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The Relationship Between the Strong Black Woman Archetype and Attitudes Towards Seeking Professional Psychological Help in Intimate Partner Violence Relationships Among African American Women

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THE RELATIONSHIP BETWEEN THE STRONG BLACK WOMAN ARCHETYPE AND
ATTITUDES TOWARDS SEEKING PROFESSIONAL PSYCHOLOGICAL HELP IN
INTIMATE PARTNER VIOLENCE RELATIONSHIPS AMONG AFRICAN AMERICAN
WOMEN

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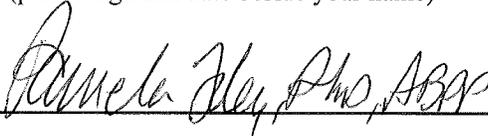
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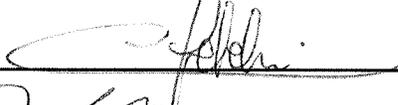
APPROVAL FOR SUCCESSFUL DEFENSE

Monica S. Young, has successfully defended and made the required modifications to the text of the doctoral dissertation for the **Ph.D.** during this **Spring Semester 2018**.

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Abstract

Intimate Partner Violence (IPV) is a serious issue that can affect not only women's lives, but also their health (Wong & Mellor, 2014). Research has shown that the psychological effects of IPV can significantly influence women's attitudes towards help-seeking, but, for Black women, the effects of racial discrimination can further complicate this. Research has also highlighted the underutilization of professional mental health services as an area of great concern in the African American communities. It is believed that some of the reluctance on the part of African American women to seek services for themselves is deeply rooted in the historical and culturally-based beliefs of the Strong Black Woman (SBW). Although researchers have provided preliminary descriptive information and some empirical research has been published exploring women's beliefs about The Strong Black Woman Archetype (SBWA), there is little to no research addressing African American women's attitudes towards seeking professional mental health services for IPV, and the relationship of the SBWA to these attitudes. The purpose of this study was to examine the relationship between the SBWA and attitudes towards seeking psychological professional help among African American women in an IPV relationship. Addressing the psychological effects of the SBWA on Black women is important, as understanding of this phenomenon can add to the formulation of interventions and policies that address the multiple barriers and low utilization rates that affect this population.

The participants included African American women who self-identified as having been in an IPV relationship at some point in their lives and not currently being in the abusive relationship. All of the participants were residing in domestic violence shelters or using domestic violence resource centers. A hierarchical multiple regression was used to evaluate the relationship between the SBWA and attitudes towards seeking professional psychological help among African American women in an IPV relationship, after controlling for post-traumatic stress symptoms, IPV severity, and length of abuse. Findings indicated that higher levels of endorsement of the SBWA were associated with more negative attitudes towards seeking professional psychological help. The findings from this study

suggest that professionals working with Black women in IPV relationships should be aware that the SBWA is a factor that may affect these women's willingness to seek help.

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Chapter 1: Introduction

Intimate Partner Violence (IPV) is a serious issue that can affect not only women's lives, but also their health (Wong & Mellor, 2014). Research has shown that the psychological effects of IPV can significantly influence women's attitudes towards seeking professional psychological help, but for Black women, the effects of racial discrimination can further complicate this. The purpose of this study is to examine the relationship between the Strong Black Woman Archetype (SBWA) and attitudes towards seeking professional psychological among African American women in an IPV relationship.

Background of the Problem

Intimate Partner Violence. Over the past several years, IPV and battered women as a population have received increasing attention. Dealing with intimate partner abuse is a complex problem that has moved up the government's policy agenda in recent years because it is now known that it affects one in four women, and accounts for a quarter of all violent crime (Sarkar, 2009). According to The National Intimate Partner and Sexual Violence Survey (2010), one in three women in the United States has experienced some form of IPV within her lifetime (Black & Peacock, 2011). An estimated 4,000 women die annually in the United States as a result of IPV (Brown, 2008). In 2010, the United States Department of Justice study reported 907,000 incidents of IPV. Of these incidents reported, 4 out of 5 were reported by women (Catalano, 2012). Notably, one study suggested that, overwhelmingly, 92% of women who are victims of IPV are women who are in heterosexual relationships (Finigan, 2010). Tjaden and Thoennes (2000) completed a survey in the early 2000's and found that violence against women is primarily IPV or violence perpetrated by someone intimately familiar with the victim (Tjaden & Thoennes, 2000). Sixty-four percent of women reported that a current or former spouse, cohabitating partner, boyfriend, or date in their lifetimes had physically assaulted them. Most

physical assaults involved pushing, grabbing, shoving, slapping, and hitting, while a smaller number of women reported having something thrown at them, or that a knife or a gun was used (Tjaden & Thoennes, 2000).

African American Women and Intimate Partner Violence. The National Black Women's Health Project (Al'Uqdah, Maxwell, & Hill, 2016; Campbell, Sharps, Gary, Campbell, & Lopez, 2002; Watlington, & Murphy, 2006) identifies IPV as the number one health issue for African American women. However, African American women have not necessarily perceived domestic violence as a matter of concern (Bent-Goodley, 2004; Briggs & Davis, 1994; White, 1994). Studies such as Hill-Collins (2000) have suggested that this may be due to African American women's perception that it is their duty to put others' needs before their own. Research suggests that African American women are a particularly vulnerable population due to the multitude of risk factors they face, including poverty and violence (Cho, 2011; Kenney, 2012; Masten, Cutuli, Herbers, & Reed 2009). African American women continue to experience a higher rate of deaths caused by an intimate partner than do women of other races (Catalano, Smith, Snyder, & Rand, 2009). According to the Bureau of Justice Statistics (2007), African-American females who were victims of IPV were twice as likely to be killed by their spouse than White females who were also victims of IPV (Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009). While African American women make up only 8% of the U.S. population, according to the National Coalition Against Domestic Violence (2008), Black women account for 22% of homicides that result from IPV. This makes IPV one of the leading causes of death for African American women ages 15 to 35 (Hill-Collins, 2001).

Posttraumatic Stress Disorder and Intimate Partner Violence. Given that the rates of victimizations are estimated at 4.9 million intimate partner assaults against women (Tjaden &

Thoennes, 2000), the likelihood of psychological distress for victims of abuse may increase. According to Walker (2009), experts consider post-traumatic stress disorder (PTSD) to be the most appropriate diagnosis for female survivors of abuse who are experiencing significant psychological distress. PTSD is defined as “intrusive re-experiencing, avoidance and emotional numbing, and hyperarousal symptoms that occur in some individuals in the aftermath of a traumatic event” (American Psychiatric Association [APA], 2013). All types of IPV can be perceived as chronic psychological stressors (Jun, Rich-Edwards, Boynton-Jarrett, & Wright, 2008) and are frequently associated with adverse mental health issues. Several studies have highlighted the linkage between increased mental health issues and psychological distress among battered women, with PTSD being the most prevalent (Becker, Stuewig, & McCloskey, 2010; Perez, Johnson, & Wright, 2012; Pico-Alfonso et al., 2005). In fact, Perez, Johnson, and Wright (2012) reported that 64% of women who experience IPV meet the criteria for a PTSD diagnosis.

According to the existing literature, the symptoms of PTSD are seen as women’s response to the trauma of violence endured. Experts and advocates suggest that the effects of psychological abuse are not as clear-cut and easily recognizable as the effects of physical abuse. In fact, Dutton, Goodman, and Bennett (2001) and Hein and Ruglass (2009) found that experiencing psychological abuse was a stronger predictor of PTSD symptoms than experiencing physical abuse. Follingstad and Dehart (2000) suggested, however, that women who have experienced psychological abuse might not perceive it this way. For Black women who are victimized by their partners, this can cause an extreme concern, given that psychological abuse is the least recognized type of abuse in the African American communities (Nabors, Dietz, & Jasinski 2006).

Statement of the Problem

An area of great concern in the African American communities is the underutilization of professional mental health services (Hall & Sandberg, 2012, Wilkins, Whiting, Watson, Russon, & Moncrief, 2012). Statistical reports and data show that African American communities as a whole receive fewer mental health services than whites, are less likely to receive adequate care when needed, and even once care is received, are more likely to experience poor quality (Davey, & Watson, 2008). Awosan, Sandberg, and Hall (2011) found that African Americans receiving inpatient treatment far exceed those receiving outpatient services. Gayles, Alston, and Staten (2005) concluded that overrepresentation in inpatient services might be due to “coercive process,” such as recommendations being made to seek mental health services from legal agencies and social services. It is with that thought that Hampton, Gullotta, and Crowell (2011) understood that African Americans who are referred in this manner may interpret this push for services as a punishment or government intrusion into their private affairs, thus enforcing resistance, mistrust and slow engagement. Furthermore, evidence suggests that, even when African Americans are given a mental health diagnosis, they are unwilling to seek mental health services (Wilkins et al., 2012). Watson and Hunter (2015) found that African American communities utilize informal networks more than formal networks as a means to cope with psychological distress (Diala, Muntaner, Walrath, Nickerson, LaVeist, & Leaf, 2001). Ward and Heidrich (2009) suggest that the negative stigma associated with being labeled mentally ill, combined with a history of negative attitudes towards seeking help, have caused low utilization in the African American communities. The literature also suggests that historical and cultural conditions of discrimination have played a significant role in African American women help-seeking behaviors. These issues are compounded on institutional, structural and individual levels.

Institutional racism has greatly impacted the overall negative views of health care in Black communities. Historical events such as the Tuskegee Experiment and J. Marion Sims surgical experiment have cast emotional and psychological doubt on the amount of help that health services can provide (Wilkins et al., 2012).

From the early 1930s to the early 1970s, the Tuskegee experiment was conducted by the United States Public Health Services to examine the progression of untreated syphilis in 400 Black males (Fisher & Kalbaugh, 2011). During this 40-year study, Black males were not told they had been infected by the syphilis virus and they were deliberately denied treatment for the condition. This ill-treatment continued long after the medication penicillin became available for treatment in 1946. The study was only halted due to public attention and outcry; however, the researchers were still allowed to display their findings (Kennedy, Mathis, & Woods, 2007). The negative treatment of those involved in this study communicated to the Black communities that the government did not care about the wellbeing of African Americans and did not have their best interests at heart. Institutional racism was, however, present long before the Tuskegee Syphilis Study.

Another notable event that compounded the mistrust of health services among African Americans was the experiments of J. Marion Sims, “the father of modern gynecology” (Spettel & White, 2011). Physician J. Marion Sims was given this title for his famous discovery and cure for vesicovaginal fistula. Most relevant to this study and mistreatment of African Americans, however, is the fact that the participants of his study were enslaved Black women and infants (Degruy, 2005; Okeke, 2013).

Present-day institutionalized racism has been brought back into light by the social movement *Black Lives Matter*. According to King and Redwood (2016), not only do the African

American communities distrust healthcare professionals, but professionals themselves can fall prey to implicit biases that can affect their handling of African American patients (Williams & Wyatt, 2015). Chapman, Kaatz, and Carnes (2013) go on to say that these implicit biases are often unconscious but are driven by the negative portrayals of Black lives in the media and on a societal level (King & Redwood, 2016). This mutual distrust ensures continuous barriers that affect utilization rates.

Existing findings also suggest that the compounded experiences of living in an oppressive society may also explain these disparities. One attempt to illuminate these effects is the concept of “John Henryism.” In 1994, Professor Sherman James introduced the concept of John Henryism, based on an old folklore called John Henry, wherein a black man had the extraordinary ability to defeat a steam-powered hammer in a competition. The story goes that, in a remarkable effort to race against the machine’s ability to make his job obsolete, John Henry steadfastly drove steel pins into railroad tracks. Although John Henry won the competition, he died immediately afterward from mental and physical exhaustion. He literally worked himself to death. John Henryism describes a highly tenacious individual who is determined to work through extreme stressors, even at the expense of medical and mental health, in order to find success. Ultimately, the John Henryism hypothesis is seen as a behavioral coping mechanism that African Americans have put in place to adapt to psychological and psychosocial stressors, such as racism and acts of discrimination. The concept of John Henryism resonates and becomes salient for African Americans given that they live in an oppressive society. As researchers have demonstrated, this style of coping is more prevalent among Blacks than Whites (Bronder, Speight, Witherspoon, & Thomas, 2014; Keyes, 2009; Neighbors, Njai, & Jackson, 2007).

Moreover, Watson and Hunter (2015) contend that some of the reluctance on the part of African American women to seek services for themselves is deeply rooted in the historical and culturally-based beliefs in the SBWA. The SBWA is a cultural ideal that portrays black women as strong, self-reliant, nurturing, resilient, and resistant to being dependent or vulnerable to psychological or physical challenges (Woods, 2013). The SBWA arose, in part, as a result of African-American women's efforts to offset the negative societal stereotypes of African American womanhood such as "Jezebel," "Mammy" and "Sapphire" in hopes of highlighting the strong attributes that African Americans women have developed despite the presence of oppression and adversity in their lives (Beauboeuf-Lafontant, 2003; Harris-Lacewell, 2001; Robinson, Esquibel, & Rich, 2013; Woods-Giscombe, 2010). Mullings (2006) reported that African American women adapted this survival attitude out of necessity, due to gender-based oppression, racism, and the limited resources available, which forced African American women to become the mother, nurturer, and breadwinner to combat the societal and economic standards.

While Black women's endorsement of this concept appears to be a good thing, evidence suggests that it may also limit African American women's ability to cope in a healthy way (Watson & Hunter, 2016). As a result, African American women may avoid mental health services in an effort to show that they are strong and able to endure distress. In addition to the belief of the SBWA, African American woman may experience feelings of shame and embarrassment that she experienced IPV; therefore, she may maintain secrecy to protect the family. Traditionally, African American women were conditioned to believe that IPV was a private matter that should be kept in house. The concept that you do not share your personal business, particularly with white counterparts, is strongly held (Nicolaidis, Timmons, Thomas, Waters, Wahab, Mejia, & Mitchell 2010). Sharing these 'private matters' would result in

ostracism from the partner and other family members, as posited by Morrison et al. (2006). Thus, this may lead to limited reporting to mental health professionals, who are seen as strangers. Furthermore, African American women may fear confirming society's negative views about African American men and the community (Al'Uqdah, Maxwell, & Hill, 2016; Blitz & Illidge, 2006), as well as the negative stereotypes surrounding African American womanhood (Watson & Hunter, 2014; Watson & Hunter, 2015).

Rationale

There has been an emphasis in the literature on attitudes towards help-seeking as a barrier to seeking psychological services for African American women who have experienced IPV. Several studies have identified individual, historical, and social risk (Adu-Gyamfi, 2014; Fugate, Landis, Riordan, Naureckas, & Engel, 2005; Gracia, 2014; Morrison, Luchok, Richter, & Parra-Medina, 2006; Nicolaidis, Wahab, Trimble, Mejia, Mitchell, Raymaker, & Waters, 2013; Nurius, Macy, Nwabuzor, & Holt, 2011; Overstreet & Quinn, 2013; Pinchevsky & Wright, 2012; Postmus, Severson, Berry, & Yoo, 2009)

When IPV has occurred in the relationship, women may also experience symptoms of PTSD (DeJonghe, Bogat, Levendosky, & von Eye, 2008). Houry, Kembal, Rhodes, and Kaslow (2006) found that mental health symptoms such as depression, PTSD, and suicidality were positively correlated with abuse. Furthermore, symptoms increased with the amount of abuse. Another study found that African American women who reported more lifetime abuse, including previous IPV and childhood physical and sexual abuse, experienced increased depression, highlighting the role of prior trauma in predicting rates of PTSD and depression (DeJonghe, Bogat, Levendosky, & von Eye, 2008).

The SBWA has also been identified as a barrier toward help-seeking for victims of IPV. In several qualitative studies, it was proposed that the SBWA deterred help-seeking behavior (Beaubeouef –Lafontant, 2007; Potter, 2008). Research suggests that women who hold this ideal feel that they can face any challenges that are placed in front of them. From a historical standpoint, the SBWA was used to justify the ill treatment of enslaved Black women, forcing them to work in the fields alongside Black men. White slave owners saw the enslaved Black women as hypersexual, physically and psychologically stronger than the White women. White women were seen as weak and in need of protection by White men (Collins, 2001; Thomas, Witherspoon, & Speight, 2004; West, Donovan, & Daniel, 2016). On a similar note, during the slavery era black women were the pillars of their families and society. They are credited with promoting education and literacy in their society, where, through interaction with their learned ‘masters,’ they were able to acquire literal lessons. Their fearless stature allowed them to acquire learning materials from their masters’ children and pass them to their own children, secretly allowing them to gain some literacy. In this way, their perceived strength and their desire to help their communities served as impetus to overcoming illiteracy. Such prowess’s, even in the era of slavery have acted against them when they desire to seek health. In the recent past, despite the negatives associated with SBWA, African American women had capitalized on the tag to advance in the education front (Robinson, et al., 2013).

Furthermore, Black women have refined the definition and have insulated themselves against the abuse by using the Strong Black Woman moniker as a shield of armor, using its power to gain strength and encouragement to withstand continual oppression and discrimination in present society.

Additionally, the types of supports available have been identified as barriers towards help-seeking. For example, Paranjape et al. (2007) found that African American women who experienced abuse were reluctant to seek help from formal supports. At the same time, Morrison et al. (2006) found that, if an informal support network perceives IPV as normative, the victim may begin to internalize this acceptance, thereby staying longer in the abusive relationship.

These findings have provided significant insight into the barriers to help-seeking for victims of IPV. While important to the literature, most studies have only focused on the effects of the SBWA and IPV qualitatively. The literature on the significance of the Strong Black Woman dates back to Michele Wallace's book *Black Macho and The Myth of the Superwoman* (1978). Many researchers over the years have studied the SBW concept and its development (Beauboeuf-Lafontant, 2007; Collins, 2001; Harris-Lacewell, 2001; Woods, 2013; Woods-Giscombe, 2010); yet have failed to examine critically the linkages between IPV, and the existing ideology of the SBWA and African American women's attitudes towards seeking professional psychological help. Research has shown the positive and negative consequences that arise from the internalization of this archetype, stating that Black women feel empowered by this concept yet, at the same time, silenced by its very existence (Potter, 2008). African American women who are cognizant of this archetype and subscribe to the belief may feel strong enough to endure any adversity coming their way. The extant literature has highlighted the importance of the SBWA as playing a vital role in the barriers faced by African American women in abusive relationships. However, research has yet to test a model that includes the ideal as the overall component in predicting attitude towards seeking professional psychological help.

Historically, Black women have always been one of the most oppressed groups due to the combined effects of racism and sexism. This particular study is important to the psychology field

as the discussion on African American women's mental health issues have long been silenced in the field and the Black communities. As a population, the immense psychological toll Black women have endured from slavery, establishment of segregation and the Jim Crow laws, to present day struggles, have only reinforced the belief in the SBW; that she must continue to push forward for the survival of her community and for herself. This, however, comes at a great cost, as there is no one to care for African American women. Black Women are not invulnerable to trauma, generations of pain, and mental health problems. A primetime network television drama on ABC called "*Scandal*," created by screenwriter and producer Shonda Rhimes, captured a powerful monologue of the emotional burden Black women carry. In episode 15 of season 6, entitled "Tick Tock: Transfer of Power," the character Maya Pope gives a chilling speech about the price and expectations of strength:

Damn shame. I tell you... being a black woman. Be strong, they say. Support your man, raise your man, think like a man. Well damn, I gotta do all that? Who's out here working for me, carrying my burden, building me up when I get down? Nobody. Black women out here trying to save everybody and what do we get? Swagger jacked by white girls wearing cornrows and bamboo earrings. Ain't that a bitch? But we still try. Try to help all y'all. Even when we get nothing. Is that admirable or ridiculous? I don't know. (Rhimes, 2017)

Every part of this monologue is a reminder of how under-appreciated, devalued and silenced Black women are in their struggle. Her powerful words epitomize the constant struggle Black Women deal with daily to uphold an archetype at the expense of their physical, and psychological health.

Despite many studies showing the deleterious impact of IPV on women, few studies have adequately addressed how the psychological abuse experienced by African American women affects their mental health. Addressing the psychological effects on Black women is important as it can add to the formulation of interventions and policies that address the multiple barriers and low utilization rates that affect the population. Therefore, due to the complex and devastating effects IPV can have on mental health issues for African American women, it is important to research the effect that the SBWA may have over and beyond the factors already known to affect help-seeking in African American women who have experienced IPV.

Research Questions

The following are the questions to be addressed by the present study, and hypotheses for each:

Q1. What is the relationship between the SBWA and attitudes towards seeking professional psychological help, after controlling for post-traumatic stress symptoms, IPV severity, and length of abuse?

H1. It is hypothesized that the SBWA will predict attitudes towards seeking professional psychological help after accounting for post-traumatic stress symptoms, IPV severity, and IPV duration. It is expected that stronger endorsement of SBWA will be associated with more negative attitudes towards seeking professional psychological help.

Q2: What is the relationship between the SBWA and length of abuse, after controlling for attitudes towards seeking professional psychological help, post-traumatic stress symptoms, and IPV severity?

H2: It is hypothesized that the SBWA will be associated with the length of abuse, after accounting for attitudes towards seeking professional psychological help, post-traumatic stress

symptoms, and IPV severity. It is expected that high level of SBWA will be associated with longer lengths of abuse endured in intimate partner relationships.

Q3: What is the relationship between Strong Black Woman Archetype and reported help-seeking behavior, after controlling for attitudes towards seeking professional psychological help, post-traumatic stress symptoms, IPV severity, and length of abuse?

H3: It is hypothesized that stronger endorsement of the SBWA, and negative attitudes towards seeking professional psychological help, PTSD symptoms, length of abuse, and IPV severity will decrease the likelihood of seeking help.

Definition of Terms

The following terms have been defined for the purposes of this study. These terms will be referred to throughout the study.

Help-seeking. Help-seeking refers to “any communication about a problem or troublesome event which is directed toward obtaining support, advice, or assistance in times of distress” and includes both general discussions about problems and specific appeals for aid (Gourash, 1978, p. 414). In this investigation help-seeking takes on two dimensions, help-seeking from formal systems and help-seeking from informal systems. The actual act of help-seeking is defined as “the action of seeking some form of professional assistance for the purpose of solving emotional, behavioral or health problems from a mental health professional” (Rickwood & Thomas, 2012). For the purpose of this study, the question, “Did you seek help from a mental health professional?” will assess actual help-seeking behavior.

Seeking Professional Psychological Help. Seeking Professional Psychological Help in this study refers to the process or behavior engaged in by an individual to seek and attend personal mental health and/or behavioral health services. Seeking professional psychological

help will be measured by the Attitudes Towards Seeking Professional Psychological Help Short Form (Fischer & Farina, 1995).

Formal Systems. The term formal systems is used interchangeably with similar terms used by other investigators, such as formal network and formal support network, which refer to the legal, health, mental health, and social service systems in place for domestic violence, such as shelters, peer groups.

Informal Systems. The term informal systems are used in this study in contrast with formal systems. The term is used interchangeably in the literature with informal social support (Caldwell, 1996) or informal helpers (Taylor, Hardison, & Chatters, 1996) or informal social network (Ullman & Filipas, 2001), or informal network (Taylor et al., 1996). These terms all refer to family, friends, neighbors, church members, and other non-professional individuals. Taylor and colleagues (1996) further delineated informal network into two types: kin and nonkin. Others also include clergy as informal system. In this study, clergy is also defined as an informal system outside the realm of governmental systems designed to provide domestic violence services.

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 (CDC, 2012).

African American. An African American is defined as a person having origins in any of the Black racial groups of Africa (U.S. Census, 2010).

Post-Traumatic Stress Disorder Symptoms. Post-Traumatic Stress Disorder (PTSD) is defined as emotional or psychological distress (i.e. re-experiencing, avoidance, negative beliefs

about the traumatic experience, problems with mood, and arousal) experienced following a traumatic event (Sanders-Phillips, 1997; APA, 2013). For the purposes of this study, the Impact of Events Revised (Weiss &, Marmar 1996) will define post-traumatic stress symptoms.

IPV severity. IPV severity is defined by the occurrence and harshness of the abusive behaviors experienced. For the purpose of this study, IPV severity will be defined by the Severity of Violence Against Women Scale (Marshall, 1992).

SBWA. The SBWA is defined as a cultural expectation that African American women are to remain emotionally and psychologically strong in all aspects of their lives (Hamin, 2008). The Strong Black Woman Archetype Scale (Woods, 2013) will measure the endorsement of the SBWA.

Length of abuse. Length of abuse will be used in this study to refer the time specified in months between the most recent violent episode perpetrated by an intimate partner and the time when the victim and perpetrator first became intimate partners (Winstok, 2013).

Theoretical Framework

In response to the lack of representation of black women among research participants and researchers in the literature on IPV, I have employed Africana Womanism (Hudson-Weems, 1987) as the theoretical framework. This theory is a means to view and understand the significance of IPV and African American women's experiences, which have been traditionally underrepresented in the literature. Hudson-Weems (2008) may provide additional clarification to African American women's continuous struggle with an oppressive society and the ways they have managed to cope. Hudson-Weems contended that Black women for centuries have struggled between two worlds (Blackness and womanhood), which have often placed them at opposition with themselves; thus, the term Africana Womanism was born. The term was coined

in 1987 by Hudson-Weems to denote the idea that African American women identified themselves by their cultural identity, while still including their identity as woman. Hudson-Weems saw Africana Womanism as a more appropriate way to highlight the struggles of black women, while, at the same time, not degrading their relationships with men, or the joys of motherhood. Unlike other concepts such as feminism, Black feminism, or Alice Walker's womanism; Africana Womanism is based on 18 culturally derived tenets with which Black women identify: 1) a self-namer, 2) a self-definer, 3) family-centered, 4) genuine in sisterhood, 5) strong, 6) in concert with the Africana man in struggle, 7) whole, 8) authentic, 9) a flexible role player, 10) respected, 11) recognized, 12) spiritual, 13) male compatible, 14) respectful of elders, 15) adaptable, 16) ambitious, 17) mothering, and 18) nurturing. Brenda Verner's (1994) article, *The Power and Glory of Africana Womanism*, best describes the essence of Africana Womanism:

We love men. We like being women. We love children. We like being mothers... We want families and harmonious relationships. We are not at war with our men seeking money, power and influence through confrontation. Our history is unique. We are the inheritors of African-American women's history, and as such we shall not redefine ourselves nor that history to meet some politically correct image of a popular culture movement, which demands the right to speak for and redefine the morals and mores of all racial, cultural and ethnic groups. (Verner, 1994, p. S6)

Africana Womanism provides an avenue to understand why African American women may repress their feelings and resign themselves to their situation, accept the violence done to them as normative, and in turn, then pass on this generational curse in the name of culture, customs, and traditions.

Chapter II: Review of the Literature

Introduction

This chapter will review the literature regarding the effects of post-traumatic stress in abusive relationships, the effects of PTSD in African American women, help-seeking in women in abusive relationships, help-seeking in African American women, and the impact of the SBWA on African American women's help-seeking in response to IPV.

Intimate Partner Violence and Psychological Distress

The National Intimate Partner and Sexual Violence survey reported that more than one-third of women in the United States have experienced physical violence, rape, and/or stalking by an intimate partner (Black et al., 2011). A growing body of literature has concluded that psychological or emotional abuse often coincides with physical violence. While physical violence is harmful, and the symptoms of abuse are visible, the psychological effects are just as damaging. A large number of researchers have identified a strong correlation between physical and psychological abuse and increased PTSD symptomatology. The severity of abuse and intensity of PTSD symptoms have been linked as well (Demaris & Kaukinen, 2008; Taft, Vogt, Mechanic, & Resick, 2007; Bargai, Ben-shukar & Shalev, 2007). Basile et al. (2004) explored the link between physical, sexual, stalking, and psychological abuse and trauma symptoms. The researchers investigated all forms of abuse, and their study concluded that psychological abuse could be associated differentially with trauma symptoms. Similarly, in 2005, Pico-Alfonso investigated the link between all forms of IPV and PTSD in a sample of 127 women. The author found a significant association between all forms of IPV and PTSD; however, when considering each form of abuse separately, psychological abuse was the strongest predictor of PTSD. These

findings suggest that, while physical forms of abuse often occur within a violent relationship, there is a significant impact of nonphysical intimate partner abuse on PTSD symptoms.

Prevalence of Post-Traumatic Stress Disorder

One of the most prevalent psychological disorders associated with IPV is PTSD. For example, The National Center for Injury Prevention and Control (2010) found PTSD to be the leading psychological consequence of IPV. In fact, Lily and Graham Berman (2009) reported that an estimated 7.8% of women in the United States will experience symptoms of PTSD, with reports of victimization by IPV at 45-65%. Similarly, Nathanson, Shorey, Tione, and Rhatigan, (2012) examined the prevalence of PTSD, substance abuse and depression among a community sample of 94 IPV victims. The researchers found that a large percentage of the community sample (57.4%) met criteria for PTSD. Furthermore, the results indicated that the community sample of intimate partner violence victims reported comparable rates of mental health disorders to women residing in battered women's shelters. Symptoms of PTSD can include despair, hopelessness, social isolation, and debilitating fear.

A study conducted by Becker, Stuewig, and McCloskey (2010) examined recent IPV exposure, past childhood victimizations, and their influences on PTSD symptoms. The researchers conducted interviews with women with (n = 193) and without (n = 170) recent exposure to IPV who resided in the community and from battered women's shelters. Becker and colleagues found that women who reported physical abuse were also more likely to report having experienced psychological and sexual abuse by their intimate partner. They also found that each form of abuse was associated with PTSD symptoms. Furthermore, the researchers found a link between childhood IPV exposure, PTSD symptoms and adult IPV experiences. The results of

their study suggest that women who experienced IPV as children were more likely to enter a violent relationship as adults, which then led to PTSD symptomatology.

Complementing this finding, Matlow and DePrince (2013) suggest that the relationship between IPV and PTSD is influenced by factors outside of the type of IPV experienced. In a sample of 236 women (39% Hispanic, 47% Caucasian, 30% African American, 11% Native American and 2% Asian), the researchers found that each pattern of abuse was associated with different symptoms of PTSD. The study also investigated the severity of specific PTSD symptoms based on two types of victimization (chronic and revictimization). The researchers defined revictimization as the numerous instances of abuse by different perpetrators, which may result in different psychological symptoms than repeated exposure to abuse by the same perpetrator, which is defined as chronic victimization. The researchers found that victims who experienced IPV by multiple abusers exhibited different PTSD symptoms than did those who experienced repeated exposure to victimization by the same abuser. Matlow and DePrince's results also indicated that emotional numbness and hyperarousal were uniquely predicted by victimization by multiple abusers, while avoidance symptoms were linked to abuse by the same abuser.

In another study, DeMaris and Kaukinen (2008) examined the effects of help-seeking and the relationship between IPV and psychological abuse among women. Drawing data from the Violence and Threats of Violence Against Women and Men in the United States, 1994-1996 survey (Tjaden & Thoennes, 1999), the study consisted of 374 women who experienced IPV. DeMaris & Kaukinen (2008) found that these women were constantly living with the fear of retaliation after their loved one was arrested. Results indicated that help-seeking was not associated with the impact of IPV severity; however, partner's beliefs about conformity (the

degree of investment in his or her social standing in the community) did affect his or her arrest. Additionally, Demaris and Kaukinen found that women who had an average level of conformity reported higher levels of PTSD when police arrested their partners. However, contrary to expectations, victims who had a higher-than-average stake in conformity or interpersonal investment did not show elevated PTSD symptoms due to their partner being arrested. Yet results indicated that PTSD was higher among women who experienced emotional abuse, rather than other acts of violence, such as physical or sexual abuse.

PTSD in African American Women

Several authors have suggested that African American communities may experience higher rates of PTSD than other communities because they are confronted with more serious traumatic events and have fewer economic resources that would enable them to recover sooner (Kelly et al., 2010; Mitchell et al., 2010; DeGruy, 2005; Hudson-Weems, 2008). In 2001, Joy Leary DeGruy attempted to highlight the consequences of multigenerational oppression and the effects of trauma that has occurred across generations by introducing the concept of Post Traumatic Slave Syndrome (PTSS) (DeGruy, 2005). She posited that PTSS describes the way African American people are still traumatized by the negative effects of slavery, long after the emancipation proclamation, through institutionalized racism, prejudices, stigma, power, and privilege imbalances that remain present in American society today. DeGruy (2005) stated that “the legacy of trauma is reflected in many of our behaviors and beliefs; behaviors and beliefs that at one time were necessary to adopt in order to survive, yet, today, serve to undermine our ability to be successful” (p. 117). She goes on to suggest that the effects of trauma are still present in African American beliefs and behaviors due to a lack of treatment of the traumas of slavery. Newly released slaves did not receive care for possible PTSD following the ending of slavery;

instead, new forms of trauma such as segregation and Jim Crow laws (Washington & Washington, 2007) attacked them. Currently, African Americans are still criticized, and ostracized, and equal treatment is far from reality. Because PTSS is multigenerational, it is essential to explore African Americans' current social position from a historical perspective, thereby linking the traumatic events of slavery and African American's current lifestyles. This would help make the connections between past enslavement and current challenges more explicit in the way additional harm, such as IPV, can increase an already heavy psychological toll (Corley, 2015) because it is being added on to a well of deep trauma.

Very few studies looking at PTSD have been conducted using a sample of African American women who experienced IPV. Of the few studies that have been conducted with African American women (Hirth & Berenson, 2012; Wright, Perez, & Johnson, 2010; Sabri et al., 2013; Dutton et al., 2013; Stockman, Hayashi, & Campbell, 2015), significant relationships have been found between race and PTSD symptomatology.

Perez, Johnson, and Wright (2012) conducted a study examining the impact of empowerment and the available resources used on the relationship between IPV and PTSD. The researchers surveyed 227 residents of a battered women's shelter. The participants were comprised of 45.8% African American, 37% Caucasian, 8.4% Hispanic, and 8.8% another race. The researchers found that greater severity of violence was correlated with increased PTSD symptoms. Additionally, Perez, Johnson, and Wright (2012) found that the perceived role of empowerment attenuated the relationship between race and PTSD and race and depression. Furthermore, in comparison to access to resources, empowerment was found to reduce PTSD.

In another study looking at ethnicity and PTSD, Lilly and Graham-Bermann (2009) found that ethnicity was a significant predictor of PTSD symptomatology. In a sample consisting

of 120 European American and African American female survivors, African American participants endorsed lower levels of PTSD symptomatology than did European American participants, despite the presence of risk factors such as lower income. They also found that past victimization increased the risk for PTSD symptomatology in European American women while the amount of psychological violence in the past year increased risk for African American women. Given the higher risk of exposure to traumatic life events among African American women, it is not surprising that the continuation of psychological abuse by an intimate partner elicited an increased risk.

Several studies have found an influence of religious coping, which refers to the “use of religion and spirituality to deal with stressful and traumatic experiences in their lives” (Pargament et al., 2000, p. 520; Saad & de Medeiros, 2012), on African American women’s handling of traumatic events (Paranjape & Kaslow, 2010; Allison & Belgrave, 2006; Gillum, 2008). This association was shown in a study by Bradley, Schwartz, and Kaslow (2005), who investigated religious coping as a mediator between child maltreatment and IPV and PTSD symptoms among low-income African American women. Bradley, Schwartz and Kaslow’s (2005) results support an association between both self-esteem and religious coping in the relationship between IPV and PTSD. Additionally, the authors found that, among low income African American IPV victims, the severity of PTSD was negatively correlated with self-esteem. As might be expected, the continuous influence of trauma, whether from IPV or years of vicarious trauma, played a part in the African American women’s decreased self-esteem, as the severity of PTSD increased. Their study also found a relationship between a history of child abuse, PTSD symptoms, decreased self-esteem, and negative religious coping.

In an attempt to understand the underutilization of mental health services among African American women; Sabri et al. (2013) conducted a cross-sectional study with a sample of 543 African American women, examining whether severity of IPV and risk of lethality were associated with PTSD symptoms, and whether those factors were associated with the use of mental health services. Of relevance to the current study, Sabri et al. (2013) found that, overall, women reporting severe types of IPV experiences were more likely to have symptoms of PTSD and other mental health problems than women with less severe types of IPV experiences. More specifically, African American women who experienced physical and psychological abuse were found to have a high risk for suicide, likely due to having co-occurring PTSD and depression problems (Sabri et al.2013). While the researchers did not find a significant correlation between African American women's use of the mental health resources and severity, a link was shown between the likelihood of using abuse-specific resources. Lastly, increased severity was related to reduced use of mental health services in dealing with psychological abuse. Due to African American women's tendency to view psychological abuse as less significant than physical abuse, it is not surprising that Sabri et al. (2013) found reduced use of mental health services among women who experienced psychological abuse, as compared to those who experienced physical abuse. The authors concluded that African American women who experience severe forms of abuse may be in greater need of mental health services but are underserved.

Help-Seeking Behavior in IPV

In an effort to gain an understanding of women's experience of being in an abusive relationship, researchers have tried to understand the response to the abuse in their lives. A general observation that researchers found is that women are primarily surprised by their partner's behavior and will generally respond by justifying and excusing their partner's behavior,

while remaining silent about the abuse (Lempert, 1996; DeMaris & Kaukinen, 2008). However, if the abuse continues and if it increases in severity, the women are more likely to disclose their abuse in order to receive some type of assistance (Morrison et al., 2006). The decision to seek help due to IPV is not simple. Once the cognitive decision has been made to address the abuse with someone, women must decide whom to disclose her abuse to in her formal or informal networks (Kaukinen, 2004; Kelly, 2009).

A body of literature has indicated that anticipated stigma from others is an obstacle a victim must overcome when thinking about getting help and picking what avenue she would use to get that support. Women spoke of this anticipated perception as a reason not to disclose, as friends or family members were not supportive once the abuse was disclosed (Beaulaurier, Seff, & Newman, 2008). A qualitative study by Lutenbacher, Cohen & Mitzel (2003), resulted in several themes that spoke to the experience of confiding in others. A diverse sample of 24 group participants revealed numerous and varied personal, interpersonal and societal obstacles that deterred them from speaking about the abuse. The participants reported that some barriers to confiding were intimidation by the abusers, judgmental attitudes and victim blaming by potential helpers and lack of favorable environment to disclose.

Moe (2007) examined barriers to women's help-seeking through the theory of "social entrapment" (Ptacek, 1999). The concept of social entrapment states that multiple approaches of control used by the abusers, in combination with unsupportive community network's responses to IPV, result in entrapment and avoidance of leaving violent relationships. In Moe's (2007) qualitative study, 19 women who were recruited from domestic violence shelters revealed that inadequate responses from formal and informal networks, combined with the abuser's actions, resulted in victim self-blame and a return to the abusive relationship. Women reported

experiences of being given conditional support, as they were often told they would only receive help from their informal networks if they left their batterer and never returned (Moe, 2007). A combination of both perceptions and the social entrapment model impeded help-seeking opportunities for the participants of this study.

Fugate, Landis, Riordan, Naureckas and Engel (2005) analyzed data from the Chicago Women's Health Risk Study, to give insight into the barriers women victims face when seeking help in an IPV situation. The authors of the study found that victims of IPV did not disclose abuse to family and friends for numerous reasons. Among these were concerns about being judged negatively by their support network or concerns about privacy, the victim's perception that her network would not be able to provide assistance, and fears related to the abuser's actions or the network's reaction.

Not only was anticipated perception of abuse a serious barrier to help-seeking from informal networks, but from formal networks as well. Hardesty, Oswald, Khaw and Fonseca (2011) conducted a study of mothers in same-sex relationships recruited from LGBT and domestic violence organizations in the mid-west area with the aim of understanding the unique challenges they faced when seeking help for IPV. The sample consisted of 24 mothers (12 African American, 9 White, and 3 Latina) who had been abused by a same-sex partner. Hardesty et al. (2011) found formal support systems tended to invalidate same sex family relations, undermining the formal help-seeking behaviors of lesbian mothers experiencing IPV. Beaulaurier, Seff and Newman (2008) conducted a qualitative analysis of responses of a diverse group of women, ages 45–85, during focus groups in which they discussed conflict in personal relationships. Beaulaurier et al. (2008) found that formal support networks when seeking services for IPV that were typically used by younger women often derided older women who were

victims of abuse. Similarly, Swanberg and Logan (2005) found that women feared disclosing abuse to their employers. In a sample of 518 employed women who had recently filed domestic violence orders, women who were experiencing abuse reported a wide range of job interference by their intimate partner. However, these women often expressed concerns about the reaction and the subsequent actions taken by their employer if they disclosed their abuse. In Swanberg and Logan's (2005) research, only 46% disclosed their experiences of abuse to their manager or supervisor. However, 54% of the participants reported deciding against disclosing their abuse at work due to fear of job loss, feelings of shame and embarrassment, and the perceived reactions of others towards the abuse (Swanberg & Logan, 2005). While most were hesitant to disclose their situation, some women did report that they had disclosed the abuse to someone at work, including co-workers and supervisors who provided them with both formal and informal types of social support.

In terms of medical assistance, women feared being judged and devalued by medical professionals, thus leading to women remaining silent. Wilson et al. (2007) examined health needs and barriers to health care among women who experience IPV. Using a sample of 25 IPV survivors, ages 18-48, they found that women feared being judged by health care providers for not removing themselves from the abusive relationship. They concluded that women's lowered self-efficacy and reduced feelings of self-worth added to the barriers to seeking help. Women may be cognizant of the need for formal supports, but feelings of shame and embarrassment may, nonetheless, keep them from exposing the violence.

As noted in Chapter I, the majority of this research has been conducted with White samples. The section below reviews the limited literature that addresses help-seeking among African American women.

Common Help-Seeking Barriers for African American Women

IPV among African American women is qualitatively distinct from IPV within other racial or ethnic communities because of the unique social and cultural challenges that this population faces (Bell & Mattis, 2000). Several factors contribute to the preponderance of barriers that affect the help-seeking behaviors of African American women. This section will address the numerous help-seeking behaviors and barriers that exist in the African American communities. Research states that African American women who are victims of IPV encounter two kinds of barriers: external and internal. African American women have described internal barriers such as embarrassment, helplessness, and blame. Beaulauner, Seff, Newman, and Dunlop (2007) stated that other kinds of barrier faced by African American women are external, including lack of resources in the community, judgment by family and lack of support from the justice system.

Lack of Cultural Competence. The literature states that one reason African American women fail to obtain services or reach out for help is the lack of cultural competence among helping professionals (Bent-Goodley, 2007; Lucea, Stockman, Mana-Ay, Bertrand, Callwood, Coverston, & Campbell, 2013). All too often, the lack of cultural competence and understanding of diverse groups and ethnicities or failure to connect with the client leads to fewer services provided, negative stereotypes, and discrimination (Bailey, 2006). Key influences, such as the legacy of slavery, Jim Crow discrimination, distrust, religious interactions with health care, and the use of home remedies (Eiser & Ellis, 2007) by African American communities often differ from other ethnic groups, greatly influencing their responses to situations of IPV (Bliss, et al., 2008; Lacey, 2010). African American women often perceive mental health professionals as insensitive to the racial and cultural complexities of their lives, and therefore when dealing with

IPV may not view services as an option. When African American women perceive a lack of seriousness about their concerns, the absence of empathy or understanding, or insensitivity to African American culture and religious beliefs, help-seeking is likely to decrease (Lichtenstein & Johnson, 2009; Paranjape et al., 2007).

A few studies have highlighted the need for culturally competent counselors when serving African American women in formal settings such as domestic violence shelters. Few (2005) found that many of their participants felt isolated due to an absence of Black staff members. Additionally, the researchers found that only three out of ten Black women interviewed knew that the shelter existed prior to obtaining services (Few, 2005). Several participants stated that, due to the lack of racial diversity in the shelter, they often chose to disclose fewer experiences. In another study conducted by Gillum (2008), African Americans reported dissatisfaction with their experiences in mainstream domestic violence shelters. The participants believed the white staff members lacked cultural sensitivity to their plight as a survivor. In fact, the participants felt that they continuously needed to prove their status as a victim or survivor of abuse who was in need of services (Gillum, 2008a). Gillum (2008) noted that not only did participants notice a lack of diversity amongst the staff members, but also a lack of culturally-specific products, such as hair products and food.

Nnawulezi and Sullivan (2013) interviewed 14 Black women about their experiences seeking support and the presence of racial microaggressions within domestic violence shelters. Women discussed how they experienced racism during their stay at a domestic violence shelter. The researchers found that twelve out of the fourteen women interviewed experienced at least one form of racial microaggressions in the shelter, while a few identified the whole experience as racist. The authors suggest that one of the many reasons Black women chose to overlook the

racism experienced was due to feeling as though everyone at the shelter received the same treatment in terms of necessities and rules. Nnawulezi and Sullivan (2013) stated that, because the women experience the racism in a context that they deemed helpful, they may take into account their prior experiences and consider how their appraisal of the current event may affect them negatively later. Specifically, the women in the shelter may have not labeled their experience as racist because they felt supported and provided for by the staff. Similarly, to Gillum's (2008a) studies, Nnawulezi and Sullivan (2013) found that most women reported a lack of hair products for Black women. The authors suggest that, by not stocking the hair products needed by the Black women, the White staff were reflecting the perception that Black women's hair care was not the norm. This type of practice created additional barriers for Black women, as they needed to find additional money to spend on the products or coordinate with other women for hair products.

Race and Racial Loyalty. Historical and cultural conditions of discrimination can play a significant role in African American women's help-seeking behaviors. Racial loyalty, a term used by Bent-Goodley (2001), occurs when an "African American woman may withstand abuse and make a conscious self-sacrifice for what she perceives as the greater good of the community, but to her own physical, psychological, and spiritual detriment" (p. 323). African American women find themselves enforcing this loyalty when they want to seek help for IPV yet sacrifice themselves to protect their abusers against the discriminatory and racial treatment of the justice system. This concept is interesting in itself, as it is considered betrayal that the African American women could claim to be a victim, and that she could label the Black man as a batterer. For some women, a keen understanding that reporting the abuse has now shifted the power of her abuser over her and made him powerless to the system (police, courts, prison) adds to the concept of

racial loyalty (Bent-Goodley, 2013). Additionally, many African American women view IPV services as a part of the extensive system built to keep them in an oppressed state. Traditionally, domestic violence agencies were run by White women and are often viewed as connected to the system that is responsible for the continued oppression and disparity experienced by African Americans. Few and Bell-Scott (2002) argued that, for African American women living with abuse, the strain of being battered and the possibility of being subjected to social stigma for betraying the race are salient considerations as they contemplate how to manage being battered. For example, Campbell et al. (2008) found that many women felt a cultural reinforcement and sensitivity to the struggles of the Black men. The women in the study shared similar beliefs that it was their responsibility to protect their abusive partners from the racially unjust criminal justice system (Bent-Goodley, 2005a; Richie, 1996; West, 2004; Nash 2005). Ferraro concurred that many of these victims are afraid they will be viewed as traitors in their communities for putting another African American male at risk for police brutality and interactions within the criminal justice system.

Criminal Justice System. The first contact most victims of intimate partner violence have with the criminal justice system is the police. African American women must consider not only seeking help for IPV, but also the cultural, racial, and personal factors involved (Potter, 2008).

While numerous calls are made to the police each year on behalf of abused women, researchers highlight that African American women themselves report to the police at higher rates, when compared to other women (Lipsky, Cristofalo, Reed, Caetano, & Roy-Byrne, 2012, Flicker et al., 2011). This may be due to the fact that the criminal justice system is one of the few resources available to them to achieve safety at the time (Mallicoat, & Gardiner, 2013). When

African American women turn to the police in a violent relationship, it is typically a last resort, and the attempt is made only to stop the abuse at that moment. For most African American women, the choice to turn to the police or criminal justice system involves some hesitation and questioning, because there is still a great deal of distrust, resistance, and fear of reaching out for assistance (Bent-Goodley, 2011; Richie, 2012). Some African American women may have had negative experiences with the police such as racial discrimination or police violence, whether direct or indirect, that have prevented them from seeking help. This lack of trust has stemmed from years of police brutality and racism in the criminal justice system (Gillum, 2008). Stark and Buzawa, (2009) suggested that often when African American women are meet with negative interactions and a system that is unresponsive to their needs, they are less likely to use the system a second time. One participant who was interviewed in a study conducted by Wisconsin Coalition Against Domestic Violence stated:

I am scared enough to call the police and the police come out...if the police don't arrest [my abuser], and I end up going to jail, then I am in jail fighting for my life and my kids are out here alone. (Wisconsin Coalition Against Domestic Violence, 2014, p. 9)

On the other hand, Bent-Goodley (2011) suggests that some African American women may be reluctant to seek help from a system that they perceive as dealing too severely with African American men. According to Harrison (2014), an African American woman's abuser may be subjected to harsher charges and, therefore, a longer sentence than that of his White counterpart. Lipsky et al. (2012) examined the disparity in police reports of those affected by IPV. The researchers collected data from standardized police data, and the narratives provided by the victim reported to the police. Using a sample that consisted of 4,470 non-Hispanic White,

non-Hispanic Black, and Hispanic male perpetrators who resided in the Dallas area, they found that assaults by White men against their partners were coded as severe IPV at a rate of 31%, while 69% of similar offenses by African American men received this code. Morrison et al. (2006) stated that the fear of what will happen to themselves also reinforces African American women's reluctance to use the criminal justice system. Often, African American women are arrested alongside their abusers (Bent-Goodley, 2011). This has, in part, been brought on by the dual mandatory arrest law, which requires the police to arrest both partners if there is probable cause that a family violence crime occurred (Hirschel, Buzawa, Pattavina, & Faggiani, 2007). Most jurisdictions mandate dual arrest if there is probable cause that the woman attacked her partner, even if the attack was in self-defense (Leisenring, 2011). Richie (2012) suggests that African American women are arrested themselves for IPV because they are seen as more physically aggressive, and their defensive violence is seen as IPV perpetration. A recent example is the case of Marissa Alexander (Alexander v. State, 2014), a Florida mother of three, who was arrested and was facing up to 60 years of imprisonment for firing a warning shot into the air to ward off her abusive and estranged husband. Marissa's case is an illustration of how relying solely on the criminal justice system to end violence against women is ineffective and reinforces the African American communities' perception that the criminal justice system is not in place for the protection of their kind.

Lastly, for women with children, the impact of the criminal justice system on their children may be a primary concern. When involving the police in the case of IPV, mothers of minors may face charges of failure to protect their children from exposure to IPV, and they may risk losing custody of their children (Black, Fallon, & MacLaurin, 2008). With this in mind, women may be reluctant to call on the police for further assistance. In addition, in the case of

African American women who experienced IPV, the rates of child removal from the home are higher than among other racial groups of women, even when the conditions of the violence were similar (Bent-Goodley, 2004). It is well known that African American children are disproportionately represented in the child welfare system (Gillum, 2008). As of 2008, nationally, while African American youth made up only 14% percent of the youth population, they constituted 31% percent of children in out-of-home care (Welfare, 2011). As a case in point, a New York child welfare agency was found guilty of unconstitutionally removing children from the custody of their battered mothers after allegations by the NYC Children's Protection services were made against the mother for "engaging in intimate partner violence" in the presence of her child (Lansner, 2008). According to Laliberte et al. (2010), these allegations were made against the mothers simply because they were the victim of domestic violence by an adult male perpetrator. Lanser (2008) stated that the CPS agency admitted this was a common practice set in place for IPV cases, used as a coercive tactic to have the mother comply with CPS terms.

Religion. Spirituality and the Black Church have long been a major construct in the African American communities (Ellison, Trinitapoli, Anderson, & Johnson, 2007). Several researchers have highlighted the importance of involving spirituality and faith when working with African American victims (Arnette, Mascaro, Santana, Davis, & Kaslow, 2007; Gillum, 2008b; Potter, 2008). The use of religion has been said to be a means of coping and assistance in overcoming their abusive relationship experience for African American women (Yick, 2008; Potter 2008; Gillum, 2008a). El-Khoury et al. (2004) qualitatively explored the help-seeking behaviors of African American survivors of IPV and found that African American women were significantly more likely to endorse the use of prayer as a coping strategy for dealing with IPV and to identify it as helpful to them.

The findings of another study by Meadows, Kaslow, Thompson and Jurkovic (2005) suggested that spiritual well-being was a protective factor against suicide attempts among African American survivors. In spite of the importance of the church and its potential to provide support, a study conducted by Lichtenstein and Johnson (2009) found that African American women's biggest concern regarding reporting abuse was being stigmatized by their church and community. Among the barriers, a woman may face from her religious community are the belief that marriage is meant to last forever, and the propensity of religious leaders to encourage the victim to remain with her husband. Rigid interpretation of scripture and narrow understanding of IPV in the religious community may dissuade the victim from leaving the relationship, despite the abuse (Few, 2005; Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009).

As stated before, issues of faith and religion are a central component in helping African American women who are victims and survivors of IPV. However, the primary focus of religion when working with African American women has been on Christian ideals and beliefs about IPV. Yet, this population is religiously diverse. While the Pew Research Center (2009) found that 78% of African Americans identified as Protestant compared to 51% of the US population as a whole, 35% of Muslims in the U.S. self-identify as African Americans (Gallup Center for Muslim Studies, 2009), thus making Islam one of the fastest growing religions in the Black communities.

According to The American Muslim Poll 2017, researchers Mogahed and Chouhoud (2017) found that IPV occurs in the Muslim community as often as it does in Christian families. The researchers also found that Muslim American victims were just as likely as Christian victims to notify and involve spiritual leaders. In fact, Muslim victims reported incidents of abuse to faith leaders at a significantly higher rate than that of any other faith group. This particular

finding is noteworthy as the researchers found Muslim, Protestant, and Catholics alike rank religion as an important ideal, and frequently attend services, yet Protestants and Catholics are less likely than Muslim victims to involve faith leaders in incidents of abuse (Mogahed & Chouhoud, 2017). As spiritual and religious sectors are seen as a source of support and a place to gain strength amongst the African American communities, the importance of the church remains high and a great influence in the fight against IPV in the African American communities.

Economics. Bograd (1999) concluded that society had deemed IPV as a poor women's issue and typically one predominantly affecting those who are persons of color. Although advocates for victims of IPV have emphasized the point that this is a problem that can affect all demographic groups, there is some data to support a relationship between socioeconomic status and IPV. African American women who are living in poverty and are unemployed are at greater risk of experiencing IPV than White women (Goodwin, Chandler, & Meisel, 2003). Researchers postulate that African American women may be at higher risk for IPV because of their partners, who are, themselves, faced with significant risk factors that increase their likelihood to participate in acts of violence. Hattery and Smith (2012) state that experiences such as chronic unemployment, high underemployment, wage discrimination, and high incarceration rates among African American families may affect the prevalence of IPV across these families. West (2004) states that, for African American men, economic sufficiency is equated with a sense of power and the quality of one's masculinity. Thus, if a man lacks employment and feels a lack of control over his household, he will try to assert that control over his partner (Hampton et al., 2003). Therefore, Black males have adopted a violent response in attempt to handle their poor economic status.

Traditional Gender Roles. The strongest influence on gender development occurs in the home, where parents pass on many of their beliefs on gender roles (Gerson, 2009). In this way, children learn at a young age what it means to be a boy or a girl in U.S. society. This conditioning on a large scale is doubly reinforced in Black communities, through a societal method explained by W.E.B. Du Bois in his theory of “twoness” (Du Bois, 1903). This method consists of teaching African American children the appropriate social gender roles, while also teaching them how to maneuver in the context of gender acceptable reality, status and conditions of African American people living in modern society (Wells-Wilbon, McPhatter, & Vakalahi, 2015). According to DuBois (1903), the “twoness,” at its core, teaches African American boys early on that an aggressive mind frame, assertiveness, and athletic ability are to be revered and rewarded, even if this behavior may make someone uncomfortable. This same gender training also teaches African American boys that behaving in this fashion outside of the Black communities could be disastrous, resulting in violence or death (Wells-Wilbon, McPhatter, & Vakalahi 2015).

Similarly, Wester (2008) expounded on the conflicting messages African American boys receive, stating that the attempt to meet one set of standards, while attempting to meet the other, may lead to frustration. Thus, this may cause African American boys to experience distress when trying to conform to this mixture of roles and double down on their masculinity. African American women, on the other hand, are taught that they are the gatekeepers of the African American communities: they must act as fierce lionesses to protect the stability of the Black family (Wallace, 2007). This gender training opposes the traditional womanhood qualities that emphasize submissiveness, domesticity, softness and nurturing. As children, Black girls are often given conflicting messages that suggest they must be beautiful, soft spoken and kind.

Paradoxically, these same black girls are also taught that they must be strong, reliable, and on guard to protect the Black family or communities at any given moment (Wells-Wilbon, McPhatter, & Vakalahi 2015).

These conflicting dual roles as described by DuBois can lead to internal and external struggles to abide by societal guidelines of appropriate gender norms in the Black home, when historically the traditional gender roles do not fit the African American communities. According to some scholars, gender roles in the African American communities have been eroded. Instead, some scholars argue that African American women have been taught to take on a more independent role, instead of relying on African American men to provide stability and marriage. Researchers state that this is, in part, due to the economic challenges that Black men have faced, which have not allowed them take on traditional male gender roles in their family. Typically, men are expected to fulfill the role and duties of the provider, through financial means and job status. Yet, all too often, these expectations for the African American men are unattainable in a society that has placed limits on said goods. Not only are African American men socialized to believe financial ability defines a man, but they are expected to suppress emotions, only showing them through competitiveness. In addition, the stereotype of Black men being hypersexual sexual predators who engage in violence, requires them to be cautious at all times as to not provoke fear in others who are in their presence. This constant need to be vigilant impedes African American men's ability to successfully abide by masculine traditions in the society. This causes the Black male to assert more control over the one aspect of his life that he can control, which is his home life.

Smith (2008) contended that the historical absence of the patriarchal role among African American men may explain their propensity to engage in abusive behavior. He posits that the

challenges Black males face in terms of their inability to be breadwinners for their family and the institutional, structural barriers faced daily, add to the load they throw onto their female partner. Moreover, he concluded that the violence African Americans witness in their homes is internalized as an acceptable way to handle and assert control over their household.

African American Informal Help-seeking

Many studies have found a direct impact of social support on the health of victims who have been abused. A victim's support system has a significant impact on the ways that she seeks out help and gains support. Historically, the issue of IPV has been one of silence in the Black communities. Black communities have viewed this topic as a private matter that should be kept in-house. The concept that Black people do not air their dirty laundry to outsiders, in particular to White counterparts, was held strongly (Nicolaidis, Timmons, Thomas, Waters, Wahab, Mejia, & Mitchell 2010). The idea that a Black woman could claim to be a victim, and that she could label the Black man as a batterer, would be enforcing the stereotype that African American relationships are dysfunctional. Because of this projection, for most African American women, the first attempt to reach out for help is the use of informal support such as family and friends (Bent-Goodley, 2007; Paranjape, Tucker, Mckenzie-Mack, Thompson, & Kaslow, 2007).

Morrison, Luchok, Richter, and Parra-Media (2006) conducted a qualitative study to explore how families and friends assist African American women who are victims of IPV. The researchers wanted to identify advantages and difficulties faced by African American women when they seek help from their informal networks. For the purpose of this study, Morrison et al. (2006) defined the informal network as family and friends. Some of the types of assistance provided by the informal networks were shelter, childcare, and transportation. Additional support was provided in the sense of social support and guidance to help the victims understand that the

abusive relationship was unhealthy. While the informal networks provided many benefits, the authors also noted several disadvantages. The participants reported instances of members of their informal networks not wanting to be involved in what they deemed a woman's personal business. The authors also found that friends or family would become upset and began to show lack of empathy towards the women and her situation (Morrison et al., 2006).

African American Formal Help-seeking

Using data from a *National Violence against Women Survey*, Flicker et al. (2011) investigated the differential impact of concomitant forms of sexual abuse, stalking, and psychological abuse and ethnicity on help-seeking behaviors of women physically abused by an intimate partner. The study used a sample size of 1,756 women who reported past or current abuse by their intimate partner. Flicker et al. (2011) found that women who experienced stalking were more likely to seek help, compared to women who experienced sexual abuse. The researchers also reported that psychological abuse was not associated with help-seeking. However, Flicker et al. (2011) reported racial difference in the victims' help-seeking behaviors from friends, mental health professionals, police, and orders of protection. Flicker et al. (2011) found that African American women were more likely to seek help from the police and were more likely to seek Orders of Protection than White women. These findings were consistent with numerous studies highlighting African American women's propensity to turn to the police for assistance in the case of IPV (Catalano, 2007; Lipsky et al., 2005; Pearlman et al., 2003; Rennison & Welchans, 2000). Findings suggest that African American women are less likely than White women to disclose IPV incidents to mental health professionals (Flicker et al., 2011). Bent-Goodley (2007) suggests that these findings may be influenced by African American

women's historical mistrust of medical professionals, feelings of shame, and the tendency to disclose to informal networks instead.

In an article review by Rodríguez, Valentine, Son, and Muhammad (2009), the authors examined the literature regarding the barriers to mental health care in women of color. The authors found that one major barrier lay in the physician's failure to identify abuse and inability to deliver mental health services to the abused in a sensitive matter (Rodríguez, Valentine, Son, & Muhammad 2009). African American women's reluctance to seek formal assistance from mental health professionals after an experience of abuse was also demonstrated by Paranjape and colleagues (2007). In a qualitative study of 30 African American women who experienced IPV, Paranjape, Tucker, Mckenzie-Mack, Thompson, and Kaslow (2007) found that women reported negative experiences with physicians, lack of trust in the system and a lack of varied resources. Paranjape et al. (2007) reported one participant stated, "They don't want you to tell them what's going on. They think they know your body. They don't want you to tell them. And they won't listen to you when you tell them what's going on" (Paranjape et al., 2007, p. 6).

Similarly, Anyikwa (2015) found that receiving help from formal networks was further deterred when race appeared as a variable. Using a mixed-method study, the author conducted interviews with a sample of 110 African American women ages 18-66 who resided in the community or a shelter. Anyikwa (2015) found that, while participants sought help from both informal and formal networks, participants' race impeded their formal help-seeking behaviors. The participants of this study turned to all three systems (legal, social, and health), in attempts to seek help from formal networks. Consistent with previous studies, 66.4% of participants had sought help from police, while 80% sought help from legal resources. The utilization of formal networks in the form of shelters, emergency rooms, and other mental health centers was

significantly lower. Women reported seeking help from shelters at 29%, emergency rooms at 26% and mental health centers at 19%. The researcher deduced that the significantly lower numbers reported by this sample highlighted the idea that these services are only used in times of dire need.

Strong Black Woman Archetype

Staying strong is kind of like saying you know, “Don’t show any weaknesses.” ...

I see that in my mom and in my aunt and whatnot. You know, like my mom struggled a lot. You know, just financially. But so she knew it was something she had to do, especially if she had me. You know, she still did what she had to do. You know, just kind of giving off like, the strong black woman vibe like, she didn’t let everything get her down. She still pushed through and kept working toward her goals. (Watson & Hunter, 2016 p.12)

In the late 1980s, Karyn White sang “Superwoman,” in which she dispelled the idea of being a woman who is strong enough to withstand everything thrown at her, including mistreatment by her man. While Karyn White’s song expressed her rejection of the internal and external aspects of being a strong woman for others, the concept of the “Strong Black Woman” is one that is culturally accepted and has historically been one of significant meaning in the African American communities. The SBWA has been highlighted as a phenomenon that may be influencing the ways that African American women experience and endure certain issues. The SBWA is a cultural ideal that portrays black women as strong, self-reliant, nurturing, resilient and resistant to being dependent or vulnerable to psychological or physical challenges (Woods, 2013). The SBWA is a cultural symbol and a cognitive framework that has guided African American women in structuring and formulating experiences in their lives.

Historical Context of Strength. Littlefield (2004) suggested that strength forms an essential component of the identity of Black women. Strength has been speculated as being a culturally specific coping mechanism that was critical for the survival of the African slave (Romero, 2000; Thompson, 2003). African American women's embodiment of strength has led to their being seen as women of virtue, impenetrable fortress, unyielding and unbending to life's hardships, which can be seen in historical representations of enslaved Black women (Collins, 2000). Historical women such as Harriet Tubman, Sojourner Truth, Fannie Lou Hamer and Rosa Parks have often been celebrated as models of strength who embodied a courageous, unselfish commitment to the protection of others at the expenses of their own lives (Beauboeuf-Lafontant, 2007). Although historical accounts of enslaved Black women accentuate strength, it would be unjust not to acknowledge that enslaved Black women were considered and treated as property. During slavery, African American women endured inhumane conditions, as they were often seen as oversexualized, physically strong and immoral (Beauboeuf-Lafontant, 2009; Thomas et al., 2004). The perception that Black women were highly sexed and more sexual than white women resulted in slave owners justifying their sexual violations and degradation of the Black women (Harris-Lacewell, 2001). Not only were they subjected to sexual abuse and physical violence, but they were also expected to perform the same work as Black men. The enslaved Black women did not have a space where they could express their pain, anger or negative emotions, therefore resulting in their building an emotional mask that shielded their emotions from their slave masters. This concealment of emotions may have served as a coping mechanism that preserved the African American women's psyches in the face of the double binding experience of oppression and abuse (Black & Peacock, 2011).

Throughout history the representation of Black women have affected the way, American society, as well as Black people, value, identify and view Black women in general. Post enslavement only brought about more environmental stressors in the form of institutional, systemic and cultural oppression of the African American woman and her family. The concept that the Black woman was strong and sturdy during slavery cemented the idea, post-slavery, that Black women were ideal domestic servants for white women. David Moynihan, a sociologist of the 60s, suggested that the delineation of the Black home was also reinforced by the concept of the SBW (United States Department of Justice, 1965). Moynihan criticized the black woman for enjoying her new position as the economic provider for the family, the new advantages of education, and her new role as the monarch of the family, thereby castrating Black men and causing them to abandon their families. The destruction of the Black family placed a greater responsibility on the Black woman to take care of and provide for her family. Wyatt (2008) states that this expectation to hold multiple roles as leader of the house, coupled with several other responsibilities, creates a need to overcompensate to maintain the status quo. Wyatt (2008) postulates that viewing African American women through the stereotypical lens as “taking charge” often obscures the reality that Black women’s tendency to overcompensate arose as in order to survive and to address the social economic pressures.

Strong Black Woman Internalization. Despite the origin of the SBW narrative, a number of researchers contend that the continued proliferation of it is a consequence of Black women’s internalization of it for protective reasons (Beauboeuf-Lafontant, 2009; West, 2008). Collins (2000) describes the SBW as a representation that has influenced African American women for years. Romero (2000) describes the SBW as resilient, strong and able to overcome any obstacles. Woods-Giscombé (2010) describes the SBW as a portrayal of an “unfaltering

sense of strength through resilience and assertion of independence:” ultimately the facilitator of survival for the Black family. Similarly, Beauboeuf-Lafontant (2009) suggests that Strong Black Women are the ultimate survivors: women who were unmoved or not easily daunted by adversity. While the embodiment of these characteristics is not inherently harmful, the over-internalization of these features can interfere with the physical and psychological well-being of African American women.

Watson and Hunter (2015) surveyed 95 Black women, ages 18 to 65, and found that taking the stoic SBW approach to stressors could trigger anxiety and depression symptoms that may intensify when coupled with negative attitudes toward seeking professional psychological help. Additionally, the researchers found that the endorsement of the SBW scheme’s cultural expectations of strength and self-silence may prohibit the outward expressions of mood and emotion, thereby leading to symptoms of anxiety, such as body pains and headaches.

In addition to Watson and Hunter’s work, Donovan and West (2014) surveyed 92 Black female college students to examine whether the endorsement of SBW intensifies the harmful relationship between stress and mental health. While low levels of SBW endorsement did not increase the relationship between stress and depressive symptoms, the researchers found that high and moderate endorsement of the SBW increased the positive relationship between stress and depressive symptoms. Both studies suggest that embracing the SBW stereotype may increase Black women’s vulnerability to depressive symptoms associated with stress.

Similarly, West, Donovan, and Daniel (2016) interviewed 113 Black college women from an urban area. They sought to examine whether Black college women (1) were aware of SBW and could describe a Black woman who represents the image; (2) internalized the image; (3) noted its negative relevance to mental and physical health; (4) perceived it as positive

attribute; and (5) believed in its contemporary relevance. The participants' descriptions of the SBW were consistent with previous scholarly findings of strength through resilience and assertion of independence (Collins, 2004; Harris-Lacewell, 2001; Woods-Giscombé, 2010). West, Donovan, and Daniel (2016) stated that 78% of the participants in this sample saw the SBW image as positive and the overwhelming majority (83%) reported seeing themselves in this image currently or in the future. Yet, while a vast majority of the participants saw the SBW image as important, a high percentage endorsed the image as detrimental to mental health. Of the 83 participants who answered the question asking if the SBW image affected their mental health, 57% said "yes." The authors concluded that, while there were positive aspects of the SBW, the endorsement of this ideal also negatively affected their participants' health.

Woods (2013) examined the relationship between the SBWA and intentions to seek mental health services among Black women. The researcher found that characteristics of the SBW ideal were related to depressive symptoms and therapy-seeking intentions as well as negative attitudes about therapy. These negative attitudes were associated with lower intentions to seek therapy for women who endorsed the characteristics of the SBW (Woods, 2013).

A study conducted by Harrington, Crowther, and Shipherd (2010) examined the internalization of the SBWA in 179 African American female trauma survivors and found that a history of trauma predicted a stronger internalization of the SBWA, which, in turn predicted a stronger inclination to binge eat. The researchers suggested that African American females saw binge eating as an acceptable way to cope with negative affect related to their traumatic experience. Furthermore, Harrington et al. (2010) found that the SBW race-gender schema predicted emotion regulation difficulties, including non-acceptance of emotional responses and self-silencing.

Intimate Partner Violence and the Strong Black Woman Archetype

The cultural gender norm of the SBW is an ideal that many Black women strive to achieve, which can cause positive and negative consequences (Beaubeouef-Lafontant, 2007). These characteristics can become a suit of armor to protect themselves from the damaging world that assaults African American women daily. However, this internalization to be self-reliant and suppress any outward emotional distress among African American women (Jackson, 2011) has been used to normalize and justify IPV (Gillum, 2002). African American women who accept this stereotypical archetype as strong and able to withstand any challenging situations may also perceive reasons to be strong in the face of abuse, therefore feeling no need to seek professional psychological help. Gillum (2002) stated that holding the stereotypical views of the archetype appears to be a contributing factor to IPV against African American women. Beaubeouef-Lafontant (2009) asserts that the acceptance of this ideology requires the Black woman to take on an invincible attitude towards the abuse and present herself as capable of enduring all adversities. Beaubeouef-Lafontant went on to say that under this concept and expectations, a Black woman is not seen as a human being yet is viewed as a “strong woman” who cannot be victimized or capable of suffering (2009).

Similarly, Potter (2008) indicated that, often, Black women who experience IPV forgo their right to remove themselves from the abuse by internalizing the identity of the SBW, believing that she can withstand the abuse or stop the violence directed at her. Additionally, Black women’s perceptions of what constitutes abuse may have been influenced by their beliefs about and embodiment of the SBW. For example, Bent-Goodley (2004) used focus groups to explore themes related to IPV in African American women and found that African American women had different perceptions of what constitutes abuse than what researchers believe falls in

the scope of IPV. For example, African American women considered pushing, slapping or shoving to not fall under the category of domestic violence, while “beatings” (in which a woman was physically injured) did constitute domestic violence. In regard to help-seeking behaviors, African American women also reported feeling less understood and accepted in primary care settings and having a lower quality of communication with their health care providers.

The SBW presents an image to the world that the African American is exceptionally strong under stress and is resilient, yet African American women are also seen as overbearing figures that require control. It is with this perception in mind that African American women can endorse these characteristics, thereby increasing their vulnerability and in turn discouraging some from speaking out about the abuse and seeking professional psychological help (Bell & Mattis, 2000; Fields, 2011). They may, in turn, believe themselves to be a survivor and not a victim, able to cope with any situation. Potter (2008) argues that Black women are less inclined to label themselves as victims and more likely to fight back. It is often reported in the research literature that Black women tend to feel obligated to fight back against their abusers rather than to report the abuse (Moss et al., 1997; Swan & Snow, 2006). Researchers speculate that this may happen, in part, because of the egalitarian nature of most African Americans’ relationships (Miller, 2001; Oliver, 2000; Stanik & Bryant, 2012). West and Rose (2000) went on to say that the African American woman may also hold the belief that she has the same rights as her partner, which means that if he hits her, she has the right to hit him back.

Similarly, the Wisconsin Coalition Against Domestic Violence (2014) found that women fought back for several other reasons including self-defense, feeling that they had no other options, and reaching their emotional breaking point. Furthermore, the women reported that the experience of the abuse coupled with all other life stressors they were dealing with currently had

brought them to an emotional breaking point, forcing them to take on an “it’s him or me attitude.” The emotional breaking point brought the participants to the point of feeling “sick and tired of being sick and tired,” thereby forcing them to fight back. In another qualitative study conducted by Moss, Pitula, Campbell and Halstead (1997), one African American participant who did not fight back said that she “believed she had not lived up to her birthright... My image of African American women was that they stood up for themselves” (p. 448).

Chapter III: Methodology

The purpose of this study was to examine the relationship between the SBWA and help-seeking behaviors among African American women in an IPV relationship. This chapter describes the study design, sampling criteria, instruments utilized, and procedure.

Study Design

The approach selected for this research was a quantitative design, specifically descriptive research, in which African American females were able to complete the survey online through Qualtrics. This study looked to determine whether the SBWA was related to the help-seeking behaviors of African American women who experienced IPV. A correlational, causal comparative research design was employed to answer the study research question and hypothesis. The survey instruments were available online through Seton Hall University Qualtrics System.

Population and Participant Selection

The study sample comprised women currently living in battered women's shelters in the Tri-State area. The criteria for inclusion of subjects were as follows: Participants (a) were 18 years of age or older, (b) identified as Black/African American women, (c) were current residents in a shelter for battered women or receiving services for abuse, (d) and were not currently involved in an abusive relationship. The sample size for this study was determined *a priori* to reduce the probability of a Type II error and to optimally assess the study hypotheses. The significance level of the study was 0.05. The effect size of this study was 0.15 (medium effect). The statistical power level in this study is 0.80. The computation of multiple regression with four predictors resulted in a sample size of 85 (Faul, Erdfelder, Lang, & Buchner, 2007).

Data Collection and Procedure

Potential participants were recruited from battered women's shelters and domestic violence agencies in the Tri-State area. The researcher contacted the shelter's directors and agency staff members to gain their approval (Appendix A). Upon approval, the researcher posted recruitment flyers (Appendix C) throughout the shelters that introduced the nature of the study and contained a URL for the solicitation letter and the survey. The recruitment flyer explained the purpose of the study and asked if potential participants would be willing to participate in a study investigating women's responses to IPV. Participants were then informed that for participating in the study they would be entered into a drawing for the chance to win one of five \$25 Visa gift cards. Participants were informed that it would take about 15-20 minutes to complete. The survey was posted through the electronic survey tool Qualtrics, a program provided by Seton Hall University. Participants accessed the survey online by typing the survey URL provided at the end of the recruitment flyer into their web browser. Upon entering the survey, potential participants were then able to read the solicitation letter, which took the place of informed consent and were able to decide whether to participate. The participants were then informed that they could take the survey online during a time of their choice, either on a computer or a mobile phone. Participants were also informed they could skip any questions they chose not to answer, and/or could stop the survey at any point. The solicitation letter (Appendix B) explicitly states that the survey could elicit strong emotions and that the shelter staff would be available to discuss those feelings during or after the completion of the survey. Participants were informed that shelter staff members were not there to provide formal counseling services but would be able to refer participants to proper agencies for this service.

The participants were asked at the end of the survey if they would like to provide their email address in order to be entered to win. Participants were assured that their email address would not be connected to their answers, ensuring that their answers were completely anonymous, even if they did provide their email. No identifying information was entered on the study instrument tool, in order to protect the identity and maintain the confidentiality of participants. Participants who wished to be entered in the drawing but did not have an email account were provided with instructions on the back of the recruitment flyer (Appendix C) on how to set up a free email account with several email servers. These instructions were also provided in the survey, where participants could choose if they would like to provide their email address. After completing the survey, the participants were then provided with a local resource directory of counseling and mental health facilities that they could contact after participating in the survey, in addition to consulting with the shelter staff, if they felt in need of such assistance. This is the same list that was provided on the back of the recruitment flyer.

Contact information for the principal investigator and the chair of the dissertation committee were provided in case respondents should need any additional information regarding the study.

Instruments

Five instruments were used for this study. The first instrument is the demographic questionnaire that gathers relevant information about the participants of the study. The second instrument is the Strong Black Woman Archetype Scale (SBWAS; Woods 2013), which measured the extent to which the participant subscribed to the Strong Black Woman Archetype. The third instrument is The Impact of Event Scale- Revised (Weiss &, Marmar 1996), which assessed the presence of post-traumatic symptomatology. The fourth instrument is the Severity

of Violence Against Women Scale (Marshall, 1992). The SVAWS measured IPV, ranging from threats of violence to include varying degrees of physical and sexual abuse. The fifth instrument is the Attitudes Toward Seeking Professional Psychological Help Short Form (Fischer & Turner, 1995), which measured participants' likelihood of seeking professional mental health or counseling services.

Demographic Questionnaire. A demographic questionnaire was administered for the purposes of obtaining background information. Participants were asked to report personal characteristics (age, gender, race/ethnicity, profession). This information was used to provide descriptive information about the sample. This instrument is attached as Appendix D.

The Strong Black Woman Archetype Scale. Endorsement of the SBWA was measured by the Strong Black Woman Archetype Scale (SBWAS; Woods, 2013). This is a 36-item instrument used to measure SBW cultural attitudes. The SBWAS includes elements of the following scales: Strong Black Woman Attitudes Scale, (SBWAS; Thompson, 2003); the Strong Black Woman Cultural Construct Scale (SBWCCS; Hamin, 2008; 14 items); the Mammy and Superwoman subscales of the Stereotypic Roles for Black Women Scale (SRBWS; Thomas, Witherspoon, & Speight, 2004; 15 items); and selected items from a general measure of self-sacrifice (the Silencing the Self Scale (STSS); Dill, 1992; 3 items). Each item is rated on a five-point scale: never=1, rarely=2, sometimes=3, frequently=4, and almost always=5. Item responses are summed to create subscale and total scores. Scores are obtained by summing item scores. For the purposes of the present study, only the full-scale score will be included in the analysis. The reliability or internal consistency of the instrument was documented with an alpha coefficient of $r = .91$ for the total scale, and with a similar alpha for the three clusters: Mask of Strength ($r = .88$) Care-Taking ($r = .79$) and Self-Reliance/Strength ($r = -.80$). The three clusters are then

broken down into eight dimensions. The eight dimensions of the Strong Black Woman Archetype Scale are as follows: (a) the mask of strength (15 items; e.g., “I do not like others to think of me as helpless.”), (b) perceived strength (4 items; e.g., “Women of my race have to be strong to survive.”), (c) physical strength (7 items; e.g., “I can do any physical task that a man can do.”), (d) emotional invulnerability (5 items; e.g., “I don’t let life stresses get me down.”), (e) struggle (8 items; e.g., “I should be able to handle all that life gives.”), (f) self-reliance (8 items; e.g., “I am independent.”), (g) caretaking (11 items; e.g., “I am always helping someone else.”) and (h) self-sacrifice (5 items; e.g., “I feel guilty when I put my own needs before others.”). Higher scores indicate a greater identification with SBW ideology. Validity was assessed using promax rotation factor analysis. A cutoff of .30 was used as a criterion for factor membership. Cronbach’s alpha for range 77-.92 (Woods, 2013). This measure was normed on 234 female students aged 18 and older, 143 of whom were Black and 91 of whom were White (Woods, 2013).

The Impact of Event Scale- Revised (Weiss & Marmar 1996). The IES-R developed by (Weiss & Marmar 1996) is a 22-item scale that evaluates the degree of distress a participant feels in response to trauma. The scale incorporates the three symptom clusters of PTSD: intrusion (dreams about the event), avoidance and numbing (effort to avoid reminders of the events), and hyperarousal (feeling watchful and on guard). Participants are asked to rate on a 5-point Likert scale from “not at all” (0), “a little bit” (1), “moderately” (2), “quite a bit” (3), to “extremely” (4), an event in their life which they consider to have been traumatic. The maximum score is 88, which would show the worst PTSD symptom state. Scores of 12 or above are deemed clinically significant and scores of 33 or above represent severe PTSD symptomatology (Creamer et al., 2003). Edwards et al. (2015) identified good psychometric properties with a high

internal consistency ($\alpha = .96$) and high concurrent validity among samples with varying levels of trauma symptomatology and the IES-R has been found to be a valid indicator of PTSD symptomatology (Creamer et al., 2003; Rash et al., 2008). The IES-R has been used in a number of studies with survivors of IPV (Gil-Rivas, Florentine, Anglin, & Taylor, 1997; Riggs, Kilpatrick, & Resnick, 1992; Saunders, 1994). The IES-R has also been used with African American IPV survivors specifically (Bennett-Anyikwa, 2005).

The Severity of Violence Against Women Scale (SVAWS) (Marshall, 1992). The Severity of Violence Against Women Scale measures both the frequency and severity of abusive behaviors experienced. The SVAWS is a self-reported 46-item instrument consisting of three subscales that differ in level of severity (i.e., threats of violence, acts of violence, and sexual aggression). These scales can be further divided into nine dimensions with each item weighted for severity. The three subscales are as follows: (a) 19 items assessing the threats of violence, which includes symbolic violence (e.g. threw or broke an object), mild violence (e.g. made threatening gestures), moderate violence (e.g. threatened to destroy property) and serious violence (e.g. threatened with a weapon); (b) 21 items measuring actual violence, which describes mild violence (e.g. pushed or shoved), minor violence (e.g. twisted arm), moderate violence (e.g. hit with an object) and serious violence (e.g. beat up); and (c) 6 items measuring the sexual violence dimension (e.g. physically forced to have sex). Items were ordered based on the perceived severity of the acts. Reliability was calculated in a sample of 707 female college students and a community sample of 208 women. The coefficient ranged .92 to .96 in the female college sample and .89 to .96 in the community sample, indicating high internal consistency. Participants are asked to indicate how often their partner had inflicted each of the acts in a given period of time by using a 4-point Likert scale ranging from 1 = never, 2 = once, 3 = 2–3 times, 4

= 4 or more times. The possible scores for the threats of abuse are 19 to 76 and 27 to 108 for physical violence (Peltzer & Pengpid, 2013; Wiist & McFarlane, 1998a, 1998b). This scale has been used successfully with African American women involved in IPV (Stockman et al., 2013). Stockman et al.'s (2013) sample consisted of 1,413 women who identified as being Black African American or African Caribbean, and 132 women who considered themselves mixed race with African descent.

The Attitudes Toward Seeking Professional Psychological Help (SF) (Fischer & Turner, 1995). The Attitudes Toward Seeking Professional Psychological Help (Fischer & Turner, 1970) and its shorter version, The Attitudes Toward Seeking Professional Psychological Help – Short Form (ATSPPHS, Fischer & Farina, 1995), have been utilized in a considerable amount of research examining psychological help-seeking attitudes and behaviors (Picco et al., 2016; Pfohl, 2010; Constantine & Gainor, 2004; Dearing, Maddux, & Tangney, 2005; McCarthy, Pfohl, & Bruno, 2010). The ATSPPHS is a 10-item scale used to assess participants' attitudes toward seeking professional psychological help (e.g. positive or negative). Respondents indicate their level of agreement or disagreement with items (e.g., "I admire people who are willing to cope with their problems and fears without seeking professional psychological help"). Using a 4-point Likert-type scale where items 2, 4, 8, 9, and 10 are reverse scored, participant rate items from 3 (Agree) to 0 (Disagree). Respondents' scores can range from 0 to 30, with higher scores indicating more positive attitudes towards help-seeking (Fischer & Farina, 1995). The reliability was calculated on a convenience sample of college students (Fischer & Farina, 1995). Fischer and Farina (1995) reported internal reliability to be 0.84. The correlation between the 10-item short form and the original 29-item scale was 0.87 (Fischer and Farina, 1995). The ATSPPH; Fischer & Farina has been used successfully with 100 African American mothers and fathers in a

study conducted by Thurston and Phares (2008) examining underutilization of mental health services. According to the authors Fischer and Farina (1995), the use of this scale should be confined to relevant studies and should only be used for research purposes. Fischer and Farina (1995) also state that researchers may use this scale without permission from the authors.

Analysis

The following hypotheses were tested using hierarchical multiple regression and logistic regressions:

H1. It was hypothesized that the SBWA would predict attitudes towards professional psychological help-seeking after accounting for PTSD symptoms, IPV severity, and length of abuse. It was expected that stronger endorsement of SBWA would be associated with more negative attitudes towards professional psychological help-seeking. Participants' scores on the control variables, PTSD symptoms, IPV severity, and length of abuse were entered in the first step of the hierarchical regression analysis. The SBWA score was entered in the second step, predicting the criterion variable, attitudes towards seeking professional psychological help (Frazier et al., 2004).

H2: It was hypothesized that the SBWA would be associated with length of abuse, after accounting for attitudes towards professional psychological help-seeking, PTSD symptoms, and IPV severity. It was expected that a high level of SBWA would be associated with longer lengths of abuse endured in intimate partner relationships. To test the second hypothesis, participants' scores on the control variables, attitudes towards professional psychological help-seeking, PTSD symptoms, and severity were entered in the first step of the hierarchical regression analysis. The SBWA score was then entered in the second step, predicting the criterion variable, length of abuse.

H3: It was hypothesized that stronger endorsement of the SBWA, negative attitudes towards seeking professional psychological help, PTSD symptoms, length of abuse, and IPV severity would decrease the likelihood of seeking help. In order to explore this question, logistic regression analyses used SBWA, attitudes towards seeking professional psychological help, PTSD symptoms, length of abuse, and IPV severity to predict whether or not a woman reported that she sought help from mental health professional.

Chapter IV: Results

It was the intent of this study to examine the relationship between the SBWA and attitudes towards help-seeking among African American women who have been in an IPV relationship. The women who participated in this study completed surveys that measured their attitudes towards seeking professional psychological help, their endorsement of the SBWA, the presence of post-traumatic symptomatology, the length of abuse endured, and the severity of the abuse they had experienced. This chapter includes results based on the methodology proposed in the previous chapter. Specifically, this chapter provides the descriptive statistics of the sample, and the findings from each of the tested study hypotheses.

Data Cleaning and Screening

Prior to conducting hierarchical multiple (logistic) regression, the dataset was screened for missing values, outliers, and violations of specific statistical assumptions. Results showed that there were no significant outliers, and residual errors were approximately normal and did not show multicollinearity.

Descriptive Statistics

Ninety-two African American women from domestic violence shelters and domestic violence resource centers were recruited for the present study. An *a priori* power analysis indicated that 85 participants were required to adequately power the study. Participants were African American women who self-identified as having been in an IPV relationship at some point in their lives and not currently being in the abusive relationship. Table 1 presents demographic data for the overall sample. The majority of the participants were between 25 and 44 years of age. Of the 91 who responded to the question regarding the highest level of education completed, 26.1% had completed high school or had a GED, 54.3% had some college or graduate school education, and 18.5% had a graduate school or equivalent level of education. Of

the 92 survey respondents, 25% were unemployed. The remaining respondents reported currently being employed (75%). Sixty nine percent of the survey participants reported that they were never married, 23.9% were married, 4.3% were separated, and 1.1% were divorced at the time of the abuse.

Table 1
Demographic Characteristics of the Sample

Variable	Category	Frequency	Percentage
Education Level	High school or Equivalent	24	26.1
	Some College or Graduate	50	54.3
	Graduate School or Equivalent	17	18.5
Employment Status	Employed	69	75.0
	Unemployed	23	25.0
Marital Status	Married	22	23.9
	Separated	4	4.3
	Divorced	1	1.1
	Never Married	64	69.6
Age Range (Year)	18-24	12	13.2
	25-44	61	66.3
	45-64	16	17.4
	65 +	2	2.2

Primary Study Variables

The descriptive statistics, including the means, standard deviations, minimums, and maximums of the five continuous study variables (endorsement of the SBWA, length of abuse,

post-traumatic symptomatology, attitudes toward seeking help, and severity of abuse) are presented in Table 2.

Participants' endorsement of the SBWA was measured by the SBWAS. For the purposes of the present study, only the full-scale score was used. Higher scores indicated a stronger endorsement of the SBWA. Participants' post-traumatic symptomatology was measured by The IES-R. Higher scores for the total scale indicated a higher level of PTSD symptoms. Participants' IPV severity and frequency were measured using SVAWS). Higher scores indicated a higher level of severity and frequency of abuse. Participants' attitudes toward help-seeking were measured by the ATSPPHS. Higher scores indicated more positive attitudes towards help-seeking.

Table 2
Descriptive Statistics for the Continuous Study Variables

Variable	<i>N</i>	Min	Max	<i>M</i>	<i>SD</i>
SBWA	92	38	180	132.80	23.73
Length of Abuse (Months)	85	1	300	45.80	52.05
PTSD Symptoms	92	25.8	102	60.37	20.67
IPV	92	43	170	85.60	32.24
ATSPPH	92	10	35	220.40	5.21

Note: SBWA= Strong Black Woman Archetype; ATSPPH = Attitudes Towards Seeking Professional Psychological Help; PTSD = Post-Traumatic Stress Disorder symptoms; IPV=Intimate Partner Violence

Table 3
Correlation Matrix of the Study Variables

Variable	AbuseinMonths	SBWA	PTSD	IPV	ATSPPH
AbuseInMonths	1				
SBWA (Total)	.134	1			
PTSS Symptoms	.138	.292	1		
IPV	.072	.267	.508	1	
ATSPPH	.124	.264	.091	.041	1

Note: * $p < .05$, ** $p < .01$, *** $p < .001$ SBWA= Strong Black Woman Archetype; ATSPPH = Attitudes Towards Seeking Professional Psychological Help; PTSD = Post-Traumatic Stress Disorder symptoms; IPV=Intimate Partner Violence

Hierarchical Regression Analyses

The first research question sought to determine the relationship between the SBWA and ATSPPH, after controlling for PTSD symptoms, IPV Severity, and length of abuse. It was hypothesized that the SBWA would predict ATSPPH after accounting for PTSD symptoms, IPV severity, and length of abuse. To test this hypothesis, hierarchical multiple regression analysis was performed between ATSPPH as the criterion variable and PTSD, IPV and length of abuse as predictor variables in the first block, and SBWA as a predictor variable in the second block. Table 3 displays effect size measure (R^2), change in R^2 (ΔR^2) and standardized regression coefficients (β) with their corresponding t -test values. The predictors in the first block explained only 2.2% of the variation in ATSPPH which was not statistically significant, $R^2 = .022$, $F(3,81) = .61$, $p = .61$. When the predictors in the first block were examined individually, none of them statistically significantly predicted ATSPPH. Adding SBWA in the second block explained an additional 10.1% of the variation in ATSPPH, $\Delta R^2 = .101$, $F(1,80) = 9.21$, $p = .003$. Again,

examination of individual predictors in second block revealed that SBWA is the only statistically significant predictor of ATSPPH. This indicates that the first hypothesis was fully supported.

Table 4
Summary of Hierarchical Multiple Regression Analyses Predicting Attitudes Toward Seeking Professional Psychological Help (ATSPPH) ($N= 85$)

Variable	β	t	R^2	ΔR^2
Step 1			.02	.02
PTSD Symptoms	.05	.72		
IPV	.03	.20		
Length of Abuse	.13	1.15		
Step 2			.12	.10**
PTSD Symptoms	-.02	-.19		
IPV	-.02	-.21		
Length of Abuse	-.09	-.88		
SBWA	.34**	3.03		

Note. * $p < .05$, ** $p < .01$, *** $p < .001$ SBWA= Strong Black Woman Archetype; ATSPPH = Attitudes Towards Seeking Professional Psychological Help; PTSD = Post-Traumatic Stress Disorder symptoms; IPV=Intimate Partner Violence

The second research question asked whether the SBWA predicts length of abuse that a woman endures after controlling for ATSPPH, PTSD symptoms, and IPV severity. It was hypothesized that the SBWA would be associated with the length of abuse, after accounting for ATSPPH, PTSD symptoms, and IPV severity. Specifically, it was expected that high levels of SBWA would be associated with longer lengths of abuse endured in intimate partner

relationships. Again, to test this hypothesis, hierarchical multiple regression analysis was performed between length of abuse as the criterion variable and PTSD, IPV and ATSPPH as predictor variables in the first block and SBWA as a predictor variable in the second block. The models' R^2 values, changes in R^2 (ΔR^2) and standardized regression coefficients (β) with their corresponding t -test values are presented in Table 4. The predictors in the first block explained only 3.1% of the variation in length of abuse which was not statically significant, $R^2 = .031$, $F(3,81) = .85$, $p = .47$. Contrary to prediction, the addition of SBWA in second block did not result in any appreciable change in explained variance of length of abuse.

Table 5
Summary of Hierarchical Multiple Regression Analyses Predicting Length of Abuse ($N = 85$)

Variable	β	t	R^2	ΔR^2
Step 1			.03	.03
PTSD Symptoms	.12	.98		
IPV	.00	.02		
ATSPPH	.12	1.07		
Step 2			.03	.004
PTSD Symptoms	.11	.83		
IPV	-.01	-.06		
ATSPPH	.09	.79		
SBWA	.07	.60		

Note. * $p < .05$, ** $p < .01$, *** $p < .001$ SBWA= Strong Black Woman Archetype; ATSPPH = Attitudes Towards Seeking Professional Psychological Help; PTSD = Post-Traumatic Stress Disorder symptoms; IPV=Intimate Partner Violence

The third and final research question sought to determine whether the SBWA predicted the likelihood that a woman would seek professional help after controlling for ATSPPH, PTSD symptoms, IPV severity, and length of abuse. It was hypothesized that stronger endorsement of the SBWA, and negative ATSPPH, PTSD symptoms, length of abuse, and IPV severity would decrease the likelihood of seeking help. Hierarchical logistic regression analysis was performed to determine the predictive value of these variables on help-seeking, first on the basis of the four control variables (namely ATSPPH, PTSD symptoms, length of abuse, and IPV severity), and then after addition of SBWA. Prior to conducting logistic regression analysis, all continuous variables were standardized, and all negative items were reverse coded on the ATSPPH. Therefore, positive correlations among all items were expected. SBWA improved the predictive value of the model, but only very slightly (Nagelkerke R^2 with the four control variables was .376; with SBWA included, it increased by .001 to .377). Moreover, the examination of the overall classification for the models in the first block and the second (77.5% and 77.6%, respectively) were not significant but were much better than classification for the null model (61.2%). To aid interpretation, all the predictors were standardized. Table 5 displays unstandardized regression coefficients (B), odds ratios and their 95% confidence limits (95% CI). Whether or not a woman sought help for mental health was predicted by the five variables (i.e., ATSPPH, PTSD symptoms, length of abuse, IPV and SBWA). Examination of each of the predictor variables in the first block indicated that ATSPPH and PTSD symptoms are important predictors of the likelihood that a woman would seek help. For each one unit increase in ATSPPH, the participants were .31 times less likely to seek help. On the other hand, for a one unit increase in PTSD symptoms, the participants were 3.22 times more likely to seek help. SBWA did not significantly predict the likelihood of seeking help.

Table 6
Summary of Hierarchical Logistic Regression Analyses Predicting Likelihood of Seeking Help
(*N*=85)

Variable	<i>B</i>	<i>SE</i>	<i>OR</i>	95% CI (<i>OR</i>)	
				Lower	Upper
Step 1					
ATSPPH	-1.16	.32	.31**	.17	.59
PTSD	1.17	.36	3.22***	1.59	6.54
IPV	-.03	.30	.74	.41	1.33
Length of Abuse	-.09	.29	.91	.52	1.60
Step 2					
ATSPPH	-1.15	.33	.32	.17	.60
PTSD	1.19	.37	3.28	1.59	6.77
IPV	.29	.30	.74	.41	1.35
Length of Abuse	-.09	.29	.92	.52	1.61
SBWA	-.07	.33	.93	.49	1.78

Note. * $p < .05$, ** $p < .01$, *** $p < .001$ OR = Odds Ratio; 95% CI = 95% Confidence Interval;

SBWA= Strong Black Woman Archetype; ATSPPH = Attitudes Towards Seeking Professional Psychological Help; PTSD = Post-Traumatic Stress Disorder symptoms; IPV=Intimate Partner Violence

Summary

The purpose of this study was to determine whether the SBWA is related to the help-seeking behaviors of African American women who have experienced IPV, after controlling for

factors including towards help-seeking, post-traumatic stress symptoms, and IPV severity. Two hierarchical regression models and one logistic regression model were used to answer the three research questions of the study. The results of the statistical analyses provided partial support for the hypotheses of the study. The first research question was fully supported, indicating that, the higher their endorsement of the SBWA, the more likely participants would be to hold a negative attitude towards seeking professional psychological help. Second, it was hypothesized that the SBWA would be associated with the length of abuse, after accounting for attitudes towards help-seeking, post-traumatic stress symptoms, and IPV severity. This was not a significant step in the model. This indicated that length of abuse did not explain additional variance when all other variables are accounted for. Lastly, it was hypothesized that a stronger endorsement of the SBWA, and negative attitudes towards seeking professional psychological help, post-traumatic stress symptoms, length of abuse, and IPV severity would decrease the likelihood of seeking help. The analysis revealed that the variable ATSPPH and PTSD symptomatology were significant factors in predicting the likelihood that women would seek psychological help. However, adding the variable SBWA to the prediction model did not account for additional variance. The likelihood that one would seek help was not founded, thereby not fully supporting the research question 3.

Chapter V: Discussion

The present study examined the relationship between the SBWA and attitudes towards help-seeking among African American women who have been in an IPV relationship. In this chapter, the findings of the present study are examined and interpreted, the limitations of this study are presented, clinical implications are discussed, and directions for future research are shared.

Interpretation of Findings

The first hypothesis explored the relationship between the SBWA and attitudes towards seeking professional psychological help. The first hierarchical regression model was statistically significant, and thus supports the first hypothesis. The endorsement of the SBWA predicts African American women's negative attitudes toward seeking professional psychological help in an IPV relationship, over and above PTSD symptoms, IPV severity, and length of abuse. This particular finding is significant in that it shows that endorsement of the SBWA plays a unique role in determining whether seeking help is valued. Findings of this study thus build upon previous qualitative research, including Taft (2009), who argued that the internalization of and strong adherence to this ideal may serve as a hindrance to seeking professional psychological help or sharing details with a mental health professional. Similar to the current study, the creator of the SBWAS, Woods (2013), found the endorsement of the SBW ideal was associated with negative attitudes about therapy for depression, and these negative attitudes were associated with lower intentions to seek therapy.

The second hypothesis explored whether the SBWA predicted the length of abuse that a woman endured, and the relationship was found to be nonsignificant. This finding is contrary to previous qualitative studies. For example, Potter (2008) argued that the acceptance of the cultural idea of the SBWA often pushes women to remain in their abusive relationship longer under the

guise that they can withstand and eventually stop the abuse. An explanation for this somewhat discrepant finding may lie in the variables used in this hypothesis. It is possible that variables that were not controlled for in this study are more strongly associated with length of abuse than the predictor variable SBWA. The nonsignificance of the relationships in this hypothesis suggest that SBWA alone is not enough to predict the length of abuse endured. It may be helpful to draw upon the theoretical framework of Africana Womanism used to guide this study to help explain the conflicting findings regarding the association of the SBWA to the length of abuse endured. As mentioned in previous chapters, there are several risk factors and barriers that may impact IPV relationships in the Black communities. Barriers such as having children with their partner, which may make it more difficult for the women to leave, or religious beliefs that may have affected the women's attitudes toward domestic violence, were not accounted for in this analysis. Furthermore, according to Lacey et al. (2011), African American women may remain in abusive relationships longer due to economic dependence, distrust of the criminal justice system and out of a sense of loyalty to the African American men. Similar themes can also be found in the theoretical orientation used for this study, such as motherhood, nurturer, feeling that they are in the struggle with the Africana male against oppression, and being family-centered. It is possible that all of these variables together would better account for variability in the length of abuse a woman endures.

The third hypothesis investigated the relationship between SBWA and the likelihood of seeking professional psychological help among African American women in IPV relationships. Previous researchers found that adherence to the SBW image, along with other factors, may hinder treatment-seeking among African American women (Ward, Clark, Heidrick, 2009). Thus, the current study hypothesized that stronger endorsement of SBWA, negative attitudes towards

psychological help, PTSD symptoms, and length of abuse would decrease the likelihood of seeking help. The results of the hierarchal regression analysis did not support this hypothesis. Although there were significant positive bivariate correlations between SBWA and attitudes towards seeking professional psychological help, as indicated by the support of the first hypothesis, the results found in testing the third hypothesis indicated that the SBWA did not predict the likelihood of seeking help in any direction after controlling for other variables. However, results indicated that participants with increased PTSD symptomatology were more likely to seek help. This particular finding suggests that women tend to seek help when trauma symptoms become so impairing that their distress becomes intolerable. In this case, it appears likely that help is only sought out of necessity, not due to choice or desire.

This finding is consistent with a prior study by Kulesza et al. (2015), who found that increased PTSD symptoms lead to increased service utilization. It is important to note, however, that this finding conflicts with previous research (Obasi & Leong, 2009), which found that attitudes toward seeking professional psychological help become more negative as psychological distress increased. Obasi and Leong (2009) went on to say that it is possible that a person of African descent can have negative attitudes towards seeking professional psychological help, experience distress, and still receive treatment, whether voluntarily or involuntarily. Similarly, it is possible that the participants in this study internalized the SBWA deeply, yet, when faced with severe psychological distress, they may have viewed psychological help as a valuable option. Women operating under the guise of the SBW may not realize that they are using their “suit of armor” as a psychological defense. Black women may be so conditioned to “suit up” every day to handle normal events that they do not know when or how to remove the suit when it is no longer need. Thus, when they encounter psychological distress, it may not be evident to them

that it is time to remove themselves from the battlefield. In cases where women who strongly identify with the SBWA are forced to seek help, due to factors such as suicidal ideation or a court mandate, they may experience this as a relief as it allows them to receive care without having to give up their resilient self-image. Therefore, while still holding a negative attitude towards seeking treatment, the woman is still able to seek help and may experience the positive side of treatment seeking.

Despite the finding that increased distress corresponded to an increased likelihood of seeking help, the present study also found that increased positive attitudes toward help-seeking predicted that participants were *less* likely to actually seek help. The current study hypothesized that stronger endorsement of SBWA, negative attitudes towards psychological help, PTSD symptoms, and length of abuse would decrease the likelihood of seeking help. The results of the hierarchical regression analysis did not support this hypothesis. This finding is surprising in that numerous studies have pointed to low utilization of mental health services due to negative attitudes. However, these findings are consistent with previous study conducted by Diala et al. (2000) who found that African Americans held more positive attitudes than whites toward seeking care, but this attitude did not result in use the of mental health services. In following this rationale, it is possible that the participant's attitudes toward seeking mental health services were largely positive because many of the current study's participants reported never seeking mental health services before. It may be that the women in this study professed positive attitudes towards therapy *in general* while at the same time believing that therapy has no value *to them as individuals* because they can handle everyday stressors on their own. This finding suggests that while the SBWA did not explain additional variance in this hypothesis, it is possible that the

internalization of this ideal is so embedded that participants were not likely to recognize the need for help, instead believing that they are strong and able to handle issues on their own.

Limitations

While the current study contributes to the literature on IPV among Black women, it has several limitations. Because this study focused on Black women in the U.S, the findings may not be generalized to other racial/ethnic groups or Black women from other countries. In addition, the sample consisted of women who resided in battered women's shelters or had utilized domestic violence resources. In order to meet selection criteria, therefore, participants of this study had already engaged in some form of help-seeking, although this was not necessarily professional psychological help. This raises the possibility of self-selection bias. The current sample may have differential endorsements of the SBWA, severity of IPV, PTSD symptomatology, and views towards seeking help than those who chose not to participate. Therefore, the results may not be representative of the general population. It seems likely that the inclusion of a non-help-seeking population for comparison purposes may have provided further insight into what is important about women's attitudes towards the help-seeking process. Similarly, battered women who have been exposed to services may respond to the surveys differently than women who had not received services. Additionally, 54% of the Black women in this study had some college or graduate school education. Previous studies found as education increased for African Americans, the utilization of mental health services decreased (Broman, 2012). It is possible that because the participants in the present study had higher levels of education than the general population, they may have developed and used internal coping skills instead of relying on mental health services, with the assumption that their mental health problems could improve on their own (Anglin, Alberti, Link, & Phelan, 2008). It is

possible that Black women with less formal education may have different viewpoints on this topic. Finally, as this study is cross-sectional in its design, cause and effect relationships cannot be drawn. Future longitudinal research is recommended in order to determine whether endorsement of the SBWA has a causal relationship with negative attitudes to professional psychological help-seeking. It is plausible that a longitudinal study may reveal relationships with additional variables that were not used in the study.

Clinical Implications

There are several clinical implications derived from the results of this study. In this research, women's attitudes towards help-seeking were associated with their endorsement of the SBWA and other variables. Psychologists must understand the potential impact of this variable on the choices Black women make when faced with domestic violence and psychological distress. As evidenced by this and other studies, the endorsement of the SBWA is prevalent among this population, and yet the ability to recognize that one can be strong and still seek help is a compelling myth that is holding strong. While the SBW image can be inherently harmful in extreme cases of abuse and trauma, the belief can also serve as a protective factor and support adaptive functioning, as it may increase resilience in women who are coping with more manageable stressors. Therefore, it is prudent to provide psychoeducation to African American women so that they are able to distinguish between everyday stressors and to traumatic ones. Mental health professional should try to build a connection with outreach services in the Black communities that are frequented by Black women, such as the Black church, hair salons, community support groups, Black Sororities and social media support groups. Interventions in the community such as outreach programs would likely work to reduce the stigma of mental health services.

Mental health professionals may also try creating a linkage with health education classes in high schools. Most African American parents begin teaching their daughters at an early age the significance of the SBW image. At this age, young Black women are also inundated with messages from social media and generational training about their identity. Often these socialization practices train young Black women to regulate negative emotion, and they learn the expectation that they must overextend themselves to others even at the cost of their own existence (Walker-Barnes, 2014). Psychoeducation workshops geared towards directly addressing the positive and negative aspects of the internalization of the SBWA in young Black women may be useful in preventing maladaptive coping mechanisms that arise from the internalization.

It is also essential that mental health professionals, particularly those working with Black women, become well versed on the SBWA and IPV and its potential implications for therapy. Mental health professionals of different cultures, and even those of African American culture, may not have heard of or acknowledge this cultural belief. Acknowledging the existence of the SBWA and the impact it may have on African American women is vital to creating a space that is conducive to meeting African American women's therapeutic needs. Knowledge about the SBWA may make some African American women feel supported and understood in the therapeutic alliance, thus fostering and building a confidence in mental health professionals. Furthermore, understanding the presence of and adherence to the Strong Black woman as a perceived ideal may help clinicians understand and relate to their clients in helping to formulate appropriate treatment planning. According to Bent-Goodley (2007), one reason African American women fail to obtain services or reach out for help was due to a lack of cultural competence among helping professionals. In light of the study above, it appears that there is a

clear need for formal training concerning IPV, including cultural beliefs that may impact it within the psychology professions. However, this a component that may currently be overlooked in training.

Therapists and future researchers could also benefit from looking into the new cultural movement "Black Girl Magic" (Thomas, 2015) and its influences on attitudes toward seeking professional psychological help in an IPV relationship. "Black Girl Magic" describes a supernatural ability for black women to hold their heads high in a world that tells them to hang them low. Like the cultural narrative of the SBWA, Black women utilize the trope "Black Girl Magic" to support one another and to explain the ability to manage the daily struggles and accomplishments that seem unreal, while adding their own natural spice to their struggle. Indeed, both Black Girl Magic and the SBWA are terms of encouragement and empowerment for Black women. However, like the SBWA, the use of the term magic in Black Girl Magic implies that Black women are something other than human, that they are mythical. The continued endorsement of strength and resilience on one hand is positive yet can also continue to push the narrative that Black woman do not need to let their guard down and seek help. As such it is essential for researchers to be cognizant of the effect this new ideology may have on Black women's mental well-being.

Lastly, for centuries the SBWA has functioned for some Black women as a protective factor against social injustice, classism and sexism. Thus, these women are able to function in a society where they are undervalued, assaulted and degraded by stereotypes and negative images of themselves. It is imperative that mental health professional understand the vital role they play in both acknowledging and helping their clients understand the strengths and limitations of the SBWA in their lives. For example, clinicians can help their clients redefine the concept of

strength, and how they identify with the SBWA. To be clear, the SBWA serves an important adaptive function for Black women that must not be silenced. Therefore, mental health professionals must be careful not to pathologize the endorsement of this archetype. Mental health professionals should make sure to create interventions that take a direct approach when addressing this ideal, highlighting for African American women that they can accept this ideal yet still seek help, and that the SBWA and help-seeking when necessary are not mutually exclusive. Being an SBW is not only determined by their strength, resiliency and independence, but by their ability to ask for and seek help.

Recommendations for Future Research

As indicated in the limitations section, future research should explore the SBWA and attitudes towards seeking help in IPV relationships among women of other ethnicities, domestically and internationally. The value of being dependable, resilient and living up to others' expectations to be an SBW is prevalent in many cultures, such as West Indian/Caribbean, African or Cape Verde (West, Donovan, & Daniel, 2016; Nelson, Cardemil, & Adeoye, 2016; Andrews, Greenfield, Drever, & Redwood, 2017). It is possible that investigating this construct in a more diverse group of women may yield different results as it relates to health beliefs and behaviors. Replication of this study should also strive to include women who have not sought services from battered women's shelters or domestic violence resources, which currently represents a gap in the literature. Future studies may look to find potential participants from the community in the areas noted above, such as Black churches, Black hair salons or through social media. As this sample consisted of a younger population, it is possible that the participants' views were impacted by social media. Thus, future studies may also consider the influence of social media, the endorsement of the SBWA, and its effects on attitudes towards seeking

psychological help in an IPV relationship. According to Duggan and Brenner (2013), the use of social media is high among the young adult population. Additionally, the Pew Research Center (2017) found that 70% of African American adults online use Facebook. Given the high usage of social media by this population and several studies linking the psychological effects usage can have on adults (Feinstein et al., 2013; Steers, Wickham, & Acitelli, 2014; Wenhong & Kye-Hyoung, 2013), it is reasonable to assume that these effects may extend to Black women. For example, social media can perpetuate negative stereotypes about Black women, mental health and the normalization of violence. Through news stories, television, and social media, Black women are inundated with stories daily, from professional athletes and rappers abusing their girlfriends to popular reality shows such as the *Love and Hip-Hop* franchise, and the *Real Housewives of Atlanta*, which portray black woman as quick-tempered and only using violence to solve conflict. Future studies may shed light on media portrayals of the SBW, IPV, and how they affect African American women's attitudes towards help-seeking. Future studies may also look to using a mixed-method design. Replicating the current study while adding a qualitative portion would allow participants to provide context as to what dynamics underlie the variables. A qualitative design would also give voice to a population whose voices are normally left unheard. For example, a qualitative study may be designed to provide Black women who are normally invisible in IPV studies a chance to voice the barriers they endured and how they overcame them. In addition, replicating the current study with a qualitative portion would provide a meaningful narrative design that validates the participants' experiences and enables the researcher to capture the voices of African American women as they narrate their experiences.

Conclusion

The results of the present study provide new and valuable knowledge about potential influences the SBWA may have on Black women's experiences of and motivation for seeking help for psychological distress in an IPV relationship. The information provided by this study may be beneficial not only to African American communities, but also for mental health professionals who provide services to women in a IPV relationships. This study also provides a foundation for future study with larger and more diverse groups of African American women.

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Appendix A: Letter to Shelter

Dear _____,

Date: _____

My name is Monica Young and I am a doctoral student in Seton Hall University's Counseling Psychology Ph.D. I am currently working on my dissertation research entitled, "The Relationship Between the Strong Black Woman Archetype and Attitudes Towards Seeking Professional Psychological Help in Intimate Partner Violence Among African American Women." I would like to consult with you regarding possible participant opportunities. Please allow me to tell you a little about my research.

What I am working on: Intimate partner violence is a pervasive issue around the world. However, all too often African American women's stories are not being told. African American women's experiences with intimate partner violence need to be heard. I would like to give them an opportunity to share their beliefs about seeking professional psychological help for intimate partner violence in relation to certain beliefs about Black women. My ultimate goal is to provide useful information regarding African American women's attitudes toward seeking professional psychological help for partner abuse, which may be helpful in providing future educational and prevention services.

Why am I doing this? I have worked with the students on college campuses who have dealt with interpersonal violence. Through this work, I have become acutely aware of barriers to understanding African American women's experiences with intimate partner violence. Through my research, I hope to increase understanding, and public knowledge about the barriers and effects of intimate partner violence on women.

How I plan to go about it: I'd like to come in and talk to you about the possibility of asking the women staying in your shelter if they would be interested in completing surveys. During my time working with student victims, I have found that often women find it empowering to share their life experiences. Through completing the surveys, survivors have a chance to not only share but be heard. It is completely voluntary for them to fill out the surveys and I would not pressure them in any way. Participants can complete the surveys in a safe place within the shelter or on their own personal computer or mobile phone. Potential participants will be entered in to a drawing for a chance to win one of five Visa gift cards as monetary compensation for their time and will assure them and the shelter complete confidentiality and protection.

I hope you find my research interesting and worthwhile. Please feel free to contact me by phone or email with any questions or concerns you have. I will also follow up with you in a couple of days. Then, if you are willing, I would like to schedule a short visit to further discuss this research participant opportunity with you.

Thank you very much for your time and consideration. I look forward to talking to you.

Respectfully,

Monica S. Young, M.S

Appendix B: Letter of Solicitation

Study Title: “The Relationship Between the Strong Black Woman Archetype and Attitudes Towards Seeking Professional Psychological Help in Intimate Partner Violence Among African American Women.”

Dear Resident:

My name is Monica Young, and I am a doctoral student at Seton Hall University. I am inviting you to join a research study. This letter explains the research study and your part in the study. Please read this letter carefully, so you can decide if you would like to take part in this study.

Why I am doing this study

As a woman of color, I want to learn how Black women think about seeking help for their stress after being abused.

To be eligible for the study, you must: (a) be over the age of 18, (b) identify as a Black/African American woman, (c) be at least a high school graduate, and (d) have been abused by a boyfriend, husband, or partner at some point in your life.

What the study asks

Women in this study will fill out five surveys that should take about 15-20 minutes total to finish. These include the following:

- (a) Demographic questionnaire. This asks about your age, education, and time in the abusive relationship.
- (b) Strong Black Woman Archetype Scale. This asks you to rate statements like “Women of my race have to be strong to survive.”
- (c) The Impact of Event Scale – Revised. This asks you to rate how you felt. An example is “I had waves of strong feelings about it.”
- (d) Severity of Violence Against Women Scale. This asks you to say how often some events happened. For example, how often your partner “shook a finger at you,” “beat you up,” or “threatened someone you care about.”
- (e) The Attitudes Toward Seeking Profession Psychological Help Short Form. This asks you to rate statements like “I might want to have psychological counseling in the future.”

Study benefits

There is no direct benefit to you. If you take part in this study, the results may help people and agencies who assist Black women.

Study risks

You may feel upset answering some questions on the survey. If this happens at any time, you should stop the survey, close the browser, and talk with a trusted friend, family member or shelter staff. The back of the survey flyer has a list of people who you can talk with. Also, there is 24-hour assistance available. Toll free number: 1-800-273-TALK (8255).

Compensation

There is no compensation for this study.

Opportunity for drawing

All participants who choose to provide their email addresses will be entered into a drawing to win one of five \$25 Visa gift cards. In July, 2018 five participants will be randomly drawn and will receive electronic gift cards by email. If you don't have an email address, the back of the survey flyer tells you how to get one at no cost.

Being in this study is voluntary

Taking part in this study is up to you. You can say no or choose to leave the study at any time. If you decide not to be in the study, you will not lose any benefits that you have.

Who will see your answers

No survey questions can identify you personally. All survey answers will be kept anonymous. However, you should use caution when giving information via the internet due to the possibility of hacking. Finished surveys will be kept in a secure location and will only be viewed by me (Monica Young, M.S.), and my research mentor Dr. Pamela Foley. Data will be stored electronically on a USB memory key and kept in a locked, secure office.

If you want to be in the gift card drawing, you may provide your email address at the end of the study. Because of this, I will know that you joined this study. However, that information will be kept confidential. Your email address will not be connected to your survey answers. You do not have to give your email address if you choose not to.

Contact Information

If you have any questions about this study or what is expected from you, feel free to contact me. You may also contact my advisor, Dr. Pamela Foley, at 973-275-2742 or pamela.foley@shu.edu. For questions about your rights as a research participant, you may contact the director of the Institutional Review Board at Seton Hall University, Dr. Mary F. Ruzicka at (973) 313-6314.

Monica S. Young

Monica.young@shu.edu

Appendix C: SHELTER FLYER
Recruitment Flyer (Side A)

Black Women Needed for a Research Study

Why?

My name is Monica Young, and I am a doctoral student at Seton Hall University. As a Black woman, I want to know how other Black women think about asking for help when someone is hurting them. Results from this study may help people and agencies to better support Black women in abusive relationships.

Who?

I want to hear from women who are Black or African American, over the age of 18, and have been in an abusive relationship at some point in their lives.

What?

Women in this study will fill out five anonymous surveys. These should take about 15-20 minutes total to finish.

You can be entered into a drawing for a \$25 Visa E-gift Card

To learn more about this study, please type this url into your mobile phone or computer web browser: <http://bit.ly/2gxUdUR>

Contact Information: Monica S. Young, Monica.young@student.shu.edu

Appendix C: SHELTER FLYER Recruitment Flyer (Side B)

Counseling And Mental Health Resources

Essex County Family Justice Center

60 Nelson Place
Newark, NJ 07102
(Walk in facility for victims of Domestic Violence / Counseling in English and Spanish)

Family Connections (DREAMS of ESSEX)

395 South Center Street
Orange, NJ 07050
(973) 675-3817

Newark Beth Israel

201 Lyons Ave at Osborne Terr.
Newark, NJ 07112
973.926.3465
(Mental/Behavioral Health and Primary Care)

Palisades Medical Center Counseling Center

7101 Kennedy Boulevard
North Bergen, NJ 07047
(201) 854-0500

Acute Care Family Support Jersey

City Medical Center 355 Grand Street
Jersey City, NJ 07302
(201) 915-2268

Bergen NJ EASE Mental Health Counseling Services

201-336-7400
or 1-877-222-3737

Counseling And Mental Health Resources

Bergen Family Center

www.bergenfamilycenter.org/p-services.php

St. Mary's Hospital Program for Outpatient Wellness, Enrichment & Recovery

530 Main Avenue
Passaic, NJ 07055
(973) 470-3100

Intensive Family Support Services Mental Health

Association of Passaic County

404 Clifton Avenue
Clifton, NJ 07011
(973) 478-4444

Stony Brook CPEP Comprehensive Psychiatric Emergency Planning,

Stony Brook, NY,
(631) 689-8333

Family Service League in Mastic

Family Service League
790 Park Avenue
Huntington, New York 11743
631.427.3700
www.fsl-li.org

National Domestic Violence Hotline

(800) 799-SAFE (7233)
24 hour hotline
www.ndvh.org

How to Create a Free Email Account

YAHOO Mail

Step 1: Open up your internet browser and go to the Yahoo home page:

<https://www.yahoo.com/>

Step 2: Click on Mail at the top left corner of the page.

Step 3: You'll now be in the 'Sign In' section. As you don't have a Yahoo account yet, click Create Account.

Step 4: Follow instructions

Gmail

Step 1: Go to www.gmail.com

Step 2: Click Create an Account.

Step 3: Gmail will redirect you to the Create a new Google Account window.

Step 4: Follow instructions

Outlook/Hotmail/Live email Account

Step 1: Open up your internet browser and go to the Microsoft page:

<http://www.microsoft.com/en-us/outlook-com/>

Step 2: Click on Sign Up at the top right corner of the page.

Step 3: You'll now be in the 'Create an account' section, click Create Account.

Step 4: Follow instructions

Appendix C: Recruitment Flyer (Side B)

Appendix D: Demographic information

1. Age: _____
2. Race/Ethnicity: _____
3. What was your relationship status during the time of abuse (if you have been abused by more than one partner, please answer based on the most recent partner).
 - _____ Never Married
 - _____ Married
 - _____ Separated
 - _____ Divorced
 - _____ Widowed
4. Highest Educational Level Completed:
 - _____ Elementary School
 - _____ Middle School (8th Grade)
 - _____ High School
 - _____ G.E.D.
 - _____ Trade/vocational school
 - _____ Some college/community college
 - _____ College graduate
 - _____ Some graduate school
 - _____ Graduate school and above
5. Are you currently employed?
 - a. Yes
 - b. No (skip #6)
6. Please state type of work _____
7. What choice best describe your present religious affiliation?
 - a) No religion
 - b) Christianity (What denomination?)
 - c) Buddhist
 - d) Hindu
 - e) Jewish
 - f) Muslim
 - g) Sikh
 - h) Any other religion (specify)
8. How often do you attend religious services?
 - a. Never
 - b. About once or twice a year
 - c. Several times a year
 - d. About once or twice a month,
 - e. Nearly Every week

- f. Every week
- g. More than once weekly

9. Did you seek help from a mental health professional? (i.e. Psychologist, Psychiatrist, Clinical Social Worker, Licensed Professional Counselor) for feelings related to your abuse?

- a. Yes
- b. No

Questions 10-11 asks about abuse history. Please answer to the best of your knowledge.

10. How long were you in a relationship with your abusive partner? (Please answer in days, months or years).

11. How long did you consider this relationship abusive? Please answer in (days, months, or years). Even if the abuse stopped at times, please answer from the first time.

Appendix E: Strong Black Woman Archetype Scale

Instructions: Please read the following items and rate how often you think that each of the following statements applies to you.

1. I feel pressured to appear strong, even when I'm feeling weak.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

2. I do not let most people know the "real" me.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

3. Women of my race have to be strong to survive.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

4. I do NOT like to let others know when I am feeling vulnerable.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

5. I will let people down if I take time out for myself.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

6. I am often expected to take care of family members.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

7. I am always helping someone else.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

8. I have difficulty showing my emotions.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

9. I try to always maintain my composure.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

10. I am overworked, overwhelmed, and/or underappreciated.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

11. It is difficult for me to share problems with others.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

12. I feel uncomfortable asking others for help.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

13. If you have a problem, you should handle it quietly and with dignity.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

14. I do not want others to know if I experience a problem.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

15. I find it difficult to ask others for help.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

16. If I fall apart, I will be a failure.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

17. I tell others that I am fine, even when I am depressed or down.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

18. As I become an adult, it is important that I become financially independent and not expect a boy/girlfriend or husband/wife to support me financially.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

19. At times I feel overwhelmed with problems.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

20. In order to feel good about myself, I need to feel independent and self-sufficient.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

21. It is easy for me to tell other people my problems.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

22. People think that I don't have feelings.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

23. The women in my family are survivors.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

24. Often I look happy enough on the outside, but inwardly I feel overwhelmed and unhappy.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

25. I take on more responsibilities for others than I can comfortably handle.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

26. I feel guilty when I put my own needs before the needs of others.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

27. I believe that it is best not to rely on others.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

28. I often take on other people's problems.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

29. I am strong.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

30. I cannot rely on others to meet my needs.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

31. I need people to see me as always confident.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

32. I am independent.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

33. It is important for me to feel strong.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

34. I expect to experience many obstacles in life.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

35. Women of my race are stronger than women of other races.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

36. People often expect me to take care of them.

_____ Never _____ Rarely _____ Sometimes _____ Frequently _____ Almost Always

Appendix F: Impact of Event Scale-Revised

Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you during the past seven days with respect to the last physically violent event with your partner. How much were you bothered by these difficulties?

0 = Not at all; 1 = A little bit; 2 = Moderately; 3. = Quite a bit; 4 = Extremely

1. Any reminder brought back feelings about it
2. I had trouble staying asleep
3. Other things kept making me think about it
4. I feel irritable and angry
5. I avoided letting myself get upset when I thought about it or was reminded of it
6. I thought about it when I didn't mean to
7. I felt as if it hadn't happened or wasn't even real
8. I stayed away from reminders of it
9. Pictures about it popped into my mind
10. I was jumpy and easily startled
11. I tried not to think about it
12. I was aware that I still had a lot of feelings about it
13. My feelings about it were kind of numb
14. I found myself acting or feeling like I was back at that time
15. I had trouble falling asleep
16. I had waves of strong feelings about it
17. I tried to remove it from my memory
18. I had trouble concentrating
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart
20. I had dreams about it
21. I felt watchful and on guard
22. I tried not to talk about it

Appendix G: Severity of Violence Against Women Scale (SVAWS)

During the past year you and your partner have probably experienced anger or conflict. Below is a list of behaviors your partner may have done during the past 12 months. Describe how often your partner has done each behavior by writing a number from the following scale.

0 = Never 1 = Once 2 = A Few Times 3 = Many Times _____

How often has your partner:

1. Hit or kicked a wall, door or furniture
2. Threw, smashed or broke an object
3. Drove dangerously with you in the car
4. Threw an object at you
5. Shook a finger at you
6. Made threatening gestures or faces at you
7. Shook a fist at you
8. Acted like a bully toward you
9. Destroyed something belonging to you
10. Threatened to harm or damage things you care about
11. Threatened to destroy property
12. Threatened someone you care about
13. Threatened to hurt you
14. Threatened to kill himself
15. Threatened to kill you
16. Threatened you with a weapon
17. Threatened you with a club-like object
18. Acted like he wanted to kill you
19. Threatened you with a knife or a gun
20. Held you down, pinning you in place
21. Pushed or shoved you
22. Grabbed you suddenly or forcefully
23. Shook or roughly handled you
24. Scratched you

Severity of Violence Against Women Scale (SVAWS)

0 = Never 1 = Once 2 = A Few Times 3 = Many Times

How often has your partner:

25. Pulled your hair
26. Twisted your arm
27. Spanked you
28. Bit you
29. Slapped you with the palm of his hand
30. Slapped you with the back of his hand
31. Slapped you around your face and head
32. Hit you with an object
33. Punched you
34. Kicked you
35. Stomped on you
36. Choked you

37. Burned you with something
38. Used a club-like object on you
39. Beat you up
40. Used a knife or gun on you
41. Demanded sex whether you wanted to or not
42. Made you have oral sex against your will
43. Made you have sexual intercourse against your will
44. Physically forced you to have sex
45. Made you have anal sex against your will
46. Used an object on you in a sexual way

Appendix H: Attitudes Toward Seeking Professional Psychological Help Short Scale

1. If I believe I was having a mental breakdown, my first inclination would be to get professional attention.

- Agree
- Partly Agree
- Partly Disagree
- Disagree

2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

- Agree
- Partly Agree
- Partly Disagree
- Disagree

3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

- Agree
- Partly Agree
- Partly Disagree
- Disagree

4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help

- Agree
- Partly Agree
- Partly Disagree
- Disagree

5. I would want to get psychological help if I were worried or upset for a long period of time.

- Agree
- Partly Agree
- Partly Disagree
- Disagree

6. I might want to have psychological counseling in the future.

- Agree
- Partly Agree
- Partly Disagree
- Disagree

7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

- Agree
- Partly Agree
- Partly Disagree

- Disagree
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
- Agree
 - Partly Agree
 - Partly Disagree
 - Disagree
9. A person should work out his or her problems; getting psychological counseling would be a last resort.
- Agree
 - Partly Agree
 - Partly Disagree
 - Disagree
10. Personal and emotional troubles, like many things, tend to work out by themselves.
- Agree
 - Partly Agree
 - Partly Disagree
 - Disagree

Appendix I: Permission To Use The Attitudes Toward Seeking Professional Psychological Help Short Scale

Quoting Edward Fischer <EFISCHE@harthosp.org>:

> Hello: I hear you've been trying to reach me. As stated in the
> 1995 > article, no permission is required to use the scale for research
> purposes - if you have any quests. please email or contact me by
> phone: 860 5451698.

> Best, Ed Fischer

----- End forwarded message -----

To: Researchers interested in using the Attitudes Toward Seeking Professional Psychological Help (APPH) scale.

**From: E. H. Fischer, Ph.D.
Preventive Cardiology
Hartford Hospital
80 Seymour St., Box 5037
Hartford, CT 06102-5037**

**Amerigo Farina, Ph.D.
Professor Emeritus
Dept. of Psychology
University of Connecticut
Storrs, CT 06269-1020**

Appendix J: Permission To Use The Strong Black Woman Archetype Scale



krystlewoods@gmail.com on behalf of Krystle Hollier <krystlehollier@gmail.com>



Thu 6/9/2016, 8:32 AM

Monica Young

Inbox

You forwarded this message on 6/12/2016 12:51 PM

 Report Phish



Hello, Ms. Young!

I would be happy to see you use the SBW scale! I'm glad to hear that other researchers are examining the Strong Black Woman archetype. I wish you the best of luck with your project and would love to eventually see the finished work.

Best Wishes,

Krystle **Woods** Hollier, Ph.D., LLP
Clinical Psychologist
River's Bend, P.C.
[850 Stephenson Highway, Suite 210](#)
[Troy, MI 48083-1106](#)

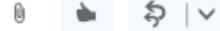
...

Appendix K: Permission To Use the Impact of Event Scale-Revised



Weiss, Daniel <Daniel.Weiss@ucsf.edu>

Wed 11/9/2016, 5:40 PM



2 attachments (116 KB) Download all Save all to OneDrive - Seton Hall University

please see attached files.

Daniel S. Weiss, Ph.D.

Editor in Chief, *Journal of Traumatic Stress*

Professor of Medical Psychology

Department of Psychiatry

University of California San Francisco

San Francisco, CA 94143-0984

P: [415 476 7557](tel:4154767557)

F: [415 476 7552](tel:4154767552)

Mail Code: UCSF Box 0984-F



Monica Young

Tue 11/8/2016, 3:50 PM

Weiss

1 of 7

Appendix L: IRB Approval Letter



October 18, 2017

Monica Young
[REDACTED]
[REDACTED]

Dear Ms. Young,

The Seton Hall University Institutional Review Board has reviewed the information you have submitted addressing the concerns for your proposal entitled "The Relationship Between the Strong Black Woman Archetype and Attitudes Towards Seeking Psychological Help in Intimate Partner Violence Among African American College-Age Women". Your research protocol is hereby approved as revised under full review.

Enclosed for your records are the signed Request for Approval form and the stamped Recruitment Flyer. Make copies only of this stamped Recruitment Flyer.

The Institutional Review Board approval of your research is valid for a one-year period from the date of this letter. During this time, any changes to the research protocol must be reviewed and approved by the IRB prior to their implementation.

According to federal regulations, continuing review of already approved research is mandated to take place at least 12 months after this initial approval. You will receive communication from the IRB Office for this several months before the anniversary date of your initial approval.

Thank you for your cooperation.

In harmony with federal regulations, none of the investigators or research staff involved in the study took part in the final discussion and the vote.

Sincerely,

Mary F. Ruzicka, Ph.D.
Professor
Director, Institutional Review Board

cc: Dr. Pamela Foley

Office of Institutional Review Board

Proctor Hall • 400 South Orange Avenue • South Orange, New Jersey 07079 • Tel: 973.313.6314 • Fax: 973.275.2361 • www.shu.edu

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