additionally, the use of religion and spirituality may contribute to domestic violence survivorship (Vil et al., 2017).

Ending the IPV Relationship

Ending the IPV Relationship had two subthemes emerged: Infidelity and Protection of their Children. Some participants' acknowledged apprehension concerning their future which had an influence on why they did not leave the relationship immediately. They also became more aware of the need to actively initiate a strategy that would enable them to leave; this type of behavior was shown in research by (Anderson et al., 2012; Lacey et al., 2011).

Infidelity. Fifty percent ($n=5$) of the participants discussed their relationships ended due to infidelity. Participants did share that they were isolated from friends and family and often felt very disconnected during their IPV relationships because they often had no one to talk to about what they were really experiencing.

One participant described: He had unprotected sex with other people, I remember like at the beginning of this year [2020] he started feeling symptoms from the STD. I thought we were fine...I got tested and I was positive, and I hadn't had unprotected sex with anybody, but him, like ever in my entire life... I decided in February and then March COVID happened. I was done with the relationship; my sister was glad.

Utley (2017) found that relational transgressions were hurtful events causing women to feel victimized and vulnerable in addition to IPV that was occurring in their relationship; it also implied the relationship is no longer considered valuable, important, or close. Because infidelity is a relational transgression much of the research on the topic

prioritizes the relationship based on and its quality and satisfaction and not on the devaluing conditions that could increase opportunities for infidelity (Utley, 2017).

Participants acknowledged there was also a sense of commitment and obligation not to give up on the relationship, often no matter what the costs. This was largely due to a hope that the relationship would improve, and the abuse would eventually stop.

However, 50 % the women's relationship continued to deteriorate the longer they remained with the abuser. Enander and Holmberg (2008) suggested that women often go through four phases before making the decision to leave their IPV relationships: (a) breaking the traumatic bond, (b) making the decision to leave, (c) leaving, and (d) choosing to be free for violent relationships and rebuild of her life. The participants in this study reflected how they went through the questioning phase of their abuse to acknowledge the journey forward to rebuilding their lives. Although participants in this study were in various chapters of rebuilding their post IPV lives, it is important to note that women tend to be re-victimized if they do not have access to informal and formal support as well as resources when they move forward with their lives and away from the abusive relationships (Enander & Holmberg, 2008).

Protection of Their Children

Motherhood and concern for children was an integral aspect of the lived experience of the participants. Participants shared that they did not want to expose their children to domestic violence any longer, and they made decisions to leave the relationship based on their fear that their children could be hurt. Thirty percent ($n=3$) of

the participants left the violent relationship for the emotional and/or physical protection of their children. Participants shared that the emotional well-being and safety for their children was a motivation factor to leaving their IPV relationship.

A participant expressed:

He wanted to move another woman in our house, so he could have sex with me, and she would act like a second wife... I did not think this would be a physically safe environment for my babies. I had two small babies at this time, I had a 6-month-old, and an 18-month-old when I left him.

Research suggests that many women tend to face difficult decisions when leaving abusive relationships due to the need to ensure their children's safety (Sylaska & Edwards, 2014). Moreover, Enander and Holmberg (2008) noted that once a woman assesses the lethality of her IPV relationship and the potential harm to her children, she often gains the courage to leave.

Strengths

The findings of this dissertation extend previous research on the complex relationship between IPV, coping mechanisms and reasons to end the relationship among African American/Black women. This study examined a range of types of abuse (i.e., physical, financial, spiritual, sexual and emotional/psychological). Another strength of this study was the emergence of participants having IPV experienced in their first intimate relationship by a spouse, boyfriend or partner. This finding reveals the need for further research to better understand this experience and the relationship between future

relationships. Lastly, a strength of this study was that 90% of the participants had earned a higher education degree, and one participant at time of this study was completing her bachelor's degree.

Limitations

While IPV is a problem that affects all races, cultures and social classes, little attention has been given to women of color (Gillum, 2008, 2009). Several limitations stemmed from this population sample. First, I only looked at African American women, so the results cannot be generalized to women of other ethnicities. These findings are limited to heterosexual African American/Black women, participants had to self-identify as being a victim of past IPV perpetrated by a male partner; victims of IPV perpetrated by same-sex partners were not included in the study. Second, the relatively small sample size of 10 women, who were recruited via online through social media platforms. Lastly, this study was limited by including only women who were not currently enduring any form of violence during the time of this study. It is hoped that these findings will encourage other researchers to continue with investigations into the lived experience of IPV among African American/Black women.

Recommendations and Implications

Policy and Practice

Family Life Educators could increase their presence in early childcare settings to specifically target family violence through early identification and early intervention. Schools are a key setting for early identification and early intervention for children and

youth impacted by family violence. Family Life Educators can help expand the role of all schools to have planned response systems, referral pathways and partnerships with appropriate family violence services that would benefit both students and educators.

IPV is a serious growing public health problem in the United States (CDC, 2015). IPV indisputably is one of the chief social issues confronting African American/Black women today. There are several implications for social change evolving around the matter of IPV. Social change would require educating DV advocates on the study's results, this could be accomplished through local, state, and national conferences. Mental health practitioners, law enforcement, and domestic violence programs can utilize findings to modify and develop effective best practices that would decrease or prevent incidents of IPV. Community and state organizations can use this crucial information to recruit advocates through social media, posters, billboards, or public service announcements.

All of the participants in this study lived experiences with IPV were in some matter shaped by their individual family values that was infused with/by cultural meaning and shaped their experiences of IPV. Prior abuse history including witnessing or experiencing childhood physical, emotional and/or sexual abuse was discussed. This information provided additional insight into the women's perceptions of intimate relationships formed early in their lives. Also, early abuse experiences might have influenced how participants chose their intimate partners, overlooked persistent maladaptive thinking patterns regarding violence in intimate relationships, and reasons

they chose to remain or leave the abusive relationship. This awareness would assist professionals and DV advocates in the development and implementation of services that would specifically address persistent maladaptive thinking patterns.

Sixty percent of the participants had IPV in their first intimate relationship (i.e., spouse, partner or boyfriend). Community and state organizations can use this crucial information to increase IPV dating awareness through social media, posters, billboards, and public service announcements. Churches and school systems can ensure they are offering Teen Dating violence education and resources in addition to providing on-going education, resources and services that assist victims and survivors of IPV.

As IPV occurred, 30% of survivors turned to their faith/religion as means of coping with the abuse in their relationship. Study findings could be utilized by therapists, IPV counselors, and healthcare providers, when trying to understand the relationship between culture, religion/spirituality, and survivors of IPV. Understanding this relationship would add to the services that should be provided within the community. Because the church is built on the tradition of supporting and empowering African American women, domestic advocates can train faith-based leaders on a model to follow when addressing domestic violence in their communities. Faith-based leaders need to be trained to respond when congregants disclose abuse. Faith-based leaders can partner and collaborate with domestic violence professionals who can educate, train, and provide needed resources to support domestic violence survivors in the African American church and community.

Fifty percent of the participants left their IPV relationship due to infidelity; 30% left the relationship to protect their children from either emotional or physical abuse. The need for interventions from a culturally informed stance, specifically addressing the daily stressors of African American women is considered essential. More education for victims and their children, specifically regarding protection during the process of leaving an abusive intimate partner, would also prove beneficial.

Implications for Research

More extensive research is needed on African American/Black women to determine specific concerns and needs surrounding IPV. This study involved collecting data at one point in time. Several participants in this study navigated alone without formal support during their experiences with IPV and endured a great deal of emotional distress even after leaving their IPV relationship. A longitudinal study could be conducted to examine African American/Black women's use of formal/informal supports they find helpful after they leave their IPV relationship.

The participants in this study unanimously identified themselves as survivors of IPV. Therefore, it would be useful to identify potential contrasts in the narratives of women who identify themselves as survivors versus those who identify themselves as victims to determine the need for alternative supports and interventions. Future researchers might investigate how this public health issue is addressed both within churches and by coordinated community response teams that could include the criminal justice system, mental health practitioners, and allied healthcare professionals.

Many participants discussed having a lack of education/awareness and understanding about domestic violence during their first relationships in which IPV occurred; this lack of education/awareness possibly contributed to some of the participants not seeking help. Participants also shared they witnessed domestic violence between the adults and caretakers during their own childhood. As a result, the participants believed these behaviors were normal and acceptable. However, participants shared during their first relationships and after ending subsequent IPV relationships that if they had been educated to identify the signs of abuse or what to look for in abusive relationships, they would have left sooner or possibly avoided engaging in any relationships with the men who abused them. These reports by the participants support previous studies, from which several important factors were found to impact women's abilities for successfully ending domestic violence relationships (Bermann & Perkins, 2010).

Researcher's Reflections

One comment made by a participant that I have replayed in my mind throughout the last few months is the following: "I participated in the study because you look like a Black Woman who wanted to talk to Black women about IPV." It takes a very special person to open up and be able to share their intimate stories because there is still a lot of pain there. I made a conscious effort to use every opportunity to engage the participants in a way that made them safe, comfortable, and willing to share. Over the course of my professional career, I have had the privilege of hearing the stories of countless survivors

of domestic violence. The experience of interviewing these African American/Black women was quite different because there were no treatment plans or safety plans that needed to be developed after our meeting, just the ability to listen uninhibited. As the participants went deeper into their lived experiences, I began hearing a sense of strength, faith, hope, and power that shifted them toward rebuilding their lives.

It is my most humble prayer that the findings from this study respectfully represented the lived experiences of the 10 participants that shed light and hope on the process of healing and recovery to every woman who is a victim or survivor of IPV desire. The findings for this study can used to develop a training curriculum for pastors and leaders in the church who serve as pastoral and lay counselors. My next steps as a researcher will be to develop more culturally sensitive and culturally tailored programs and services that incorporate faith-based components in order to elevate the effects of domestic violence in the African American/Black community. Lastly, the findings suggest that the African American/Black church may be an important platform for delivering domestic violence education, training, and prevention programs that can meet the unique cultural needs of African American/Black women.

Summary

The purpose of this qualitative study was to gain new understanding of the lived experiences of African American/Black women. As cited in the literature review and throughout the study, the ten African American women relied on the help of their informal support systems and self-determination, to bring them through some of the most

difficult times of their abusive relationships. The findings of this study support much of the current literature's documentation about African American women's lived experiences with domestic violence; however, these findings generated a unique contribution to the literature with the presentation of African American/Black women having IPV in their first intimate relationship and the defining points in that ended their relationship being primarily as a result of their abuser's infidelity. Turning points in the relationship were described as critical events that led women to believe their situation was no longer worth their investment. Significant incidents gave participants the fortitude to leave abusive intimate partners permanently. Finally, the findings suggest there is a need for society to become more aware and sensitive to African American/Black women who may process the emotional pain they feel due to IPV differently, such as how support systems are used and the use of faith to sustain them.

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APPENDIX A

Recruitment Email/Flyer

Appendix A

Recruitment Email/Flyer

Recruitment Email Subject Line: Seeking Participants for a Study about African American/Black Women Who Experienced Intimate Partner Violence

“Hello, my name is Jennifer Lewis Johnson, and I am a Ph.D. candidate at Texas Woman’s University. I am conducting a study for my dissertation entitled “**The Lived Experiences of Intimate Partner Violence among African American/Black Women,**” and I am seeking participants. If you are interested in participating in this study, please contact me.

Participants must:

- ✓ Identify as a Heterosexual African American/Black female
- ✓ Be 18 years old or older
- ✓ Have experienced intimate partner violence in any form (e.g., physical, sexual, verbal, or emotional)
- ✓ Currently not running away from an intimate partner relationship.

If you meet these criteria, please email Jennifer Lewis Johnson at jlewisjohnson@twu.edu with a phone number where you can be reached and the preferred day and time you can be contacted.

If you do not meet these criteria but know someone who does and may be willing to participate in this study, I would greatly appreciate you forwarding this e-mail to them.

Participation includes: Completing a consent form and demographic questionnaire and participating in an interview with an estimated total time of 85 minutes.

Benefits of Participation:

- ✓ You will receive a \$10 gift card.
- ✓ You will help contribute to the research on Intimate Partner Violence among African Black American Women.
- ✓ Receive a copy of the findings at the end of the study, if requested.

Participation is voluntary and you may withdraw from the study at any time.

If you have any questions, please contact Jennifer Lewis Johnson (researcher) at jlewisjohnson@twu.edu 405.921.3998 or Nerissa LeBlanc Gillum, Ph.D. (research advisor), NGillum@twu.edu, (940) 898-2696. Please note that you are not obligated either to participate in this study or to forward this email. I am seeking willing volunteer participants only. There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions. Thank you very much for your time and help.

APPENDIX B

Telephone Script

Appendix B

Telephone Script

“Good morning/afternoon! My name is Jennifer Lewis Johnson, and I am a PhD candidate in the Family Studies program at Texas Woman’s University. Thank you for your interest in the study. The purpose of my study is to learn about the lived experiences of African American women who experienced intimate partner violence.”

“I will ask you a few questions to learn if you meet the participant requirements of the study. Your name and the information you provide will be kept confidential.

- Are you 18 years of age or older?
- Are you African American or Black?
- Are you biologically female and heterosexual?
- Have you experienced intimate partner violence in any form (e.g., physical, sexual, verbal, or emotional)?
- Are you currently running away from an intimate partner relationship?”

If individual does not meet one or more of the criteria, then I will say, “At least one of the study requirements do not apply to you; therefore, I will not be able to obtain further information from you. If you know anyone who would be interested in the research study, would you please forward them the recruitment email or let them know about the study and how to communicate with me. However, you are not required to do so. Thank you for your time. Bye.”

If interested person meets all the criteria, then I will say, “You appear to meet all the study requirements. Now, I will read the consent form to you.”

After I read the consent form, I will ask, “Would you like to participate in the study?”

If individual says “no,” then I will say, “If you know anyone who would be interested in the research study, would you please send them the recruitment email or let them know

about the study and how to communicate with me. However, you are not required to do so. Thank you for your time. Bye.”

If individual says “yes,” then I will say, “What questions do you have so far?” (I will answer all questions asked).

Then, I will ask, “When would like meet?” Then, I will ask, “Would you like to meet via Zoom?”

For Zoom, “I will send you the meeting contact information at least two days before our scheduled interview.”

For Zoom:

“I will be in a private location for our meeting. Would you please also be in a private location” “Right now, I will send you the consent form, demographic questionnaire, and a resource document through email. To which email am I to send this information?”

(After I receive the email address, I will send those documents at that time)

“Now, would you please let me know if you received the documents?”

“Now that you have received these documents, now you can review them as I discuss them.” “For the consent form there is a space at the bottom that asks for your email or mailing address if you would like a summary of the study results, please select which one you would prefer. I will email or mail you a copy of the results of the study. Please initial on each page.” “Would you also complete the demographic questionnaire?” “Would you use a code name for yourself on the demographic questionnaire?. Your code name will be

used during the interview.” After you read, sign, and date the consent form, and complete the demographic questionnaire please return both documents to me at least one day before our meeting. How will you return both the consent form and demographic questionnaire to me?” “I will contact you with a confirmation message at least one day prior to our meeting. The confirmation message will include the Zoom meeting details. Would you prefer the confirmation message to be via text or phone call?” “Thank you for your time. I look forward to meeting you on the date and time, we agreed upon. Before we end our conversation, do you have any other questions about the study and our upcoming meeting? ”If there are questions, then all questions will be answered, and I will end the phone call and say, “Thank you again and Bye.”

If there are no questions, then I will say, “Thank you again, and Bye.”

APPENDIX C
CONSENT TO PARTICIPATE IN RESEARCH

Appendix C

TEXAS WOMAN'S UNIVERSITY (TWU) CONSENT TO PARTICIPATE IN RESEARCH

Title: The Lived Experiences of Intimate Partner Violence Among African American/Black Women

Investigator: Jennifer Lewis Johnson..... jlewisjohnson@twu.edu/ 972.850.8116

Advisor: Nerissa LeBlanc Gillum, PhD.....ngillum@twu.edu /940.898.2696

Summary and Key Information about the Study

You are being asked to participate in a research study conducted by Jennifer Lewis Johnson who is a student at Texas Woman's University, as a part of her dissertation. The purpose of this research is to explore the lived experiences of African American/Black women who experienced intimate partner violence (IPV). You have been invited to participate in this study because you are an African American/Black female who is at least 18 years old and have experienced intimate partner violence. As a participant you will be asked to take part in a face-to-face meeting regarding your experiences with intimate partner violence. In addition, you will be asked to complete a demographic questionnaire. With your permission, your interview will be audio recorded, and we will use a code name to protect your confidentiality. The total time commitment for this study will be about 2 hours and 15 minutes, if you agree to participate in member checking, and 1 hour and 15 minutes if you do not agree to participate in member checking. Following the completion of the study you will receive a \$10 eGift card for your participation. The greatest risks of this study include potential loss of confidentiality and emotional discomfort. We will discuss these risks and the rest of the study procedures in greater detail below.

Your participation in this study is completely voluntary. If you are interested in learning more about this study, please review this consent form carefully and take your time deciding whether or not you want to participate. Please feel free to ask the researcher any questions you have about the study at any time.

Description of Procedures

As a participant in this study, you will be asked to spend approximately 2 hours and 15 minutes of your time in a meeting via video conferencing with the researcher via Zoom, completing a consent form and demographic questionnaire, and member checking. If you do not agree to participate in member checking the approximate time will be 1 hour 15 minutes. The researcher will ask you questions about your lived experiences of intimate partner violence as an African American/Black woman. You and the researcher will decide together on a mutually agreed upon day and time when the interview will happen via , Zoom.

You will be asked to find a location for the meeting that is private, and the researcher will be in a private location also. The consent form, demographic questionnaire, and a resource list will be emailed to you prior to the meeting. You will be asked to read, sign, and date the consent form and complete the demographic questionnaire and send both documents to the researcher via email prior to the meeting. You may physically or digitally sign and date the consent form. At the beginning of the meeting, the researcher will remind you of the purpose of the study and address any questions about the information in the consent form and the demographic questionnaire.

You and the researcher will decide on a code name for you to use during the interview. The interview will be audio recorded and then written down so that the researcher can be accurate when studying what you have said. After the interview, you will be asked to participate in member checking. In order to be a participant in this study, you must be at least 18 years of age older, African American, a biological heterosexual female, have lived experiences of intimate partner violence in any form (for example, physical, sexual, verbal, emotional and not currently fleeing an intimate partner violence relationship or living in a domestic violence shelter).

Potential Risks

The researcher will ask you questions about how your lived experiences with IPV. A possible risk in this study is discomfort with these questions you are asked. If you become tired or upset you may take breaks as needed. You may also stop answering questions at any time and end the interview. If you feel you need to talk to a professional about your discomfort, the researcher has provided you with a list of resources.

Another risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. You will be asked to find a location for the meeting that is private, and the researcher will be in a private location also. A code name, not your real name, will be used during the interview. No one but the researcher will know your real name.

The audio recording and the written interview will be stored in a locked cabinet in the researcher's home office. Only the lead researcher and faculty advisor will have access to the data. The audio recording and the written interview will be destroyed within three years after the study is finished. The signed consent form will be stored separately from all collected information and will be destroyed five years after the study is closed. The results of the study may be reported in scientific journals and professional conferences but your name or any other identifying information will not be included. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions.

The researchers will remove all of your personal or identifiable information (e.g. your name, date of birth, contact information) from the audio recordings and/or any study information. After all identifiable information is removed, your audio recordings and/or

any personal information collected for this study may be used for future research or be given to another researcher for future research without additional informed consent.

If you would like to participate in the current study but not allow your de-identified data to be used for future research, please initial here _____.

Loss of time and fatigue are a risk. You may take breaks at any time or withdraw from the study without questions or penalty. The researcher will make sure to be prepared so that no additional time is taken from participants.

Loss of anonymity is a risk of this study. You will be asked to find a location for the meeting that is private, and the researcher will be in a private location also.. Anonymity cannot be guaranteed as data will be collected in public locations.

Coercion is a risk of this study. Participation is completely voluntary. You may take breaks or withdraw from the study at any time without question or penalty. In regard to TWU students, participation or non-participation will not affect your standing at TWU. The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Following the completion of the study you will receive a \$10 gift card for your participation. If you would like to know the results of this study we will email or mail them to you.*

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study, you should ask the researchers; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Signature of Participant

Initials

Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email: _____ or Address: _____

Page 2 of 2

APPENDIX D

Demographic Questionnaire

APPENDIX D

Demographic Questionnaire

- Participant Code _____
- Date of Interview _____
1. _____ Gender
 2. _____ Age
 3. Racial/ethnic identification
_____ Black or African American
_____ Asian American or Pacific Islander
_____ White
_____ Hispanic
_____ American Indian or Native American
_____ Biracial/Multiracial
_____ Other(please describe): _____
 4. Marital status (check only one):
_____ Single
_____ Married
_____ Divorced
_____ Widowed
_____ Other (please describe): _____
 5. Highest Educational level
_____ High school
_____ Associate degree
_____ Bachelor's degree
_____ Master's degree
_____ Ph.D. or professional degree
 6. Employment Status:
_____ Full time (35 hours or more per week)
_____ Part time (less than 35 hours per week)
_____ Not employed
 7. Yearly Income Level:
_____ Less than \$20,000
_____ \$20,000 - \$39,999
_____ \$40,000 - \$59,999
_____ \$60,000 - \$79,99
_____ \$80,000 or above
 8. Your total time in intimate violent relationships
_____ months (Please indicate number of months): _____
_____ 1 year

- ____ 2 years
- ____ 3 years
- ____ 4 years
- ____ 5 years
- ____ 6 years
- ____ 7 years
- ____ 8 years
- ____ 9 years
- ____ 10 years
- ____ Other (Please indicate number of years):

9. Do you have children?

_ Yes

_ No

If yes, how many children and what are their ages?

10. When was the last time that you experienced intimate violence?

_____ less than six months ago

_____ Six months ago

_____ 1 Year ago

_____ 2 Years ago

_____ 3 Years ago

_____ 4 Years ago

_____ Over 5 Years ago

_____ Other _____

11. Do you:

_____ Rent/Lease your Apartment/Home

_____ Own your Home/Condo

APPENDIX E

Community Resources

APPENDIX E

Community Resources

National Domestic Violence Hotline

1-800-799-7233; 1-800-787-3224 (TTY)

Highly trained advocates are available 24/7/365 to talk confidentially with anyone experiencing domestic violence, seeking resources or questioning unhealthy aspects of their relationship.

<https://www.thehotline.org>

National Suicide Prevention Lifeline

1-800-273-8255

Trained advocates provide 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

<https://suicidepreventionlifeline.org/>

Crisis Text Line

Text “GO” TO 741741

Free, 24/7, Confidential

Dallas Behavioral Health

800 Kirnwood Dr.

Dallas, TX 75115

(972) 982-0897

<https://www.dallasbehavioral.com>

Trauma Support Services of North Texas

210 S Cedar Ridge Dr Suite C-100

Duncanville, TX 75116

(817) 378-7158

Provides professional trauma counseling and support to children, adults, and families who have experienced trauma.

<https://www.tssnt.org/>

Parkland Health and Hospital System

5201 Harry Hines Blvd

Dallas, TX 75235

(214) 590-8761

<https://www.parklandhospital.com>

AssuraSource (home-based counseling services)

972.233.1010

<http://assurasource.com/>

APPENDIX F

Telephone and Text Reminder Script

APPENDIX F
Telephone and Text Reminder Script

“Hello, this is Jennifer. As promised, I am calling (or texting) with a confirmation of our upcoming meeting through video conferencing. “Remember we are scheduled to meet on (date) at (time) using (Zoom). The information for our Zoom meeting is (include information).

Thank you, Jennifer.”

APPENDIX G

Semi-Structure Interview Questions

APPENDIX G

Semi-Structure Interview Questions

1. When did you first experience violence in a relationship with a partner?

Prompt: Would you tell me more about that?

2. What did intimate relationships look like when you were a child?

Prompt: Would you tell me more about that?

3. What type/s of violence have you experienced in romantic relationships (such as physical, emotional, verbal, psychological). (Intimate relationships such as with boyfriends, spouses).

Prompt: Would you tell me more about that?

4. Would you tell me about your previous history of violence in romantic relationships such as with boyfriends, spouses?

5. When and how did these intimate relationships that were violent end?

Prompt: Would you tell me more about that?

6. How has violence in your romantic relationships affected your relationships with family and friends?

Prompt: Would you tell me more about that?

7. What/Who led you to your decision to stay or leave in violent intimate relationships?

Prompt: Would you tell me more about that?

8. How did you get from how you used to be (in an abusive relationship) to how you are now (as a survivors)?

Prompt: Would you tell me more about that?

9. Which people and services have you turned to for help when you were experiencing violence in your intimate violent relationship?

Prompt: Would you tell me more about that?

Conclusion: Final Question

10. Is there anything that you would like to share, that I did not ask?

We are finished with the interview now. Do you have any other comments or questions before we end?" I will answer any questions asked. "If you asked for the summary results, a copy will be sent to the address you provided."

"Would you be willing to read your interview answers and a draft of the study results at a later date and give feedback?"

If the participant says no, "Thank you again for sharing your experiences with me?"

If the participant says yes, "I will send your interview responses in an attachment via email. There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions.

"Is it okay to send your responses via email?"

If participant says “yes,” then “Thank you. I will send your interview responses and a draft of the study results in an attachment via email. Thank you again for sharing your experiences with me?” (Researcher will obtain email address).

If participant says “no,” then “Is it okay to send you the responses via mail?”

If participant says “yes,” then “Thank you. I will send your interview responses and a draft of the study results via mail. Thank you again for sharing your experiences with me?” (Researcher will obtain mailing address).

If participant says “no,” then “Those are the two options available.

“Thank you so much for your time and for the information you have given. A \$10.00 eGift will be sent to your email address, please let me know if you have not received it within 24 hours.”

APPENDIX G

Meeting Guide

APPENDIX H

Meeting Guide

Participant's Code Name: _____

Date of Interview _____

“Thank you for agreeing to be part of my study.” (Pause) “The purpose of this qualitative study is to explore the Lived Experiences of Intimate Partner Violence Among African American/Black Women. Your participation is completely voluntary, and you may withdraw at any time without penalty.

I am in a private and secure location for our meeting, and I hope that your location is private and secure as well”

“I received your signed consent form and completed demographic questionnaire. Thank you for signing your consent form.”

If signed consent form and/or completed demographic questionnaire was not received, then I will say, “I have not received your signed consent form and/or completed demographic questionnaire, would you send to me via email at this this time? The consent form is to be completed before we can begin with the interview. Thank you.”

“Do you have any questions about the study, the consent form, or demographic questionnaire?” (Pause)

If the participant has questions, they will be answered by the researcher.

“Are you still interested in participating in the study?”

If no, “If you know anyone who would be interested in this research study would you please forward them the recruitment email. However, you are not obligated to do so.

Thank you for your time.”

If yes, “Thank you for being willing to participate in this study.”

The demographic questionnaire will have been reviewed to learn if all questions were answered. If I have questions/comments about participants’ responses within the demographic questionnaire (e.g., an unanswered question), then I will discuss those questions/comments with the participants. If the participant chooses to not further answer questions regarding the demographic questionnaire, then we will progress to the interview.

“I will be using the code name you provided in the demographic questionnaire.”

(If participants did not select code names for themselves, then the researcher will choose the code names for the demographic questionnaire and interview.)

“Is it okay if I audiotape our interview to make sure it is accurate?” (Pause).

If yes, then I will begin audiotaping our interview.

“I’m turning on the audio recorder now.” (Recorder now on)

If no, then I will handwrite or type the interview responses.

“I’ll begin by asking you questions. You make take as may breaks as needed. I encourage you to speak freely and openly. Please elaborate as much as you are comfortable. If anything, I say or ask is unclear, please let me know. If you are uncomfortable answering any of my questions, please let me know.”