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Intimate Partner Violence in Women of African American and African Cultures

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Walden University
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Abstract

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BS, ITT Technical Institute, 2008

Dissertation Submitted in Partial Fulfillment

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Forensic Psychology

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Abstract

Intimate partner violence (IPV) is a prevalent social problem that results in a high number of deaths, psychological trauma, and physical mutilation. Previous research showed African American women as having elevated rates of intimate partner violence attributable to a lack of representation in epidemiological studies due to low socioeconomic status and cultural norms. In Central and West Africa, IPV is associated with childhood marriages, lack of education, cultural norms, and socioeconomic status. The purpose of this phenomenological study was to explore the lived experiences and cultural views of both African American and African women and how they use these cultural views and traditions to cope with IPV. The theoretical approach focused on the attachment theory. The primary source of data came from seven individual face-to-face interviews. To ensure rigor, data analysis and thematic coding were utilized. The key research findings from this study revealed that all seven participants considered cultural views to be ineffective IPV coping strategies, a lack of cultural community support amplified IPV negative generational behaviors, women of African ethnicities suffer in silence, and that spirituality was a more effective coping strategy. The research implication for positive social change consists of apprising social scientists and practitioners of this underserved populace cultural beliefs and values and the potential of using spirituality for effective IPV coping. Future intervention programs should be tailored to address women of African ethnicities IPV needs.

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Dedication

I would like to dedicate this project to not only African American and African women but also to all women affected by the destructive behavior of IPV. Of the numerous individuals that played an integral part in my life the first and most important is my mother Hester L. Lane Brooks who left this earth on January 6, 2013, but her spirit, strength, and guidance still lives on in her 13 children who she basically raised single-handed. I dedicate this project to my sister Thomasina Greene, brother Leland Brooks, and nephew Steven Williams who we lost in 2021 all too soon. I would also like to dedicate this project to my children, Amber Brown, Bianca Wilkinson, and Tiffani Aaron, you ladies have always had my back even when I had to leave you for 6–9 months Navy deployments. You have definitely been supportive of me achieving higher education. To my grandchildren Tanaya, Brielle, Breyon, Khloe, and Baylee, you will always be my babies no matter how old you are. Know that we are living in very difficult times, so you will need to remain vigilant, strong, empathetic, and openminded in order to overcome adversity and help others. These qualities will assist you in effecting social change for the fair and humane treatment of all. I dedicate this project to my sister, Marie Brooks; brother, Maryland Delegate Benjamin Brooks, and his wife Theresa Brooks, who have always believed in me and encouraged me to succeed. Theresa, you are not only my sister-in-law, but a true sister who was there for both my Masters and Ph.D. programs. You would be watching TV on the couch and keeping me company while I was doing assignments and research papers; your presence was always a cloud of comfort.

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Thank you to all my siblings, nieces, and nephews to whom I am so proud to call family. Much love and joy to our large and boisterous family! Many thanks to my best friend Francini Clemmons; you are my rock and have helped me weather many storms. I am so blessed to have as friends the two women who motivated me to pursue my Ph.D., Dr. Sonya Battle-Lee and Dr. Donna Broussard; it has been a pleasure walking in the path you both took. To my mentor, retired Navy Senior Chief Petty Officer Dosen L. Abrams, you developed me into a strong leader, achiever, mentor, and proud Navy Chief Petty Officer; you have always been my hero! To my best friend Alva, I could not imagine a life without you. You have always had my back!

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Chapter 1: Introduction to the Study

Intimate partner violence (IPV) is a prevalent social problem that can include physical, sexual, emotional manipulation, and control by a past or present relationship partner (Wright et al., 2019). Millions of people are affected by IPV annually in the United States. The Centers for Disease Control and Prevention (CDC) National Intimate Partner and Sexual Violence Survey (NVSVS) indicates that over their lifetime approximately 1 in 4 females and 1 in 10 males are victims of sexual and physical abuse perpetrated by an intimate partner (CDC, 2020). The National Intimate Partner and Sexual Violence Survey data also indicated that more than 43 million females and 38 million males were involved in emotional violence by an intimate partner during their lifetimes. Previous research shows that numerous influences such as age, low income, lack of education, and joblessness not only increases the risks of becoming a victim of IPV but also an offender (Niolon et al., 2017). Further, children exposed to long-term parents fighting, neglect, and both sexual and physical abuse places them at risk of becoming a victim or offender (Niolen et al., 2017).

In African and African American cultures, cultural attitudes can also pose substantial risk factors for IPV (Blackmon et al., 2017; Schneider, 2019). Disregarding or ignoring relationship violence and adhering to stringent gender roles (i.e., family male dominance, women weaker sex, etc.) plays into cultural attitudes and becoming either an offender or a victim (Niolen et al., 2017). Additionally, behavioral factors such as hostility toward others, drug and alcohol misuse, and hostile communication styles are some risk factors that lead to IPV offending (Niolon et al., 2017). Prior research showed

that IPV in African American and African women is associated with mental and behavioral health problems and physical health problems such as cardiovascular disease (Halpern et al., 2017), post-traumatic stress disorder (PTSD; Hampton-Anderson et al., 2022; Weiss et al., 2019), traumatic brain injury (TBI; Campbell et al., 2018), depression (Hampton-Anderson et al., 2022; Mugoya et al., 2020), HIV (Joe et al., 2020), and alcohol and substance misuse (Davis et al., 2017). Thus, this study focused on IPV in African American and African women and how cultural views and traditions contributed to society's acceptance of IPV. Positive social change can result from the information this study provides on the personal views, cultural views, and other behavioral influences that could be significant in understanding cultural IPV in African American and African women. Furthermore, this research can assist in effecting social change with promoting and implementing the appropriate social services programs, educational programs, and effective mental health treatment plans for the victims.

In Chapter 1, information includes prior research findings on the cultural views, behavioral factors, negative impacts, and health risks associated with IPV endured by African American and African women. This chapter also includes the problem statement, the purpose of the study, the research question, the theoretical framework focusing on the attachment theory, the nature of the study, and definitions of key terms. The chapter then follows with assumptions, scope and delimitations, the significant of the study, and a summary and transition into Chapter 2.

Background

The World Health Organization description of IPV focuses around the prevalence of physical abuse, sexual abuse or the combination of both in intimate relations and defined IPV by degrees of severity. A spouse or significant other could produce an IPV environment by using physical, emotional, or verbal abuse or a combination of the three. IPV most commonly includes domestic violence in the home, relationship violence, children displaying aggressive behavior due to exposure, immigrant women violence, elderly violence, and victims becoming the offender (Brooks, 2018; Larance, 2017).

IPV is seen by society as a leading female social problem that continues to grow out of control resulting in a high number of deaths, psychological trauma, and physical mutilation (Walker et al., 2021). Though men also experience a variation of abusive actions including physical attacks, sexual, and verbal attacks, intimidation, control, and deception (Arroyo et al., 2017; Walker et al., 2021), approximately one third of females across the globe in an intimate relationship or union have experienced some form of IPV by their significant other (Lin et al., 2018). In a study in Ghana, one in three women experienced some type of abuse the prior year, nearly 22% had experienced either sexual or physical abuse, and approximately 11% experienced both sexual and physical violence, including emotional abuse, in a lifetime (Ogum Alangea, 2018). In Ghana the high prevalence of IPV is associated with early childhood marriages, lack of education, cultural norms, and socioeconomic status, though child marriage are against the Ghanaian law (Tenkorang, 2019). Spousal violence against females is largely defendable in some cultures by young women who married at an early age, with the likely reasons being a

lack of both secondary and higher educations, no control of their human rights, youthful

bashfulness, sexual inexperience, and restricted decision making in the home (Jesmin,

2015).

Some common high risks that correlate with IPV abuse comprise level of

education, work outside of the home, mental health, physical incapacitation, having been

exposed to violence as a youth, numerous sexual partners, dominant male partners,

alcohol misuse, and adultery. In Africa, the degree of violence can be related to the

female's family's financial standing (Sedziafa et al., 2018). The more financial well off

the women's families are, the less violence is directed toward them. A female's social

class, influence and wealth, and the capability to retain supervision over their kids are

predicated on their societal prominence. These aspects play a substantial part into the

amount of violence a married woman will experience with IPV. Although IPV transpires

across matrilineal (mother's royal birthright) and patrilineal (father's royal birthright)

society order, the two cultures experience emotional, physical, and sexual assaults on a

dissimilar degree centered on kinship. Various situations, including poverty, place

African American women at an elevated risk for intimated partner violence.

IPV in African American females leads to harmful physical and mental health

outcomes (Mugoya et al., 2020). African American women experience numerous

psychological health issues due to continued exposure to IPV, such as depression,

apprehension, suicidal ideation, low self-worth, desperateness, fear, social seclusion, and

lack of trust (Cunningham et al., 2018). Although heightened levels of depression and

apprehension are universal in IPV, African American women could be exacerbated due to racism and gender biases and typecasts.

Despite the elevated rates of IPV of African American women, there is a lack of representation in epidemiological studies in comparison to other ethnicities (Cummingham et al., 2018). Male supremacy ideologies, low socioeconomic class, not obtaining higher levels of education, and racial discrimination are factors contributing to the disproportionate rates of IPV. The current study will assist in understanding African and African American cultural views and why these women accept their victimizations as a cultural norm. It will also bring more visibility to victimization and a lack of reporting in disadvantaged areas due to socioeconomic status. This research is also needed to increase further understanding into the adverse physical and mental health issues that African American and African women suffer as a result of IPV.

Problem Statement

There are higher levels of injuries resulting from IPV than automobile incidents, sexual assaults, and muggings (Park, 2016). IPV continues to lead to a high number of deaths, psychological trauma (Walker et al., 2021), TBI (Haag et al., 2019), and physical mutilation (Peltzer & Pengpid, 2014). For example, female genital mutilation is also categorized as IPV and is prevalent in 28 West African countries with Sierra Leone leading in the highest percent of female genital cutting at (94%), followed by Gambia (79%), Burkina (74%), and Mauritania (72%; Peltzer & Pengpid, 2014). In Ghana, early childhood marriages are associated with a high prevalence of IPV, and close to 40% of young girls in sub-Saharan Africa marry before the age of 18 (Tenkorang, 2019). Other

influences associated with a high prevalence of IPV consists of a lack of education, cultural norms, and socioeconomic status (Tenkorang, 2019).

Over the past few decades there has been a significant increase in global awareness of violence against women. The World Health Organization disclosed that IPV remains the most common and widespread type of violent behavior requiring public attention and intercession (Lin et al., 2018). Yet society has not found a solution for this global problem where cultural viewpoints and lack of fully understanding the gravity of the situation may play an important role in finding a solution for the violence (Brooks, 2018; Walker et al., 2021). Women in several African/sub-Saharan countries supported IPV in circumstances such as lack of upkeep in the home, burning meals, neglecting their children, verbally challenging and disobeying their husband (Waltermaurer, 2012).

A gap in literature exists regarding the challenges of how women's socioeconomic class places them at risk for IPV in addition to women of African ethnicity being at a much higher and fatal risk level (Park, 2016). Furthermore, global rationalization of IPV remains in existence primarily in Europe and the Western part of the world (Waltermaurer, 2012) possibly minimizing the seriousness of the problem. Additional research is required to afford a broader depiction of how large of a scope culture is used in rationalizing the violence of women (Waltermaurer, 2012). Furthermore, increased global awareness is essential for IPV victims to have access to much needed social services that can help address physical and emotive health defects since the negative effects of IPV, when left untreated, could potentially lead the victims into social isolation and homelessness (Park, 2016). This study addressed the gap in

literature by addressing both academic inquiries and how forensic psychological professionals and social scientists can apply them.

Purpose of the Study

The purpose of this phenomenological study was to explore the lived experiences and cultural views of both African American and African women who were victims of IPV. Understanding different cultural beliefs and values regarding IPV is needed for positive social change. This research took into consideration the victims' personal views, cultural views, and other influences that were significant in the understanding of cultural IPV in African American and African women. My study took into consideration how the attachment theory point of view also interrelates low socioeconomic class as a contributing factor in IPV. In the final analysis this study addressed the challenges women faced because of low economic class which placed them at an increased risk for intimated partner violence (Park, 2016). The gap in literature exists due to the limitation of previous research on the topic of IPV in African ethnicities (Mose & Gillum, 2016).

Research Question

To what degree do African American and African women cultural views and traditions contribute to society's acceptance of IPV?

Theoretical Framework

The theoretical approach focused on Bowlby's attachment theory. The attachment theory framework reflects on how attachment style connects to the class of relationship (Bowlby, 1988). Bowlby described the attachment theory as a long-term psychological connection between individuals with the bond forming at infancy between the mother and

child. Bowlby's attachment theory addresses how individuals respond in relationships when upset, isolated from family, or how they observe threats. Likewise, Ainsworth et al. (2015) built on and concentrates on the qualitative differences in attachment between a mother and infant and how they manifest into conducts and sway the child's development later in life.

Strong communication in a relationship not only strengthens the relationship but also eliminates anxiety. Attachment anxiety interrelates with IPV and becomes the offender's maladjusted way to maintain closeness with their partner (Park, 2016). The attachment theory also explains how lower socioeconomic conditions play a part in IPV and the difficulties females face with different IPV threat factors from those in higher social economic classes (Park, 2016). Bowlby's attachment theory framework assisted me in gathering information and give structure to the research theory and help guide the research. Biases were also reduced by utilizing a theoretical framework and assisted me in construing the outcomes of my research and make the most applicable and useful findings (Dziak, 2020).

Nature of the Study

The nature of this study was a qualitative, phenomenological approach for understanding IPV main concepts. Phenomenology research is thought of as both a research technique as well as a philosophy because it is credited to the philosophy of Edmund Husserl (Ravitch & Carl, 2016). Phenomenology focuses on the individual's life experiences and on what could be a precise or continuing experience. This research method is a multifaceted, wide-ranging, and complicated philosophy that thematizes

awareness and its roles (Giorgi et al, 2017). In this research I explored the lived

experiences and perspectives of abused women from African American and African

backgrounds who had been in physical and emotionally abusive relationships (see

Creswell & Creswell, 2018). The objective of this study was to comprehend the lived

experiences of IPV victims and how cultural views may have contributed to the

acceptance of IPV, making the phenomenological design the most appropriate method.

Data analysis begins when initial information has been received (Ravitch & Carl,

2016). This qualitative study was conducted through personal interviews and required me

to be mindful and respect the participants throughout my study since I interviewed

individuals and delved into personal, emotional, and past traumatic aspects of their lives.

Before conducting my research, I ensured that the participants were at minimal risk of

harm or being retraumatized (see Gehlert & Mozersky, 2018). I also needed to ensure that

the participants in my research were well informed with full disclosure concerning every

aspect of the research study that affected them. Additionally, I ensured that the

participants' privacy was protected by not having their names or other personal

identifiable information released in the report that may have identified them and their

location, potentially placing them in further harm by their former abusive partners or the

public.

Definitions

African American: In this study, this term refers to a Black American of African

ancestry (e.g., African, Haitians, Jamaicans, etc.; Okantah, 2016).

African: A native, specifically Black, from the continent of Africa located south of Europe and west of Asia (Keita, 1996).

Anxious avoidant attachment: Occurs when the person or child is pessimistic that their needs will be responded to attentively once they seek help; this person already assumes to be rejected and has no expectations of receiving love and care from anyone in their life (Bowlby, 1988).

Anxious resistant attachment: Occurs when a person or child is not confident their parent or person portraying this position will be accessible, receptive, and supportive in time of need. The person is predisposed to separation anxiety, co-dependent, and apprehensive to go out into the world alone (Bowlby, 1988).

Culture: Initially used as a noun or process, culture also relates to customs, view, community connections, spirituality, and behaviors of an ethnic group (Snead, 2017).

Intimate partner violence (IPV): Physical, sexual, emotional manipulation, and control by a past or present relationship partner (Wright et al., 2019).

Post-traumatic stress disorder (PTSD): The development of problematic apprehensive behavior after experiencing a very traumatic incident (APA, 2020).

Secure attachment: Occurs when a person or child is assured that their parent or person portraying this position will be there for them by being accessible, receptive, and supportive during alarming or adverse circumstances. The person will explore the world with a boldness and confidence to deal with problems (Bowlby, 1988).

Traumatic brain injury (TBI): Changes in how a person's brain functions due to an outside force, resulting in cognitive impairment (Campbell et al., 2018).

Assumptions

Numerous assumptions were associated with this phenomenological study. First, I assumed that a qualitative methodology was the most advantageous technique for exploring the lived experiences of African American and African women IPV victims and how cultural views may have contributed to their acceptance of IPV. Second, I assumed that a qualitative methodology was the more supple approach to collect information on the participants' lived experiences (Creswell & Creswell, 2018). My third assumption related to this research was that I would be able to find between 7–9 African American and African women who were victims of IPV for this qualitative study who were willing to speak without reservation and truthfully regarding their lived experiences and cultural views concerning IPV. Furthermore, my assumption was that they would be inspired to truthfully share their lived experience as victims of IPV and identify how cultural views contributed to the acceptance of violent behavior. These assumptions were necessary in the framework of my research in order to allow me to provide quality and factual data in which to build my research upon.

Scope and Delimitations

The scope of this research was to identify the personal views, cultural views, and other behavioral influences that could be significant in understanding cultural IPV in African American and African women. The research scope included African American and African women who had been victims of IPV. These women were at least 18 years old, were no longer in a violent relationship, and resided in the North and South Eastern United States. The age selection was based on the United States legal age limit that did

not require parental approval to participate in the research. The scope selected was based on the research gap in literature on the precise challenges of how women's socioeconomic class places them at risk for IPV in addition to women of African ethnicity being at much higher and fatal risk levels (Park, 2016).

The delimitations criteria to participate in this research excluded women who did not identify as being of African American or African ethnicity, women that do not live in the North and South Eastern United States, and African American and African men who were victims of IPV. The findings are excluded from transferability since the results are not applicable to women of other ethnicities and women in other regions of the United States.

The conceptual framework most closely related to the research study is the attachment theory. Bowlby's (1988) attachment theory proposes a conceptual framework for realizing junctures in a person's personality and how they will handle intimate relationships as adults.

Limitations

Some barriers to my research were having access to the special population of women in the regions required to conduct my interviews. Another concern was finding women who were open about their cultural beliefs. Additionally, having the tools and the ability to assemble, transcribe, and understand the true depths of people feelings and points of view through qualitative research was a challenge. Another potential limitation was bias, as I have family members and friends who have been victims of IPV.

Reasonable measures were taken to address these limitations and challenges by remaining emotionally unbiased and viewing the research results and participants in a professional and impartial manner. The limitation of finding participants who may be hesitant to open up about their views on cultural IPV was addressed by making the participants feel at ease and reassuring them that the interview was not nonjudgmental of their cultural views and would be based only on gathering their personal insights and views. As far as limitation of participation was concerned, the number of participants was not as important as the number of ideas connected to the theme being explored (Johansson, 2019). Bringing an interview to a close takes place in stages in cultural studies. Early on in the interview process important cultural beliefs and themes that are common were revealed. The participants who were descriptive and provide illustrations for their cultural beliefs continued to be interviewed as long as further clarity or diverse views on cultural IPV experiences were offered. The saturation point of my study on cultural IPV in women of African American and African ethnicities was reached when all categories that contributed to the understanding of the qualitative research had been discovered (Fusch & Ness, 2015; Johansson, 2019).

Significance

African American and African women IPV requires more research to assist in the care of women suffering from physical and psychosomatic health issues resulting from the violence. This research builds on previous studies on the need for victim assistance through social programs for women suffering from the impacts of cultural IPV. This study provides additional insight by delving deeper into African American and African

cultures family beliefs concerning male dominance (e.g., patriarchal control, honor-based, etc.). The results of this research may provide better insight on cultural IPV and be used to find an effective solution in reducing IPV. Furthermore, forensic psychologists may find this research valuable by gaining more insight into the adverse physical and mental health outcomes of African and African American cultural IPV, prompting them to tailor their treatment plans appropriately.

Summary

Chapter 1 addressed the prominence of IPV and its harmful physical and mental health outcomes. In this chapter, information was presented concerning how in African American and African cultures, cultural attitudes can pose substantial IPV risk factors. I also presented the problem, purpose of the study, principal research question, theoretical framework, definitions, assumptions scope and delimitations, limitations, and the research significance. In Chapter 2, additional literature will be presented concerning how African American and African cultural views contributes to society's acceptance of IPV.

Chapter 2: Literature Review

IPV continues to results in a high number of deaths and psychological trauma (Walker et al., 2021), TBI (Haag et al., 2019), and physical mutilation (Peltzer & Pengpid, 2014). Millions of individuals in the United States are victimized by IPV annually, with approximately 8.5 million females describing some experience with physical violation, sexual assault, and or stalking from a current or former intimate partner during their life (Niolon et al., 2017). New studies showed that in the Black ethnicities, roughly one third of females (41%) suffered from IPV and were at a greater need for assistance as a result of poor health issues, inadequate public resources, being unable to fulfill family expectations, ethnic biases, and being female (Gutowski et al., 2022; Lacey et al., 2020; Pickover et al., 2021). Although more attention has been focused on IPV, little focus has been placed on the cultural aspects and its impacts (Kimuna et al., 2018). Results from a Kenya demographic survey revealed that there was a substantial association between culture and physical, sexual, and emotive violence (Kimuna et al., 2018).

In African and African American cultures, cultural attitudes pose substantial risk factors for victimization (Blackmon et al., 2017; Schneider, 2019). But past negative actions and prejudice behaviors against Black women has formed doubt as to whether ordinary community organizations can address their physical and emotional needs (Lacey et al., 2020). These barriers against assistance have contributed to seeking out cultural networks (i.e., religious cleric, family, friends, etc.) to assist them with psychological and physical well-being problems (Lacey et al., 2020). This study focused on IPV and how

cultural views and traditions contributed to African American and African women acceptance of victimization and why they chose not to seek help outside of their cultural groups.

In Chapter 2, I present the strategies used to complete my literature review. I discuss the conceptual framework that was employed to guide the research. Afterward, literature is presented on IPV and the negative effects it produces in women emotionally, psychosomatically, and physically. I next concentrate on literature that covered how African American and African cultures contributed to the acceptance of IPV and how they sought help from within their culture to cope with the abuse. In closing, I abridge all the noteworthy elements of this literature review.

<p style="text-align:center">Literature Search Strategy</p>

Multiple online databases such as Google Scholar, VLIS, Centers for Disease Control and Prevention (CDC), and Regent University library were used to find articles for my literature review in order to obtain a broader range on my research topic. However, the bulk of my research results were from the following Walden University library search engines: APA PsycINFO, APA PsycArticles, Academic Search Complete, Medline, Google Scholar, PMC, PubMed, SocINDEX, and Social Sciences Citation Index. The research parameters for the literature review were based on the following topics of interest: African American and African women; cultural IPV impact in African American and African women; and cultural acceptance and coping mechanisms. I used key words and phrases and a mixture of both as shown in Table 1. For instance, during my search for literature I combined the acronym IPV, or words intimate partner violence,

with African women, African American women; in addition to substituting the word

females for women to produce additional results. The preliminary results enabled me to

conduct further detailed searches in the Walden University library. Though a handful of

my research articles is prior to 2016, the majority of the articles are within the past 5

years.

Table 1

Literature and Keyword Search

Topic 1	Topic 2	Topic 3	Topic 4	Topic 5
Research Population	IPV Phenomenon	Negative Effectives of IPV	Theoretical Framework	Coping Mechanisms
African women, African American women, African and African American IPV victims	Domestic violence, intimate partner violence, IPV victims, cultural IPV norms	Psychosomatic health problems linked to IPV: Apprehension, depression, fearfulness, post-traumatic stress disorder	Attachment Theory	Alcoholism, drug misuse, cultural support in the community, family support
Black women, women of African descent Afro-Caribbean descent, African immigrant women living in the United States	Domestic violence, intimate partner violence, racial and ethnic IPV	Physical health problems linked to IPV: Cardiovascular disease, traumatic brain injuries, HIV, PTSD		Spirituality, religious beliefs, clergy, layperson
Sub-Saharan women, North and South African female IPV victims, African American female IPV victims	Generational occurrences of IPV, physical mutilation	Emotional health problems linked to IPV: Emotional manipulation, psychological dependency, depression		Resoluteness, tenacity, inner-strength, cultural views, substance misuse

Theoretical Foundation

Bowlby's (1958) attachment theory was the theoretical framework used for this

study. Attachment theory is used to describe types of actions generally distinctive to

babies and young children but is also applicable to teenagers and adults. The theory

underscores the core standing and biological role in close poignant ties and security

(Bowlby, 1988). Attachments lasts through an individual's lifetime; however, as an adult the attachment turns away from the mother or caregiver and toward another person to meet the security needs (Ainsworth et al., 2015; Voges et al., 2019).

Bowlby (1952) posited that a parent taking appropriate care of their child was a key factor in the child's emotional well-being which would continue for the rest of their natural life. Previous studies confirmed that children, teens, and young adults from stable households who receive positive attention from parents turned out to be healthy, content, and self-confident (Bowlby, 1988; Grinker, 1962; Offer, 1969). However, in order to nurture an emotionally strong child they must experience a deep, close, and nonstop rapport with their mother, or caretaker, and that they both must receive mutual gratification. Bowlby also stressed the importance of social networks, financial stability, and health issues in the growth of a strong and successful relationship between mother and child (Bretherton, 1992).

Prior to Bowlby's attachment theory, social learning theory posited that people learn by witnessing the actions of others. This theory integrated ideologies jointly of behaviorism and cognitive theories in how learning is achieved (Kretchmar, 2019). Social learning theory also states that needs are created on secondary reinforcement stimuli (Bretherton, 1992).

Another related theory is Vygotsky's (1978) attachment security system that nurtures normal development into maturity via internal working modes. In intimate relationships it was theorized through ground-breaking constructivist perspective regarding how individuals learned during a time period of stringent behaviorist and

related architypes (Staton, 1990). Previous research has thoroughly scrutinized how

exposure to violence in the formative years plays a part in the progression of

psychosomatic illnesses and the development of violent propensities. For instance,

experiencing rejection and anxiety during the formative years has been linked to

dysregulation of affect and abusive actions as an adult (Karakurt et al., 2019). Prior

research also examined in what way the evolution of attachment effects the growth in

patterns of abusive conduct, links among insecure attachment in a couple's romantic life,

and physical and emotive patterns of abuse exchange (Karakurt et al., 2019).

Social scientists could ascertain a better understanding between the various styles

of attachment and how they play an important role in IPV. Attachment theory provided a

foundation base for researching and understanding African American and African women

who are at risk for IPV. The theory compares how a child responds when their emotional

and security needs are either met or unmet, which often determines how they will

respond as adults to their intimate partner. If their needs are not met and includes

violence and abuse, they may themselves become an abuser since family violence breeds

violence, and it tends to continue on through subsequent generations (Bowlby, 1988).

Attachment Theory in Relation to IPV

John Bowlby's and Mary Ainsworth's (1991) research on the interactions

between a mother and her child described attachment as a tie that is solid and poignant.

One facet of attachment security is the behavioral system that is constructed of the child

being near the mother and in addition to having the need to explore their surroundings

(Karakurt et al., 2019; Voges et al., 2019). At this point a secure base has been provided

through the attachment security system and nurtures normal development into maturity via internal working modes. Through internal working modes, adult attachment styles are either secure or insecure, and the individual's foundation through the attachment security system nurtures normal development into maturity. The individual's core beliefs as to being good enough for love and support are connected to secure attachment (Bowlby, 1952; Karakurt et al., 2019).

Physical Abuse

In terms of physical abuse, research has discovered links among children exposed to violent behavior and maladjustment in their relationships as adults (Godbout et al., 2009). Men who are violent in the relationship may have extremely high anxiety levels, fear of relationship abandonment, and elevated levels of anxious attachment toward their intimate partners (Holtzworth-Munroe et al., 1997). Violence is also more severe by men who lacked emotional security (Karakurt et al., 2019). Further, there is a direct link among exposure to violence, insecure attachment, and ensuing violent actions in children who had physically experienced or had seen violent behavior indirectly projected violence via low insecure attachment as adults (Ehrensaft et al., 2003). Research has also connected alcohol use and prior abuse as contributor to physical violence (Rapoza & Baker, 2008). Attachment avoidance as well as advanced levels of rage are a risk factor in victims (Kuijipers et al., 2012).

Emotional Abuse

The act of physical and emotional exploitation along with attachment security and insecurity all play a significant role in abusive behaviors within intimate relationships

(Karakurt et al., 2019). A harmful consequence to the strong development of adult relationships may be affected when an individual has low attachment security as a result of constant criticism and rejection or having been told they were not wanted and worthless. The use of attachment security has helped in efforts for helping relationships at an impasse (Mikulincer & Shaver, 2007). In circumstances where problem-solving in a relationship was needed, it was found that an insecure individual was unsupportive, very objective, and did not want to depend on or have faith in their partner (Nelson, 2009).

Sexual Coercion

The relationships children have with their parents offer a setting for them to acquire shared trust, the ability to receive and give attention, exchange intimacy, distance and authority (Karakurt et al., 2019). Through these initial personal settings, they have cultivated the ability to develop compassion and intimacy. Once these interpersonal ties have developed, they will carry feelings associated with attachment, optimisms, goal seeking, and behavioral strategies that will affect various facets of the individual's social relations, including sex (Karakurt et al., 2019). A secure attachment enables a confident and stable foundation for sexual relations with an intimate partner (Karakurt et al., 2019). Previous research on sexual coercion showed an association between attachment during childhood and coercive sexual behavior (Smallbone & Dadds, 2000). Specifically, findings have shown that low attachment security was linked to both low sexual arousal and sexual fulfilment (Flicker & Moore, 2002), greater likelihood to use physical coercion to pressure the partner into sexual relations, and forceful involvement in sexual intercourse (Karakurt et al., 2019).

Rationale for Using Attachment Theory

Attachment theory relates to this current research on IPV in women of African and African American cultures because of its worldwide applicability regardless of socioeconomic standing and cultures, allowing relevancy for populaces that are often disregarded. Additionally, attachment theory attaches great importance on reciprocal relationships, which is vital because IPV may sometimes be viewed as an effort by dysfunctional means to attain interpersonal desires (Park, 2016). Nevertheless, attachment theory does not differentiate between social class standing as a factor for IPV; its framework does not provide sufficiently for thinking about and dealing with IPV social change on a larger scale. Some required reforms would include changes in policy provisioning for poverty-stricken IPV victims, solidifying law enforcement association with IPV in the community, and encouraging change in cultural attitudes that contribute to and condone IPV (Park, 2016). This research could be beneficial in building on attachment theory since it will take into consideration how culture influences IPV in African American and African women.

Literature Review Related to Key Variables

Attachment theory's existing research, together with the significance of realizing its association to IPV, substantiated my use of this theory. Various research on the theory reinforced the necessity for further research to be conducted, using a qualitative methodology. Numerous influences, to include cultural acceptance (Adjei et al., 2018; Davis & Johnson, 2021; Joe et al., 2020), socioeconomic standing (Gibbs et al., 2018; Gilroy et al., 2018; Jeffries et al., 2019; Thaba-Nkadimene et al., 2019), lack of

community support (Cunningham et al., 2018; Mugoya et al., 2020), early childhood

marriage (Tenkorang, 2019), child abuse, separation and security anxiety are all

associated with IPV violent behavior and victimization (Bowlby, 1973; Chiang et al.,

2018). The use of qualitative interviewing is key in understanding violent behavior from

the victim's perspective which assist in ascertaining the negative effects that IPV

produces in African American and African women emotionally, psychosomatically,

physically, cultural acceptance of IPV, and the use of coping mechanisms. These

discoveries are indicative of the risks associated with cardiovascular disease (Halpern et

al., 2017), TBI (Campbell et al., 2018), depression (Mugoya et al., 2020), HIV (Joe et al.,

2020), alcohol and substance misuse (Davis et al., 2017; Weiss et al., 2022), PTSD

(Weiss et al., 2019); while, on a national average affect women 12 times higher than men

(Schackner et al., 2021). Researchers previous approach to IPV helped in understanding

some influences on behavior that was emotionally and physically aggressive. However,

as with research we must take into consideration the strength and weaknesses of the

studies. Some studies proposed that the combination of attachment theory and IPV as

possibly being the interface of relationships where both individuals have similar insecure

attachment styles can caused violent actions (Katafiasz, 2020). Children who were

mistreated were linked to insecure attachment and were at increased risk for suffering

betrayal and IPV when they became adults (Hocking et al., 2016). There is a deficiency

in research on cultural abuse and how spiritually is used as a coping mechanism for

females in African ethnicities; and the easy acceptance of violence in early childhood

which carries on into adulthood for this ethnic group (Adjei, 2018; Davis & Johnson,

2021). Previous studies have looked into the socioeconomic cause of IPV (Clark et al., 2021). Yet, there is a lack of research into the victims help-seeking behavior; such deficiency continues to weaken IPV research (Brown et al., 2022; Tenkorang, Owusu & Kundhi, 2018).

Not all children that witness IPV will become violent offenders and can develop healthy relationships as adults. Other protective factors (i.e., earned-secure attachment, cultural intervention programs, etc.,) need to be considered early on to deter negative influences on children (Hocking et al., 2016). Hocking et al. also detailed that a clearer understanding of anxious attachment interworking could assist in deterrence stratagems for adults abused as children who later developed insecure attachment styles. Additional research is required to look at other variables that may influence violence later in life.

IPV

IPV, consists of being violated emotionally, sexually, and physically, is a significant public health problem that millions of young adult females and adult women in the United States have experienced by the hands of either an existing or past intimate partner (Goodson & Hayes, 2021; Howell et al., 2018). In a lifetime 1 in 3 women have been involved in some form of IPV, to include roughly 7 million women having experienced IPV annually. Previous documentation on IPV abuse have shown that racial and cultural disparities have a significant role in the severity of abuse being higher in multicultural females (54%), African American females (44%), and Hispanic females (37%) admitted to having been victims of IPV in their lifetime in comparison to Caucasian females (35%; Howell et al, 2018). Negative health problems as a result of

IPV are considerable, with female victims acknowledging having problems such as depression and suicide (Okafor et al.; 2021), apprehension, PTSD, TBI, substance misuse (Lacey et al., 2021; Weiss et al., 2022), cardiovascular disease (Chen et al., 2020; Wright et al., 2019), intestinal, and reproductive health conditions (Chen et al., 2020). The majority of IPV research has been focused on the negative outcomes of violence; yet a considerable number of females display resilience for growth after living through difficult conditions (Howell et al., 2018; Mushonga et al., 2021).

IPV Behavior and Prevention

IPV behavior includes psychological aggression, sexual violence, physical violence and stalking; with some types coinciding at the same time (CDC, 2020). Numerous health problems and financial costs were associated with IPV violent behaviors (CDC, 2020). As well, IPV during pregnancy may affect mother child bonding in pregnant women (Howell et al., 2021). IPV impact on the community could require interface with the legal system, crisis intervention, advocacy services, and a safe haven for the victims to live (Chen et al., 2020). IPV can be deterred through the use of a public welfare policy that speaks to risk and protective features for various forms of violent actions (CDC, 2020). The following describes IPV behaviors that commonly result in bodily injury, acute debility, death, and murder:

Psychological Aggression

The use of oral and unspoken messages to convey the intention to cause mental, and emotional harm or the exertion of control over another person (CDC, 2020). A study conducted by Samios et al (2020) results showed a high prevalence of psychological

aggression as a norm in intimate partner relationships and that the main goal was to cause psychological harm to the victim's mental health (i.e., criticizing, snubbing, deriding, controlling actions, etc.,). Psychological aggression could have long-termed distressing impacts on the victim's emotional well-being years after the intimate relations had ended (Samios et al., 2020).

Sexual Violence

The forceful or attempt to overpower an intimate partner to share in unwanted sexual performances, fondling, or participating in a sexual act that does not require touching (e.g., pornography, sexting, etc.,) without consent (CDC, 2020). In the United States 45 million (37%) of women have encountered some type of sexual contact violence. Sexual violence is experienced by various individual regardless of their sexual orientation group (e.g., lesbian, gay, bi-sexual, women, men, etc.; Chen et al., 2020). Previous research has revealed that female college students were at a higher risk over sexual violation from their intimate partner than mature older women (Sears, 2021; Sutherland et al, 2021).

Physical Violence

The act of trying to injure or causing injury to an intimate partner using bodily force by striking, kicking, or the use of objects to commit the injurious act (CDC, 2020). The National Intimate Partner and Sexual Violence Survey identified women as being at a substantially higher rate for victims of physical violence by their intimate partners then men (Policastro & Finn, 2017). In the United States, approximately one in four women described their physical violence by a current or former partner as comprising of severe

acts of striking, kicking, strangling, beatings, burning, knife attacks, or being shot during physical attacks (Policastro & Finn, 2017).

Stalking

Repeated unsolicited attention and interaction that forms a pattern by an intimate partner or former intimate partner which induces anxiety or fear in the victim for their safety and physical wellbeing and or the safety and physical well-being of a person they are close to (CDC, 2020). Studies have shown stalking as an ongoing significant community health problem that over 19 million (15.8%) of women have experienced during their lifetime in the United States (Chen et al., 2020). Previous research revealed that stalkers who were former intimate partners had significantly higher behavior types than stalkers who were associates or strangers (White et al., 2020). Common ex-intimate partner stalking behaviors involved felonious damage, bodily attack, and sexual attack and their stalking behaviors were harsher than other stalkers who did not have a personal connection to their victims (White et al., 2020).

Impact of Cultural Perspectives on IPV

African American and African women cultural views and traditions may contribute to society's acceptance of IPV in various ways. For example, they tend to be grounded in their reliance of generational cultural views which include male dominance in the household, religion, spirituality, and clergy/lay leaders to help them through their abusive relationship (Davis & Johnson, 2021; Sears, 2021).

A major risk factor for IPV in African cultures is male dominance as head of household (McNaughton et al., 2021). Previous research into spousal violence in Ghana,

looked into how sociocultural rules and observes saw the husband's abuse as a moral

license in his right to perpetrate abusive actions (Adjei, 2018). It is also perceived that

when the wife is disobedient it was implied that the husband was morally obligated to

punish her for all infractions in contradiction of male authority and the abused wife saw

the discipline as being a corrective legitimate action that is culturally normal (Adjei,

2018).

Schneider (2019) study in Sierra Leone focused on male dominance is two-parts,

centering around the natural placement of men and women on opposite ends of emotion,

affection, and intellect; and the historical development of hierarchy of gender with males

on top. The study also found that the wife is responsible for her husband's conduct and is

duty-bound to modify his conduct and that a husband's continued violent conduct is

indicative of the wife failure to being a virtuous wife (Schneider, 2019). Previous

research conducted by Ogum Alangea et al. (2018) found that 1 in 3 Ghanaian women in

four districts were physically and sexually assaulted by their intimate partner.

Meinhart et al. (2019) conducted a study in Nigeria and Tanzania which revealed

that female attitudinal acceptance of IPV was associated with early childhood marriage.

Research conducted by Meinhart et al. (2020) in Nigeria and Tanzania on adolescent and

young adult males and females between the ages of 10-24 revealed that age did not play a

significant role in attitudinal acceptance of IPV in the two countries by either gender

group; and that in both countries having higher education reduced the probabilities of

accepting violent behavior for male's contrary to females' views. Dissimilarity, in

Tanzania marriage was linked to attitudinal acceptance of IPV. Yet, in both Nigeria and

Tanzania, it was found that IPV attitudinal acceptance was associated with gender (Meinhart et al., 2020).

Research by Gillum (2021) showed that African American women were increasingly more susceptible to IPV than their Caucasian counterparts and that social location exacerbated the violence they experienced. As well, the intersect of gender, class, and race produces an exclusive and specific setting in how violence is experienced by this race (Gillum, 2021). Previous studies showed that due to race and socioeconomic class African American women faced added challenges and multifaceted impediments when trying to obtain independence and struggling to get out of violent relationships (Selvey et al., 2021). African American women had to deal with intersectional subordination, which is the result of the nuisance of one burden interacting with prior predispositions yet creating one more element to weaking them (Gillum, 2021).

Earlier research showed that African American women receptiveness to IPV prevention and intervention services differ from their Caucasian counterparts due to cultural views, traditions, past racial biases, and economic discriminatory practices. For instance, as a result of past subjugation, having lived through deep-rooted discrimination, and law enforcement abusive actions, official organizations that provide IPV services are generally not trusted or found to be reliable by African American women to support their physical and emotional needs (Valandra et al., 2019). The African American culture place high esteem on a shared perspective in addition to exemplifying their ancestral cultural perspectives, and in doing so, they maintain unwavering allegiance to their ethnicity, family, and community. Whereas, Caucasian women tend to personify more

individualistic perspective and principles. While the African American community shared perspective is regarded as a forte in women, some contend that this perspective does not view IPV as a foremost problem (Valandra et al., 2019).

IPV Coping Techniques

Historically there has been limited research studies on IPV survivor's recovery process in the wake of a violent relationship. Previously most violence and trauma studies concentrated on warning signs and pathology (Flasch et al., 2017). Studies analyzing survivors coping techniques have increase over the last 30 years demonstrating the increased interest in how survivors coped with anxiety and violent behavior, along with issues linked with coping and the techniques outcomes. However, little work has been done to incorporate the research literature despite the increased interest in survivors coping (Rizo et al., 2017). Rizo et al. also identified how past research advocated coping as a critical concept in recognizing the relationship between IPV lived experiences and psychological health outcomes. A study conducted by Weiss et al. (2017) showed that race and ethnicity played a key role in coping methods.

Pandya (2017) research revealed how survivors of IPV used spiritual coping to help them through stressful incidents with the objective of being better able to deal with adverse emotive outcomes from their encounters. Spiritual coping use resulted in a meaningful rapport with a higher entity and gave the victims a reason to survive and persevere in life and was also linked to improved mental health outcomes (Pandya, 2017). Black women spoke of their religious faith as an important resource that assisted in coping with IPV abuse (Davis & Johnson, 2021; St. Vil et al., 2017). Women of

African American ethnicity used spirituality as a literal and figurative sanctuary to dwell, especially with the numerous social challenges that this ethnic group is confronted with (Davis & Johnson, 2021). Women of African ethnicities most often seek out solace inside their communities enabling them to maintain deep ties to their religious belief and religion which enhanced their social relationship with the clergy and members of their church (Davis & Johnson, 2021; Sere et al., 2021). Thus far, a limited number of studies have explored how religious spirituality abuse grew in this community (Davis & Johnson, 2021).

St Vil et al. (2017) took part in a qualitative cross-section control study on women of African ethnicity. The studies were conducted in Baltimore, Maryland, and the three United States territories of St Thomas, St. Croix, and the United States Virgin Islands. The focus of the study was to identify internal strategies that the IPV survivors used to cope. The internal strategies also characterized as the survivor's behavioral and psychosomatic state, the use of religious belief, and developing independence. Many of the survivors had collectively felt that their faith in God and or religious belief helped them to persevere or overcome their intimate partner's violence. Other internal strategies the survivors identified were developing independence, obtaining employment, and achieving higher education (St Vil et al., 2017).

Religion and Spirituality

An established structure of comprehensive beliefs comprised of conventional behaviors used to help bring people closer to God or an entity is generally defined as religion. Spirituality entails a personal journey for significance of and often finding a

relationship with a holy entity (e.g., God, Buddha, etc.; Davis & Johnson, 2021; Pandya, 2017). Religion frequently includes spirituality (Davis & Johnson, 2021). Spirituality expressed through spiritual views and rituals can be perfected and developed through spiritual practiced activities. Spirituality practices can include activities to foster harmony, peace, parity, self-coherence, and mindfulness (Pandya, 2017).

A qualitative study conducted by Oyewuwo-Gassikia (2019) on IPV coping strategies in African Muslim immigrant females (N=6) results identified a three-step path to coping. The first step was to seek support from within the family; next was to seek community support from community elders or spiritual laypersons; and the final step was to seek support via official social services (e.g., shelters, law enforcement, protective orders, etc.; Oyewuwo-Gassikia, 2019). Sabri et al. (2018) study on IPV coping in women that resided in Kenya, Nigeria, Burundi, Democratic Republic of Congo, Rwanda, Uganda, Somalia, and Ethiopia results showed that self-esteem and spirituality were linked to effective coping in survivors (Sabri et al., 2018).

Using religion to justify and carry out a dominating and abusive act against an intimate partner can be a way to attack the IPV victim's religious or spiritual environment. Nevertheless, many IPV community practitioners are not successful in recognizing this type of abusive behavior (Davis & Johnson, 2021). The World Health Organization released a report that assessed batterer intervention programs in 38 countries discovered that 100% of practitioners deemed physical abuse as a type of IPV, however, just 4% of the practitioners surveyed thought that religious and spiritual abuse fell into the IPV category (Davis & Johnson, 2021).

The effort to weaken an individual's spiritual life and or happiness using spiritual marginalization, hindering religious observance, being responsible for an individual's spiritual transgression and vindicating other types of religious IPV abuse ideologies are all forms of spiritual abuse (Davis & Johnson, 2021). Spiritual abuse is a serious type of IPV that has received very little recognition and discussions of its emotional impact on the victim (The National Domestic Violence Hotline, 2015). Davis and Johnson (2021) earlier research findings on the frequency of religious and spiritual abuse found that 46% of IPV victims (N=76) abusive partners would not allow the practice of spiritual views or participate in organized religion, with 17% of the victims stating that this behavioral pattern transpired regularly (Davis & Johnson, 2021). As with physical IPV, the abuser's objective is to isolate the victim from family and social networks. Religious and spiritual abuse objectives are the same; but the victim is being isolated from God and their emotional refuge. Regardless, isolation whether physical or spiritually can have the same negative outcome to the IPV victim's mental health outcomes (Davis & Johnson, 2021).

The Black Church and African Lay Leaders

Previous studies have shown that after IPV abuse African American women most often looked to law enforcement and the clergy for support (Nnawulezi & Murphy, 2017). However, African women from various West African countries looked to their community and religious leaders (Sabri et al., 2018). Research has shown that the African American clergy overarching position as divine leaders of the church has been vital to their parishioners (Davis & Johnson, 2021; Williams & Jenkins, 2019). The clergy's view on IPV abuse was significant in identifying how they would react to reports of IPV abuse

in their churches and communities (Williams & Jenkins, 2019). Davis and Johnson (2021) study on African American clergy religious and spiritual views showed that the majority of clergy (N=140) recognized that IPV abuse was happening in the homes and that increased training was vital, and they felt more resources were needed to combat IPV abuse both in the church and community.

Williams and Jenkins (2019) study on African American clergy's (*N*=112) response to IPV abuse comprised of nine municipalities where results showed that regardless of the clergy's action or passivity it was more harmful than useful in stopping IPV. Previous study by Bent-Goodley et al. (2012) indicated that the African American church's answer to IPV abuse has been continuously changing with an array of promises among many states and religions; however, the clergy's views on religious and spiritual abuse as elements of IPV abuse is almost nonexistent from observational literature (Davis & Johnson, 2021; Williams, 2019). Research by Zeidner et al. (2016) revealed how social support was more vital for wellbeing than coping strategies which was in keeping with theoretical views that underscored the significance of cultural community support.

Summary and Conclusions

This chapter summarized some of the prior and current literature concerning cultural IPV in African American and African women. The major recurring themes included acceptance of IPV, coping strategies, religion and spirituality, spiritual abuse, adverse physical and psychosomatic health outcomes, and their strong ties to the church and spiritual leaders. The lack of research on how both attachment styles and cultural views play a role in the acceptance of IPV reflects the need for further research into this

ethnic group using attachment theory as the foundation. A better comprehension of cultural IPV will help provide more effective programs for the survivors tailored to meet their cultural views and needs.

What is known as well as not known needed to be considered and justified the need for the present study. Cultural views and gender bias influences play a major role in IPV (Adjei, 2018; Davis & Johnson, 2021; Schneider , 2019). Little effort has been made to incorporate survivor's coping strategies into IPV research (Rizo et al., 2017). Davis and Johnson (2021) detailed how the use of religious and spiritual coping could assist African ethnic women in finding solace and strength to persevere after IPV occurrences (Davis & Johnson, 2021). Very little research has been conducted to understand why IPV victims prefer not to utilize outside social services to assist them, but depend more on their family, community, clergy and lay leaders for support. Additionally, there has been little research in addressing the increase in spiritual abuse and looking into the community leaders' perspectives (Davis & Johnson, 2021; Williams & Jenkins, 2019).

This study will help address the gap in literature stemming from previous research failure to address cultural IPV as a social problem and the precise challenges of how women's socio-economic class and ethnicity places them at risk for IPV (Park, 2016). Further research is needed to understand the influences ethnic views has on IPV and how it affects the family dynamic as a whole since family violence breeds violence, and tends to continue on through subsequent generations (Bowlby, 1988). By having a clearer comprehension of cultural IPV in African American and African communities' social scientists may be able to reduce this violent behavior, thereby decreasing numerous

health problems and financial costs associated with IPV (CDC, 2020; Chen et al., 2020). This research will assist in the understanding of cultural IPV in African ethnic communities and possibly assist in eliminating society's readily acceptance of cultural IPV.

In Chapter 2, a comprehensive literature review was completed speaking on what is currently known and not known regarding cultural IPV in African American and African communities, together with how the gap in research was addressed. The available research associated with cultural influences is presented to offer an all-inclusive background into attachment styles and cultural IPV. Chapter 3 provides the research design that addresses the research question and the qualitative research methodology utilized; in addition to rationale, selection criteria, how data will be composed, biases, and the title role of the researcher. In conclusion, the literature on African American and African women victims of cultural IPV; to include how it affects the family, and the societal and financial impacts will be discussed.

Chapter 3: Research Method

The purpose of this qualitative phenomenological study was to explore the lived experiences and cultural views of both African American and African women who were victims of IPV. In Chapter 3, I present the research design and rationale, my role as the researcher, methodology, instrumentation, procedures for recruitment, data collection and analysis. I also discuss issues of trustworthiness and ethical procedures followed in this study.

Research Design and Rationale

I selected a qualitative phenomenological design to discover to what degree African American and African women cultural views and traditions contribute to society's acceptance of IPV. Phenomenology research is thought of as both a research technique as well as a philosophy because it is credited to the philosophy of Edmund Husserl (Ravitch & Carl, 2016). The qualitative researcher uses phenomenology to go into the individual's world and perceptions, obtain their current views, feelings, claims and inspirations (Cypress, 2018). This research method is a multifaceted, wide-ranging, and complicated philosophy that thematizes awareness and its roles (Giorgi et al., 2017). With this design, I explored the lived experiences and perspectives of women from African American and African ethnicities who were previously in physical and emotionally abusive relationships.

As the researcher, I used transcendental phenomenology to collect information reported by the participants; this method allowed me, to a certain extent, to vicariously understand the participants' lived experiences (Cypress, 2018). Phenomenological

interviewing incorporates a relaxed collaborative process with the objective of provoking the participant's personal all-inclusive account of a known fact or situation that they were a part of. This qualitative method of interviewing consists of a small number of individuals who have first-hand insight and experienced the phenomenon (Cypress, 2018). The phenomenological interview was concentrated toward direct accounts of a precise event or condition as it is lived short of causal accounts or interpretive generalities (Cypress, 2018; Giorgi et al., 2017). Furthermore, the interview is less worried with how accurate the participants' facts are but more so concerned with the credibility of the accounts (Cypress, 2018). Credibility is partly attained when talking to participants who can relate to the research question and how thorough I, as the researcher, conducted the study (Rubin & Rubin, 2012).

Role of the Researcher

The role of the researcher is as important as the organizer and observer when conducting qualitative research (Willis et al., 2016). Qualitative research is interpretative by nature, drawing on the participants' lived experiences and presenting an array of planned, personal, and ethical problems in the interview process. I needed to remain mindful at all times of these concerns and identify prejudices, personal morals, and upbringing (i.e., socioeconomic status, gender, and ethos, etc.) that may have incorrectly formed my understanding of the participants' experiences during the study (Creswell & Creswell, 2018; Karagiozis, 2018; Willis et al., 2016). The researcher's role involves being interactive with the participants, collecting and interpreting the research results,

being ethically sensitive, and initiating a trusting relationship, which can impact the participants' inclination to share and relate thoughtfully (Karagiozis, 2018).

Researchers should minimize risk of harm or being re-traumatized, adhering to federal guidelines governing human research, and obtaining institutional review board (IRB) approval to conduct research (Gehlert & Mozersky, 2018). To maintain ethical standards, I refrained from conducting research with those whom I had personal relationships since this would weaken my ability my ability to disclose unbiased study results and raise questions of power disproportion (Creswell & Creswell, 2018). My role as the researcher also included safeguarding the participants' privacy and conducting the research in a safe environment and carrying out all the roles and responsibilities of ethical research.

Managing Researcher Bias

Being susceptible to bias is quite normal in research (Pollock, 2020). Bias can increase when the researcher is seeking data that will maximize the study (Dowding, 2017). Managing researcher bias can be challenging since the phenomenological researcher may already have life experience, advance research knowledge, and language and cultural insight (Pollock, 2020; Willis et al., 2016). As the researcher, I had to put aside assumptions, norms, and preconceptions and let the phenomenon be revealed as the participants' unique and personal lived experiences through the use of reflexive bracketing. By placing personal opinion and what I thought I already knew about cultural IPV as an African American woman into brackets, it enabled me to view IPV from the participants' lived experiences (Willis et al., 2016).

In descriptive qualitative studies, researchers have recognized that the interviewer needs to be interactive, not hidden and/or detached during the interview. The actions and activities of both the interviewer and participants are shaped and learned by the precise circumstances wherein they transpire; in doing so, this shapes the rapport between them (Karagiozis, 2018). Before I began my conversational interviews, it was vital for me to establish a rapport with the participants' which allowed them to be more comfortable when speaking of their lived IPV experiences without having personal relationships that would have caused biases. With standardized interviewing the researcher uses nondirective probes designed to elicit acceptable answers without leading the participants (Conard & Schober, 2021; West et al., 2018). But conversational interviewing can be beneficial in removing confirmation bias, which occurs when evidence is vague or missing and may direct the researcher to focus on data that confirms what the researcher has previous knowledge of or is confident to be accurate (Bierema et al., 2020).

Reflexivity alludes to the researcher's ability to self-reflect and communicate their internal views and personal biases and recognize the impact they could have on the research as well as the affects the research development has on the researcher (Creswell & Creswell, 2018; Karagiozis, 2018; Mackieson et al., 2019). Reflexivity allows the researcher to engage with personal responsibilities that may develop, identify and resolve theoretical issues, and take a closer look at ethical issues and suppositions. By admitting to their personal biases, subcultural experiences, and personal opinions, the researcher will be able to see how these personal experiences and opinions can potentially affect participants' and researcher's collaboration, the research methodology, and scope of the

interview results (Creswell & Creswell, 2018; Mackieson et al., 2019; Ngozwana, 2018).

As the researcher, my goal was not to show how neutral and objective I could be, but to be involved in all facets of the research, which in turn established the foundation for research thoroughness and fidelity (Karagiozis, 2018; Mackieson et al., 2019).

As the researcher, I needed to be aware beforehand and address ethical issues as they happened during the research process in order to eliminate conflict of interest or power differentials. This research study did not involve African American and African IPV victims with whom I work or had personal relationships, thereby eliminating "Backyard" research that can weaken my ability to present accurate data and increase imbalance of power issues among the researcher and participants during the study (Creswell & Creswell, 2018; Kaplan et al., 2020).

Methodology

Participant Selection Logic

The participants were recruited through programs that provide IPV counseling (e.g., domestic violence conferences, ethnic women support groups, etc.), social media and by word of mouth. The participants for this study consisted of seven United States citizens: six African American United States born and one South African immigrant who were all victims of IPV and had been out of their abusive relationship for at least 6 months and were not involved in active legal court cases. The criterion selection comprised of IPV victims located in the North and South East Regions of the United States who spoke English as either a first or second language. The primary source of data was from the customary individual face-to-face interview via Zoom video, which allowed

me to explore and view the participants' lived experiences and perspectives (Creswell &

Creswell, 2018). My sample consisted of seven participants; however, the small size still

allowed me to produce sufficient quality data, so that the patterns, groupings, perceptions,

and scope of cultural IPV could develop. The number of participants was not as

important as much as the number of ideas connected to the theme being explored; once

no new categories were revealed that added to the data gathered, saturation was reached

(Fusch & Ness, 2015; Johansson, 2019). This meant that I had discovered all the

categories that contributed to the understanding of my research (Johansson, 2019).

Instrumentation

In my role as the researcher, it was essential to collect and assimilate data from

different perspectives. The researcher's preliminary design for the qualitative study

provides the types of data collection actions that are most probable during various phases

of the research (Cypress, 2018). The interview source data were collected from individual

face-to-face interviews via Zoom video in a preselected private location that each

participant agreed to and in which they felt comfortable. Telephone interviews were

offered as an option for participants' who were unable to meet via Zoom video or

preferred telephone interviews instead of face-to-face.

Procedures for Recruitment

Upon receiving Walden University IRB approval to conduct research (approval

no. #01-14-22-0737463), I began my participant recruiting process by contacting

organizations that assist and counsel IPV victims, social media, and by word of mouth.

Material advertising the research study and its purpose were distributed at that time and

included the research topic of cultural IPV in African American and African women. The

criteria to participate was listed as well as how the interview would be conducted and my

official Walden University email contact information. The advertisement also identified

how the research study could assist in revealing how this social problem continues to

grow out of control both domestically in the United States and globally (Walker et al.,

2021). In addition to identifying conditions that allow IPV violence to continue (e.g.,

cultural, financial, social-economic, etc.; Mantler et al., 2018).

To ensure interested participants fell within the research criteria, they were

shortlisted via a questionnaire to determine interview eligibility (Appendix A). The

participants were not involved in active IPV legal court cases. At the start and the

conclusion of the research, each participant was told of their rights to privacy and right to

withdraw at any point during the research. Nine participants reached out to participate in

the research. However, there was only seven who met my inclusion criteria and were

scheduled for interviews. My intent was to have 2–3 participants on reserve in the event

that I had not discovered all the categories required that would contribute to the

understanding of my research. Nevertheless, no other potential participants reached out.

Data Collection

Data collection comprised of interview transcripts, observation field notes,

electronic voice recordings, and telephone recordings to ensure content validity. Based on

each participant's preference, the semi-structured interviews occurred via Zoom video

and last approximately 30 minutes to 2 hours and 50 minutes with 12 predetermined

questions that were the same for each participant (Appendix B). According to Englander

(2020), qualitative researchers tend to favor a semi-structured interview approach over unstructured and structured interviews in that they allow for questions to be asked as to why the research is needed and the why phenomenon is being examined. According to Rubin and Rubin (2012), conversational management probes can be utilized to keep the interview on course, encourage the participants to continue in the same manner or expounded on their response to the interview question. During the interviews, probe questions were used for clarity and comprehension. However, in the event additional information was needed for clarity, follow-up questions were conducted at that time (Rubin & Rubin, 2012). Each participant was debriefed after her interview to summarize the interview, allow for response changes, thanked for being a part of the research, and inform that another interview for clarification may be required (Cypress, 2018).

I also ensured that the participants in my research were well-informed with full disclosure concerning every aspect of the research study that affected them. To safeguard the participants' privacy, names and other personal form of identifiable information were not released in the report. Interview and research data were stored on a flash in a locked file cabinet located in my home office. My computer and all files require passwords to access. Additionally, informed consent forms were given to each participant. As per APA (2017), each participant was briefed of their rights while participating in the research, how long the research would last, their ability to withdraw or decline at any time, and any possible risks associated with the research.

Data Analysis

The next phase following data collection was analyzing the info. Data analysis consisted of preparing and organizing the info and condensing into themes (Cypress, 2018). I next incorporated the info into my fieldnotes spreadsheet to start the coding process. Coding is defined as a qualitative review developing a word or small phrase that features collective, noteworthy, value attainment, and important features focused on linguistic or illustrative material (Ravitch & Carl, 2016; Rubin & Rubin, 2012; Saldaña, 2016). The interview data analyzed comprised of interview transcripts, observation field notes, electronic voice recordings, and telephone interview notes and recordings. I analyzed the Zoom video face-to-face interviews for facial and physical queues and linguistics. The initial coding of interview data consisted of breaking down the data into separate groups, reviewing it multiple times, and highlighting keywords that displayed emotions or reoccurring phrases, in order to determine how similar and dissimilar they were. Concept coding was used to identify the ideas that were not tangible or behavior that was not visible (e.g., surviving, coping, spirituality, religion, etc.; Saldaña, 2016).

Issues of Trustworthiness

Validity is connected to how relevant the data is, thereby allowing for a detailed account of the participants' involvements inside and outside of the current framework (Spiers et al., 2018). When conducting qualitative research, the researcher is expected to formulate validity methods that are in alignment with the research question, research objective, and framework of the study. The criteria that the researcher is required to observe to evaluate validity or trustworthiness consist of credibility, transferability,

dependability, and confirmability (Ngozwana, 2018; Ravitch & Carl, 2016). The following details the precise steps I took to address the following elements of trustworthiness:

Credibility

Credibility refers to the decision as to whether the research captures and expresses the participants' state of mind and views (Galli et al., 2021; Hammarberg et al., 2016). The researcher must have the capability to allow for all complications that may surface during the course of the research and deal with abstruse patterns (Ravitch & Carl, 2016). During my research credibility was established by employing the validity criteria of *triangulation*, *member checks, thick descriptions*, *reflectivity, prolonged contact*, and *saturation* (Ravitch & Carl, 2016). Denzin in 1970, emphasized how triangulation forces the researcher to consolidate data from numerous sources, research methodologies, and proposed strategies; hence, decreasing the chance of misconstruing data, allowing for conclusion to come from various methods and or sources. This allowed me to develop a more in-depth understanding of and enhance validity in my research on cultural IPV in African ethnicities (Hamilton, 2020; Cypress, 2018).

The use of member checking allowed for the participants' validation to further explain their responses when additional clarification was required or to further expound on their lived experiences. This process also allowed the participants to verify the accuracy of their thick descriptions that were transcribed during the interview and allowed me to view and determine if the research methodology and outcome had increased credibility (Birt et al., 2016; Hamilton, 2020; Ravitch & Carl, 2016). Member

checking is a process-oriented and person-centered approach which allows the follow-up to be conducted immediately following the interview or through a follow-up interview, email or phone call (Hamilton, 2020; Ravitch & Carl, 2016).

I also utilized reflexive journaling to augment the research credibility. Qualitative researchers regard reflexivity as a vital avenue towards the progression and evidence of thoroughness in research and as a means in which to accomplish a standard of excellence. Reflexivity includes both thoughts and actions and the suggestions for upcoming research (Rettke et al., 2018). The inclusion of my research data collection which contained interview transcripts, observation field notes, Zoom video and electronic voice recordings as part of the structured reflexivity process assisted in ensuring content validity.

Prolonged contact and thick description together consist of achieving thick, rich facts and spending quality time with the participants, gaining trust amongst the researcher and participant, research burden and ensuring that I had recruited an acceptable and appropriate number of participants to ensure that the research was data rich, trustworthy, and transferable (Hamilton, 2020). My qualitative study consisted of 7 participants who were within my preestablished research criteria in order to obtain the research's outcome on cultural IPV in African American and African women. When saturation had been reached, I had discovered all the categories that contributed to the understanding of my research study (Johansson, 2019).

Transferability

Transferability refers to the level in which a qualitative study can be relevant, or transferable, to wider frameworks at the same time continuing its context-specific

richness while allowing other researchers to evaluate the results and find them significant

and relevant in their research (Galli et al., 2021; Hammarberg et al., 2016; Maxwell,

2021) According to Hamilton (2020), research transferability can be enhanced by

incorporating strategies to include various participants with comparable characteristics in

a larger populace. Ravitch and Carl (2016) detailed approaches for attaining

transferability consisted of having comprehensive thick descriptions of research

information along with an informative framework which would permit others to transfer

facets of the research strategy and results allowing for diverse contextual influences as an

alternative to duplicating the design and results. My research data collection containing

interview transcripts, observation field notes, Zoom video and voice recordings, and were

utilized to enhance transferability.

Dependability

Determining if the research is dependable is based on the process being applied

multiple times with the same outcome (Galli et al., 2021). However, this does not mean

that the same outcome will result in different frameworks even though the patterns will

be similar (Hammarberg et al., 2016). According to Ravitch and Carl (2016),

dependability is comparable to reliability in quantitative research. Triangulation member

checking and audit trails were utilized to assist in establishing dependability. As

previously stated in credibility, triangulation requires the researcher to consolidate data

from numerous sources, research methodologies, and proposed strategies; thereby

allowing for accurate data and permitting for the conclusion to come from various

methods and or sources (Cypress, 2018; Hamilton, 2020). I used member checking to

allow the participants to validate their interview responses and also to verify the accuracy of their thick descriptions that were transcribed during the interview (Birt et al., 2016; Hamilton, 2020; Ravitch & Carl, 2016). My audit trail data collection containing interview transcripts, observation field notes, electronic voice recordings, and telephone recordings were all utilized to enhance dependability. According to Galli et al.(2021), dependability has been satisfied when extensive documentation has been conducted throughout the study.

Confirmability

The qualitative researcher is most frequently the individual who both collects and evaluates the interview data, which increase the likelihood for biases on the part of the researcher (Birth et al, 2016). In qualitative practices a researcher may not always allege objectivity (Ravitch & Carl, 2016). However, as the researcher, it was vital that I maintained objectivity and seek confirmability of the research results so that biases did not overshadow the participants' words and experiences, but to make them their own. As the researcher, I include the participants in member checking to confirm that the data was accurate, which assisted in reducing research bias and enhanced confirmability and fidelity (Birt et al., 2016; Ravitch & Carl, 2016).

Ethical Procedures

An ethical concern of the qualitative researcher is the likelihood of triggering more emotional injury to the participants. However low, the possibility does exist that the research could produce dangerous emotional responses with enduring negative impacts (Stangor, 2015). Extensive ethical attention is given to how researchers protect

participants during data collection. Researchers recognize and make provisions for participants who may become distraught and emotional while sensitive data is being collected (Birth et al., 2016).

Subsequent to Walden University IRB approval, #01-14-22-0737463, to conduct research, I ensured that the participants in my study were well informed with full disclosure concerning every aspect of the research study that affected them. Informed consent forms were given to each participant at the beginning of the research, consent measures were intended to avoid maleficence and endorse beneficence (Birth et al., 2016). APA (2017) requires participants to know their rights when participating in research, how long the research will last, their ability to withdraw or decline at any time, and any possible risks associated with the research (Ngozwana, 2018; Stangor, 2015). Each participant was assigned a code number that identified her in order to protect her identity during the research process. To ensure that continued participants' privacy was protected, names or other personal forms of identifiable information were not released in the report.

The participants were informed as to how the research results would be shared, which included copies to each participant, stakeholders, and published on official websites as required (Creswell & Creswell, 2018). A final debrief was conducted to provide each participant with the proper information regarding the nature of the research, outcome, conclusion of the research, and to rectify any misunderstandings that participants may have had (Stangor, 2015). All interview and research data were stored on a flash drive in a locked file cabinet located in my home office. My computer and all

files require passwords to access. For records retention purposes, all research data will be destroyed 5 years after the completion of my research.

Summary

In Chapter 3, I began with the introduction and purpose of this qualitative phenomenological study that would explore the lived experiences and cultural views of African American and African women victims of IPV. Next, I explained in-depth the phenomenological research design and rationale. An overview of Husserl (1970) qualitative transcendental phenomenological approach was also covered to explain why researchers use transcendental phenomenology to collect information reported by the participants and how this method allows the researchers, to a certain extent, to vicariously understand the participants' lived experiences (Cypress, 2018). In this chapter, I also covered, in detail, my role as the researcher, methodology, instrumentation, procedures for recruitment, data collection and analysis, issues of trustworthiness, and ethical procedures that would be followed in this study upon Walden University IRB approval. Chapter 4 will address the setting in which the qualitative research was conducted, the participants demographics, in what way the data from the semi-structured interviews were collected and analyzed, evidence of trustworthiness, and the results of the research.

Chapter 4 Results

I conducted this study to explore the lived experiences and cultural views of both African American and African women who were victims of IPV in the North and South East Regions of the United States. The research question governing this study was "To what degree do African American and African women cultural views and traditions contribute to society's acceptance of IPV?" This chapter reports the study's findings from the interviews of a sample of seven African American and African women. Chapter 4 is arranged into numerous segments: the setting, demographics and sample size, how the interviews were conducted, data collection, data analysis, evidence of trustworthiness, interview results, and summary.

Setting

This research was conducted in Virginia and Maryland, with four of the participants residing in Virginia and the remaining three participants residing in Maryland. The interviews were conducted over a 4 1/2 weeks' time period, from January 22, 2022 to February 23, 2022. I conducted all seven interviews via Zoom video in my private home office with the door closed. The participants video called from their place of preference. The three methods of interviews that were offered to the participants were face-to-face in person, telephone, and Zoom video conferencing. Due to the COVID pandemic all participants chose Zoom for a safer setting (Saberi, 2020).

Each participant was assigned a file folder labeled with their code number identifier (e.g., Code #1, Code #2, Code #3, etc.). The file folders contained each participant's prescreening questionnaire, interview questions, interview transcript, and

signed consent form. After posting my recruitment invitation on Facebook and through my personal networks, the participants who reached out to me were recruited via my personal network invitations. I conducted criteria review via telephone during the initial call utilizing the prescreening questionnaire (Appendix A). An interview date and time was agreed upon during the call. All seven interviews were conducted via Zoom video recording and each participant was made aware before the interview began that the interview would be recorded via Zoom. There were no disturbances or circumstances that constrained the data gathering or outcome of the research study.

Demographics

The participants in my IPV study consisted of seven women of African ethnicities; six were African American and one was South African. The participants resided in the North East and South East Regions of the United States, were at least 18 years of age, African American United States born citizens and a South African born citizen, were former victims of IPV, and were no longer in the abusive relationship and had been out for at least 6 months. None of the participants were involved in active legal court cases, and they were fluent in English as either a first or second language. All seven participants identified as being former victims of IPV and were all successful in the workforce during and after leaving their violent relationships. Each participant was assigned a codename to preserve anonymity throughout Chapter 4 that range from Code #1 through Code #7. Table 2 is a breakdown of the participants demographics. Table 3 covers the four prescreening questions and responses.

Table 2

Demographic Questionnaire

Code	Age	State of residency	Employment status	Education level	Community activism
#1	47	Maryland	Employed	Master's	Domestic violence activist
#2	53	Virginia	Employed, business owner	Master's	None
#3	35	Virginia	Employed	Bachelor's	Life coaching
#4	44	Maryland	Employed	Realtor exam scheduled	Domestic violence activist
#5	47	Maryland	Employed	High school	None
#6	34	Virginia	Employed	Bachelor's	Domestic violence activism
#7	41	Virginia	Employed	Bachelor's enrolled	Founder and CEO of domestic violence foundation

Table 3

Prescreening Questionnaire

Code	Question 1: Are you active in your religious faith?	Question 2: Do you attend organized religious services?	Question 3: Do you view yourself as spiritual?	Question 4: Are your cultural views important to you?
#1	Yes	Yes	Yes	Yes
#2	N/A	No	Yes	Yes
#3	No	No	No	Yes
#4	No to Christianity, yet to other religions	Yes	Yes	Yes, as an African American woman
#5	No	No, not regularly	Yes	Yes
#6	No to Baptist and Christianity; searching for other spiritual views	Yes, but not as much	Yes	Yes
#7	Yes, spiritual faith	No	Yes	Yes

Note. See appendix A Prescreening Questionnaire.

Data Collection

During the recruitment efforts flyers were sent out via Facebook and my personal social networks. Contacts for interested participants was made via my Walden University email address located on the recruitment invitation. I conducted a prescreening with each participant to ensure they met the study eligibility by reaching out via telephone. All

participants who reached out to me agreed to participate in the study, and I scheduled appointments via Zoom that were convenient for each participant. I immediately emailed consent forms and requested that they be returned to me before the interview was conducted.

Each participant returned their consent forms the next day or on the date agreed upon to me via email. Before the interview I went over the consent form with each participant and asked if they had any questions or concerns, and I also reminded them that they could withdraw from the interview at any time and that it would not be frowned upon. None of the participants elected to withdraw and replied that they wanted their voices to be heard in order to help other women of IPV victimizations.

At the beginning of each interview, I greeted the participants and thanked them for taking part in my research. To ensure that they were comfortable and informed, I explained to them that as a participant in this research study their privacy would be protected and identity would be kept confidential, within the limits of the law. I informed them that as the researcher I would not use their personal information for any purposes outside of this research project and their names or anything that could identify them would not be included in the study reports. I thanked them again and told them that their contribution to this study can benefit society by providing more insight into African American and African cultural views and why these women accept their victimizations as a cultural norm. I also explained that the study can also assist in promoting and implementing the appropriate social services programs, educational programs, and effective mental health treatment plans for the victims of IPV.

The interview was comprised of 12 questions in which all seven participants were asked the same questions (Appendix B). All participants' interviews were conducted via Zoom in a private setting located in my home office to maintain the participants' privacy. I conducted one video face-to-face semi-structured interview per participant, which varied between 30 minutes to 2 hours and 50 minutes (Rubin & Rubin, 2012). Though each participant was informed that the interview would last 1 hour, six of the seven participants exceeded the 1 hour time by speaking more in-depth about their cultural beliefs and IPV victimization lived experiences; I allowed them to do so uninhibited. The interviews were both video and voice recorded, and I transcribed them word-for-word according to the recordings' output. All seven transcribed interviews were saved in Microsoft Word format. Field notes were not taken during the interviews, which enabled me to focus on the participants lived experiences. The video recordings and transcripts allowed me to go back and make field notes of initial reactions and replies from the participants and review the interviews. The information was recorded into my fieldnotes spreadsheet. Video and voice recordings also guaranteed the integrity of the participants responses. All video recordings and transcribed interviews are located on my password-protected computer and printed copies were placed in a locked combination file.

The participants selected locations in their state that were private, convenient, and comfortable for them. The data collection process did not change from the plan presented in Chapter 3, nor did I encounter any unusual conditions during the interview data collections. During the interviews I utilized open-end interview questions that encompassed the research problem, while probes kept the discussion on target and

emboldened the participants to contribute in-depth details about their lived experiences (Rubin & Rubin, 2012).

Data Analysis

The data analysis process was initiated by capturing rich accounts, building a list of the accounts, using the list to begin coding, then reducing data by determining which theme needed to be coded. Afterward, I wrote the participant's accounts to include their lived experiences of the phenomenon utilizing both structural and textural descriptions to create a synthesis of the contexts and essence of their lived experiences (Moustakas, 1994). In conclusion, I contacted each participant to authenticate their answers to the interview questions. In the course of the data analysis I transcribed each interviewee's responses word-for-word by repeatedly watching and listening to the recordings output.

Keywords that displayed emotions or reoccurring phases were linked to the theory related to my research problem and were coded. The codes were then broken down into separate groups and organized into themes comparable to the seven step data analysis (Rubin & Rubin, 2012). The participants' reliving their IPV experiences and the effects of their abuse resulted in emerging themes that were used for coding. Each participant received a copy of the interview questions with their responses. All data resulting from the participants responses to the open-ended interview questions were assembled into categories (Lewis, 2015). The participants' statements and accounts were used to develop themes that were grouped into larger scopes of data (Rubin & Rubin, 2012).

Interpretation of data was through the progression of textural and structural description. The participants' descriptions of their lived experiences during the interviews

assisted me in visualizing the core of their victimizations and how they used cultural

views to cope with IPV which assisted me in the data analysis. Additionally, the data

analysis process addressed the research question that guided this qualitative study. All of

the participants' responses were transcribed by hand, analyzed, coded, and arranged into

themes. See sample transcript extract provided in Appendix E. The participants' video

recordings were repeatedly played and the transcript descriptions were sorted and filtered

in the coding Microsoft Excel spreadsheet and developed into themes that formed from

the data. The interview responses derived seven themes and numerous subthemes. Table

4 reflects the themes and subthemes derived from the interview data.

Table 4

Themes and Subthemes

Themes		Subthemes				
Foundation of beliefs/core values	A.	Guide and structure to live by	B.	A way of thinking	D.	Religious zealots
			C.	Values	E.	Beliefs
Higher power embodiment	A.	Unlimited spiritual connection	D.	Unwavering faith	F.	Enlightenment
	B.	Without restriction	E.	Intangible certainty	G.	Emotional protection
	C.	Element of hope				
Contrast between culture and spirituality	A.	Culture: Learned secular views	C.	Worldly behavior	E.	Spirituality:
			D.	A process	F.	Innate
	B.	Embedded belief in the unseen			G.	Faith
					H.	Unseen
Effects of negative actions	A.	Bruises go away	B.	Triggers	D.	Self-doubt
			C.	Control	E.	Psychosomatic
Effective cultural coping strategies	A.	Family privacy	C.	Generational abuse	E.	Suffer in silence
	B.	Sense of duty	D.	Customary behavior	F.	Prayer
					G.	Religiosity
Effective spiritual coping	A.	Cultural reprogramming	D.	Meditation	G.	Prayer
	B.	Music	E.	Mystical walk with a higher power	H.	The Bible
	C.	Daily devotion	F.	Affirmations	I.	Rapport with devoutness
Why I stayed	A.	Dominant social hierarchy	C.	loyalty	F.	Ancestral beliefs
	B.	Maintain family structure	D.	Duty	G.	Generational acceptance of abuse
			E.	Fear		

Results

In this section, I present the findings from seven participants by means of direct accounts' responses from their interviews and field notes. All participants had been out of their IPV relationship for several years when the interviews were conducted. Visible emotions appeared in the majority of the participants as they described their IPV coping strategies and healing process during and throughout the years after their victimizations. My videos, transcripts, and field notes captured the exhibited emotions of sobbing, deep exhaling, and pauses throughout the interviews. During the interviews, six of the participants displayed a moment of emotion resulting briefly in tears. However, when asked if they wanted to take a break or stop the interview, they replied "No." All of the participants were transparent when describing their cultural views and traditions and how those views either kept them in the IPV relationship or in the case of one participant, she refused to follow the patterns of generational abuse and recreated new cultural views. Each participant spoke openly about her years of IPV and stated that she wanted to take part in this research that can help other IPV victims or potential victims.

During the interview if a validation to a response was required, I would reiterate the participant's answers to them after stating that it was for the purpose of clarity and validation. All participants were interested in obtaining a copy of the dissertation once complete. Within 3 weeks of completing each initial interview, I reached out to the participants to confirm their responses.

In general, this research revealed how culture and tradition and spirituality were used by women of African ethnicities in the United States to cope with IPV. Seven

themes were discovered that illustrated individual stratagems used to successfully

manage during and after their IPV victimizations. Five of the seven participants admitted

to having PTSD and are currently in therapy, and they stated that their victimizations

were an enduring recovery process. Until the interview, one participant did not realize

that she may possibly have PTSD. Though hesitant, she said that she may consider

seeking therapy. Before the interview all of the participants received local, state, and

national IPV resources. Reliving their IPV emotive, physical, and psychological suffering

revealed different aspects in how the participants' peaceful accord was distressed and

made vulnerable.

This study also discovered the individual concept and personal accounts that

defined each participant's meaning of spirituality. Trauma survivors throughout their

lives pursued faith and spirituality to help them understand why they went through their

victimization ordeals, which too, were observed in this research (Lewis et al., 2015). This

study disclosed how each participant spoke about her exclusive connection to a higher

power and the strength in that power to overcome adversity. In general, this research

revealed how culture and tradition and spirituality were used by women of African

ethnicities in the United States to cope with IPV.

Theme 1: Foundation of Beliefs/Core Values

Question 1 was "Describe how important your cultural views are to you."

Personalized descriptions of the importance of cultural views and how it impacted their

lives from childhood to adulthood was shared by the participants. All of the descriptions

were grouped into subthemes such as, *guide and structure to live by*, *a way of thinking*,

Oh, extremely important. So I'm originally from South Africa. And I live in a

foreign country I live in America and so I'm very proud well, any South African

you will meet we are very proudly South African. We are proud of our history.

We are proud of who we are. And for me as a Khoisan, what, what I'm

considered back home. My people are considered colored. That's the race. But I

don't identify as that I identify with my tribe, which is quite fun. And the reason

the Khoisan is because the koi khoi people and the San people had to combine

because they were becoming extinct. The third Apartheid time changed how our

culture was being taught being presented to us, I had to do a lot of my own

searching and so forth. The woman were the hunters and the men were the gear

gatherer, like I love that idea that I come from matriarchy instead of a patriarchy.

So it's very, very important to me. Culture is a big deal.

Code # 4 responded,

They're extremely important. As a, I was raised by my father, from the age of 11,

single black man, who grew up in the South, he was in the Air Force, he was

always a part of my life, even prior to that, but at the age of 11, I moved in with

him. How you, how you carry yourself, you know, as a, as a young Black woman,

and my dad, you know, those things are important to us how people how our

family view, how people view us, you always trying to, you're always trying to

make them proud, right. And now as a mother of two young black boys. Again, I

constantly, respect is big in our community, right? I think depending on how you

are raised so even whenever my children, my boys, like I call, when I call for

them, or I'm speaking to them it's like, sir, sir, you know, because I want them to

have a certain level of respect for themselves, right, you know, how they should

be spoken to how they should be treated.

Code #5 replied,

Well, my quote, my cultural views, they, for me, I mean, they're very important

because they make up who I am. I am, I'm a very morally based type person. So,

my moral compass is pretty much what guides me what causes me to do you

know, do what I do, think what I do. And of course, you know, moral compass

comes from pretty much my, my culture, I was raised in a Christian home, even

though my parents I would say, per se, we're not practicing. Um, everything, I

guess you would say, Christianity in their in their entire lives, but they still raised

us up in that, you know, we went as a child to church every Sunday, I was raised,

believing in God. I was raised to believe in family and family was very, very

important. And all the things that were wrong in my childhood. I would love to

say that, that was the one thing that was right. It was a family based structure. So,

with that, that's kind of that's how I hold those views.

Code #6 stated, "Very important, it had a profound impact on my upbringing, and

how I conduct myself how I raise my child. So it definitely has an impact on my day to

day routine."

Code #7 responded,

They're very important to me, just as a Black woman, you know, a minority, a

double minority, in a sense, you know, I think it's important because it's a sense

of pride. It's how we hold ourselves; you know, I hold myself and the Black women in my family, and that I'm blessed to come across on a daily basis in high regard. So I would say just that culture, and that belief, that, you know, we are to be held with respect and dignity and appreciated as such, I would say it's very important to me.

Theme 2: Higher Power Embodiment

Question 2 was "Describe the importance of Spirituality in your life. All of the participants viewed spirituality as an embodiment and a connection from a higher spirit without regimented restrictions unlike their cultural and religious upbringings. Numerous subthemes arose from the participants interview question responses. The subthemes are unlimited spiritual connection, without restriction, element of hope, unwavering faith, intangible certainty, enlightenment, and emotional protection.

Below are the participants views of spiritualty and using it to cope with IPV victimization when cultural coping was ineffective. Code #1 remarked,

So, again, being raised in the south, you know, and I had been, I was raised by some Bible thumpers. Kind of sticks with you whether it's good or bad. But that was one of the good things that sticks with me. So my spiritual aspect is very important. It's very alive. It's very strong.

Code #2 stated, "Very important. Um, I do distinguish the difference between spirituality. I can't believe I can say spirituality and religion, I do distinguish a difference between it. But I would say is very important to me, right now."

Code #3 replied,

Um, as I became, so I was always religious. I know, this, always religious. I grew

up in a Catholic, strict, Catholic household, but I knew I never fit, and you know,

never fit with me. Um, and so my spirituality took a turn when I turned 21, my

brother committed suicide. And so when he committed suicide, the Catholic

Church was like, we cannot bury him. I was like, how, how do we believe in God

or forgiveness or mercy? By rejecting Catholicism, and still feeling a deep

connection to God, I found spirituality, more fulfilling. So then I learned about

Buddhism, and I learned about Hinduism. And I learned, I was on this journey to

find, I guess, a religion. And what I found actually ties into my culture. I dove

deep into who Khoisan people were. A free open, unrestricted love versus

standing and kneeling and saying the same prayers, you know, I'm so yeah, my

spirituality kind of grew from a traumatic experience.

Code #4 stated,

So the answer would be as far as Christianity is, Christianity is concerned, not as

much, but it allowed me to go out and look at other religions, other faiths, such as

Buddhism, and I have a couple girls that I know, I'm in a sister group and what I

found for me, is that what I like about Buddhism, um, is that again, it helps me

feel like it's okay for me to think, for myself. And it's about being your best self.

Right? So, so I do a little bit of both. I'm like a Christian Buddhist. Hey, it works

for me.

Code #5 stated,

I will call myself, I am not religious, but I am very, very spiritual because pretty

much going back to the culture, or you know what I was raised into, the church

was the foundation of it. And I know that for me, that's the only reason why I'm

sitting here today. And I mean, heck, we dang near lived in church. But

spiritually, I know there is a God. And I know that, that God protected me since

the day that I was born, because I know that I shouldn't be here. And so I am

very, very spiritually based, because you can't see that, you know, spirituality, it's

not something that you can see, it's really not even something that you can

explain to someone. Because it's something that has to be worked for me, it is

something that has to be with, within you.

Code #6 replied,

Very important. Once again, I felt like spirituality keeps me grounded, it keeps me

going and keeps me in a sense of peace. In the middle of the chaos. I actually sort

of got closer to my spirituality while I was in a battered women's shelter. So I feel

like it's a presence daily.

Code #7 remarked,

I would say that's important as well, I look at it as different than religion,

organized religion, so to speak, I have a very what I feel is a close relationship

with God, you know, who, who I pray to every day while I don't go to church

really much at all. But I know that He has kept me, you know, through a lot of

different things, trials and tribulations throughout my life, and then just also

provided me with the blessings that I have as well, I think we have to whoever

your God is, whoever your higher power is, it's important to be connected to

something bigger than you, you know, something that inspires you and motivates

you to keep pushing. So yeah, He's, me and the man upstairs are pretty, pretty

tight. So I would say is very important.

Theme 3: Contrast Between Culture and Spirituality

Question 3 was "How do you view the differences between culture and

spirituality?" The majority of the participants described spirituality as embedded and

unrestricted in relation to a higher power or entity. Whereas, for all of them culture was

described as being a learned and restraining behavior. Some participants associated

culture and religion as one in the Black church that is an organized belief system with

stringent man-made rules. Code #3 stated that she needed both her culture and spirituality

to marry together to be a whole. Code #4 was visibly upset when trying to answer the

question because she associated her negative experiences with the church and culture as

one. She asked to come back to the question later. Some subthemes that formed for

culture were learned secular views, embedded belief in the unseen, worldly behavior, and

a process. Subthemes formed for spirituality were innate, faith, and unseen.

The following are excerpts from each participants response to the question on

culture and spirituality. Code #1 stated,

I guess cultural can be those views that you can obtain, just by being in a secular

part of it, where spiritual I feel is something embedded, if that makes sense.

Because I think being spiritual is more than just gaining knowledge of the new fad

being spiritual is something I feel like that you have to have embedded in you. So

I think cultural, you can learn along the way. Even though spiritual things can be taught.

Code #2 replied,

Um, my culture in religion is Southern Baptists. Growing up, of course, as I grew, my beliefs kind of changed a little bit. I kind of, um, I have a bunch of preachers in my family, tons of them and, I kind of don't believe in a lot of things that the church, the Black church does. I do kind of separate religion and spirituality, somewhat. But the culture and religion to me is, is it's basically together. I know, like I said, I was telling you before, when I grew up, I grew up as a Southern Baptist. And, you know, you go to church, three, four times a week. I think it's more religion and culture vice spirituality, because I'm, because I see it different. You know, I, I separate the two.

Code #3 remarked,

So, if you asked me this question, a few years ago, I would have gone by definition. But now, it's so important for me that my culture and my spirituality, marry each other, that they're one. Because, without knowing what, my spirit, without knowing what my people believed in the spirituality, I would not have known the culture and without knowing the culture, I would not have known the spirituality so now, if it's married for me, if it goes together, it's Ying and Yang, like without knowing about my seven gods, I cannot create a culture I feel like you know, for me, it just doesn't go together.

Code #4 replied,

Can I speak on the Black church? Okay, because that's the only way I know how to answer this question. So it's almost kind of one in the same, because you can't have like, the Black church without Black culture. Right, sorry. Like, I don't, there's no difference. There's no separation. Year, yeah. Yes. A lot of the belief in the Black church is based on our culture. How we were Oh, please don't let me get started, I'd be all day talking about this. Oh, gosh! Oh, oh gosh! My heart is racing like, can we skip that one and come back?

Code #5 stated,

I view the difference is cultural is how you were raised the things around you. Spiritually, my difference of spiritual is, it's more of what's on the inside. How do you feel that's spirituality, do you believe in a higher power? What is your, what is your faith? I see the differences is culturally are the things that are going on, on the outside, that raise you up to be, you know, who you are. But spiritually, those are the things that are on the inside, that people cannot see that guide your inner thoughts.

Code #6 stated,

Spirituality to me is more of a relationship I have with myself; cultural is the relationship I have with my city with my family. Spirituality is the relationship I have within myself and whatever higher being is out there in the universe, God, Buddha, Mohammed, whomever you may pray to. Me personally, I was born and raised Christian Baptist.

Code #7 replied,

When I think about culture, I think about, like a group effort. Like when I think about culture, I think of like black culture, you know. It's just certain things that whether it's good or bad, I mean, we're known for and we can identify with. So for culture, to me, it's just a combination of a bunch of different things, a melting pot of all of these different things that make us as Black people who we are. And spirituality is just a personal relationship, your personal walk with a higher power.

Theme 4: Effects of Negative Actions

Question 5 was "Describe both the short and long-term effects of the IPV act." Several participants immediately answered; however, this question caused some participants to pause, take a deep breath, and restate the question while contemplating how the IPV affected them. Most of the participants were visibly emotional and admitted that their past victimizations played a significant role in their ability to trust. Code #3 stated that even after 10 years she still could not visit friends that live 20 minutes away from her ex-partner. I prompted a couple of the participants by commenting on their initial responses which provoked thought and assisted in formulating their thoughts and answers when they had trouble answering the question. Some subthemes formed from the participant's responses were bruises go away, triggers, control, self-doubt, and psychosomatic.

Below are excerpts from the participants response to the interview question. Code #1 responded,

Crazy thing, the crazy thing is the short term are the bruises, because they go away. But the long term, it's the self-doubt, the self-hate the lack of self-love.

Because you tend to, where at least for me, you begin to feel like you didn't do enough to protect your family, you begin to feel like you're not lovable. I, to this day is so crazy that when I'm when I'm speaking in platforms, people have no idea that my confidence, I lack. One of the long term effects is that my current husband he knows he can't come stand over me. That freaks me out. He has to give me a warning because if I'm sleep or whatever I get, it freaks me out.

Code #2 stated,

The short times was, you know, always being on edge, you know, living in an environment where, you know, you didn't know what, although I eventually found out what his trigger was, but initially, I didn't know. So, living in a situation where you just don't know from, you know, one day to the other one month to the other what was you know, the violent partner. For me, the long term was, I viewed a lot of my relationships after that a little bit different. You know, the first time of any type of, didn't even have to be violent, but any type of behavior that I thought could lead to that, I would definitely just like, not even, you know, consider staying in a long term relationship with anybody that I saw a propensity to be violent towards me.

Code #3 replied,

That it's weird because the short term was me trying to protect him. Like, aside from his brother that was there. I didn't tell anybody. Like, um, I just pretended like it didn't happen. Yeah. So for me, I was just like, short term effects was protecting him at all costs. Long term, Um, so many things right. I was diagnosed

with PTSD. I had anxiety, I suffered from depression. I withdrew from my friends and family. I didn't think I was worth anything. I cut my hair because my hair was the one thing that he was obsessed with. So many things, so many things like yeah, I just, I shut down who I was. I was no longer, fun, outgoing, happy person. I guess, the effects that it had on me is that it started giving me boundaries that I never thought I ever needed. You know?

Code #4 stated,

Short term, short term effects are not going to be probably what you think because my husband wasn't kicking me. You know, stalking me there were no hospital, you know. So, for the most part, I think the only thing that I can really describe as a short term effect during that timeframe was going through the separation and divorce and the impact it had on me financially. The, his lawyer and this lady public defender had a conversation. And they agreed that he could come back to the house after 60 or 90 days, and after he completed anger management. And he stayed in that basement guest room one for 4 years. Even after the restraining order he was out of the house and he came back. I was still actually being abused by him mentally, emotionally. And he's still doing it. Like I put my son in therapy. Because, like, I can't keep him from his dad. Right? I can't I can't file a restraining order for emotional abuse. Right? Um, two more years.

Code #5 replied,

For me the short term I guess for the short term, it would only be like the physical part of it. Short term you know, bruises heal but uh, so whenever, you know the

times that he hit me, you know, all of that, that healed I move forward from all of that. But the long term is the, the psychological portion of it because from the time that I will need to say initially he was a nice guy. Early in our marriage, you know, I shared some things about my life with him, you know, the abuses that I had suffered as a child and all of those were the things he used to control me. Mainly to justify his infidelities. So, and then after that, you know, it still affects, you know, relationships that I have, even now, or lack thereof, you know, because I can't go through that again. You know, that, you know, that, that, that always that feeling of, I'm not worthy. I'm not enough. I'm not worth anything.

Code #6 responded,

There is no short term effect. There is none. I live, would live with this shit for the rest of my life. Um, I started having panic attacks when I was with him. I've never had one before. So I didn't know what it was the first time that I had one. And I continued to have them in the shelter. And I had them once I moved here to Richmond, there was a toy that my child took from the shelter that made a little jingle. I was trying to clean underneath his bed and went to reached under the bed, I accidentally hit the top and played the jingle. And I started, breathing really fast. And I couldn't figure out why. And I, my child was talking to me and I just was in this fog. Like I couldn't stop it. So if that's considered a short term effect, maybe I don't know if I'll ever have one again. Financially, I'm broke. Just the way that he's ran me through the system and taking advantage of the judicial system and

his free right to do things. I'm always, I'm not scared anymore, but I'm always on guard. Always.

Code 7 said,

So short term, I'll say yes, like so the bruises no one sees bruises or anything anymore. There was also that control in that. I was afraid of him. So while I was in it, it didn't feel like short term, but I'm no longer afraid of him. So I say short term now because I'm not still experiencing that. Even like the financial abuse and just different types of abuse. He, it's hard, because like I would just say the shortest thing, it was just that the bruises eventually faded, you know, and that I'm not afraid of him anymore. He doesn't have that control. The long term, you don't forget the words and it really changes who you are as a person. I was really thinking about this the other day, how I say, Wow, he really changed who I am as a person. It really is. It made me angry, in a sense, because it was almost like he still has power in a way because now sometimes I feel like I'm defensive. But then even if I'm not being defensive, I'm always questioning I'm always asking myself, okay, am I being triggered? Or does this person rightfully deserve to be checked? Or am I overreacting? So I second guess, a lot of different things.

Theme 5: Effective Cultural Coping Strategies

Question 6 was :Describe how you used cultural views to cope with the IPV situation." Several of the seven participants were in consensus that cultural views were ineffective as a coping strategy due to generational abuse or being too ashamed to tell their family. Six of the participants saw IPV as a cultural norm since their mothers and or

other female family members who were victims of IPV stayed in the marriages. They were raised to keep their business to themselves or in the family. However, Code #6 found cultural coping to be just what she needed to help deal with her victimization. Some subthemes that formed from the interview question were family privacy, sense of duty, generational abuse, customary behavior, suffer in silence, prayer, and religiosity.

Below are excerpts from the participants responses to the interview questions. Code #1 stated,

> Yeah. I guess in the beginning, I did that culturally, because that was what was taught. You know, back in the day, a lot of things were swept under the rug. With, you know, family, my mom was abused. Culturally, growing up with that, I think part of me felt like that was what was supposed to happen. Because I saw my father do it to my mom. So you in the beginning, crazy as it seemed you'd like oh this love. And then back in the day, you know, more than likely they stayed. So this culturally was I'm thinking, okay, well, this is kind of what happens in marriages. And believing that I couldn't share this with anyone that I just had to pray to God and, you know, hope that I get over it or whatever. So I think culturally wise, I got in the mindset of who, who's gonna want, is this gonna make me look weak that I did this, that I stayed. Because I had to believe that, okay, all my life, we grew up, you keep your business to yourself, or you keep it in the family, you prayed to God.

Code #2 stated,

At that time, and, you know, here's the weird thing about me, because my cultural views how I grew up, of course, women just took it, and they were quiet about it. And I never was that one. Yeah, if I would have continued, I would have stayed because that's what people did. But I tell you, my mom, my father was also an abusive husband, I think I was maybe 13 or 14. And she basically left with nothing. Hmm, yeah. So she was kind of one of the first people in the family to say, you know what, I'm not gonna deal with this. So yeah, so that kind of, and I think that may have helped me, but I'm not sure because I think I would have been put in that situation, I would have done the same thing that I did do as far as leave. But the one thing, the one thing I always think about is, because my father was abusive, is something, did something pulled me towards an abusive person, you know, I mean, I think sometimes, too, I don't, right. I knew it wasn't normal. I did know that was not a normal thing. But it was a thing that happened often.

Code #3 replied,

I grew up in a domestic violence household. And it's very much a this is a family matter, or we don't speak outside of our family. Which is very much what it's like. Colored, I'm not gonna say Khoisan colored culture is, the police won't even come out if there's a domestic dispute. Now, yes, when I was growing up, the police would not come out. It's a family dispute, right. So I just use my culture as another excuse for him to do what he did and it be okay. I must have done something bad enough to make him that angry for him to want to hurt me. Right? My mom did the same thing. She changed her behavior. and she would make us

change our behavior not to upset him so I just use those same techniques. Oh, I'm just not pretty enough. I'm just not skinny enough. Maybe I should eat less, fix my hair. So many things. It was a learned behavior from a young age that my abuse is always right and I am always wrong.

Code #4 stated,

Yeah. Black, Yeah. Baptist Church, huh. Um, how did I use my cultural views to help me cope? Like I said earlier, I'm trying not to be the angry Black woman in my household, trying to be his peace, trying to be his support system, trying to, to uplift him. Because that's what they tell us we're supposed to do as Black women. So no matter how wrong he is, somehow even when he's wrong, he's right. Your job in our community as a wife is to, because men have it, because they have it's so hard out here in this world. And they are treated so, you know, poorly by everybody right? In their home, with their wife and their children our job as a wife is to support uplift. Make him feel like the king of his castle. That's our job as Black women. You know, that's, that's all false too. By the way, it took me a minute, it took me a long time. But it's, it's, we're, we're taught that from such an early age, right? You gotta know how to cook if you want to keep a Black man happy. You got to be a lady in the street and a freak in the bed if you want to keep a Black man happy, right? You got, you gotta, you gotta, you gotta! it's crazy! They want you twerking your way through, like your booty, like you're a stripper or something right? But yet they want you to be a good church lady and pray.

Code #5 stated,

Well, yeah, my cultural views, you know, had a lot to do with it. the culture that I grew up in, also we're, women, we're kind of submissive to their husbands, because, you know, the culture that I grew up in, you know, a man was the head of household, and the woman was the homemaker. So that's, that's what I thought I should have been. Even though I'm not really not the submissive type. Well, I can't say that. I can't, I shouldn't say that. At work. I'm a very dominant personality but not so, but not in my personal life. I am very, you know, submissive, and I guess that's because, you know, you know, the, the culture that I was raised up in, this is what I, this is what I saw my mother doing, you know, my mother never spoke up. Never. Whatever my, my stepfather said, That's what went and it was what it was, you know, he made all the rules. I'm not to the level that my mother was. I will tend to be submissive; I will let the man say or do and I just, I just kind of be silent about it. And I, I internalize or I internalize all my feelings until I become numb to them.

Code #6 replied,

I was born and raised in Richmond, I moved to Danville when I was 12, and I moved back here after being away from Richmond for 20 years, almost. And when I came back to Richmond, it was like, coming back home like it, it is my home, but it was like walking into grandma's house and like, come on, and get you something to eat, how can I take care of you, there's a community of people here that I am so grateful for, that I couldn't have paid money for. And they accept me and my child by us just being us. It's not having to put on airs, it's not

having to try, you know, trying to over prove that I'm good enough. I can just be myself. Um, there's a, I'm not as close with my family. I have aunts here, but not as much now. Um, they keep their distance. I guess culture to me is my city, the art is amazing. Yes, that community here is like I said, even um, my abusers own uncle and aunt have accepted me as their own, like, not even missed a beat when my son was out of school due to COVID. They had him for three months so that even, that protection, the sense of community is not what I had in the Hampton Roads area. I had to beg somebody to help me.

Code #7 stated,

It was tough because my abuser is Caucasian. And that for me, my cultural views and made it harder, because I'm just like, the disrespect is seen 10 times worse. Because when you have a man calling you a bitch, and, and I'm sorry, was I supposed to be censored? I was ashamed, it made me even more ashamed to tell my family because I'm very close with them. But it was even, even to say, I'm dating a White man, but come out and saying, Oh, I'm dating a White man who's beating me and mentally and emotionally and physically, all the time, it was just very difficult. Oh, my God, my ancestors, my grandmother, and my great grandmother's probably like, Girl, like, what are you doing? You know, we didn't fight this long and hard for you to be voluntarily dealing with this. So it was difficult as a Black woman. That knowing what I know now, I know that my dad did some things never physical but like, I would tell her like emotional, verbal or in this sense, you know, and learning and looking back at parents as a child and

witness, and then my mother could agree. Yeah, my grandmother, they are, I

mean, I don't know, if they been into anything, like it. And then back in the day, it

was different. I know that my dad says my grandfather, and my grandmother used

to fight all the time. And he's like, but that's what it was, like, normal, like, that's

what they do. I'm like, well, that's not normal.

Theme 6: Effective Spiritual Coping

Question 7 was "Describe how you used spiritual coping after the IPV situation."

All participants utilized multiple strategies for coping after their victimizations such as

yoga, seeking a higher power, the Bible, prayer, faith, meditation, music or did not use

spirituality. However, prayer, the Bible, and seeking a higher power, were the most

common coping strategies used. Each participant gave unique in-depth descriptions of

their various coping strategies. Their demeanors reflected strength when sharing their

spiritual coping strategies. I could visibly see in their facial expressions and hear

contentment in their voices when each participant shared how her spiritual coping

techniques enabled her to find peace of mind, serenity, a renewed sense of empowerment,

and self-esteem to support them through her adversities. The subthemes that formed from

the participants response to the research question were cultural reprogramming, music,

daily devotion, meditation, mystical walk with a higher power, affirmations, prayer, God,

the Bible, and rapport with devoutness.

Below are the participant's responses to the interview questions. Code #1 replied,

It wasn't until I started really trying to heal that I learned that speaking on this

helps people and crazy as it is more than it helps people. It helps me. So

culturally, I had to unlearn a lot of a lot of cultural stuff. And then that's when I tapped into the spiritual if that makes sense. Just honing in on God put people in our path, to help us. And I can pray to Him. But He also may fleshly send someone to me that has no judgment that I can be open with. Because if I'm not being open and transparent, how are you healing? Transparency saves lives. How are you healing if you're not being open to the problem and the issue that you have, you're not, you're not healing. And I just as I grew in my spiritual walk, I know that God don't want this for me, He don't want me to not believe that what he created is not beautiful.

Code #2 stated,

You know, the thing is, at that time, I don't think I did, because it was, um, I'm not gonna say fight or flight because I, I fought and I, I left, but I did not, because I had children. It seems like it wasn't I didn't really cope with it. I just continued on with my life, I had to take care of kids I had to work I had to do. So I don't really think I really stopped and actually coped with it. I just had to keep, keep doing what I did to make sure that up our lives was normal, you know, even after we separated prior to our divorce. We were really good at co-parenting. So I did try to make things as normal as possible for them even though he wasn't in the house. So I really think that applies because I just don't remember coping with this that way.

Code #3 responded,

I didn't I, he was my spirituality, right. He was everything. He was my

spirituality. He was who I sought comfort in. He was the one I needed validation

from nothing else mattered, spirituality and I. Yeah, it was two years after my

brother died. So I was in the midst of finding my spirituality. So I was still at that

point, I was still angry at God. I was at an extremely, looking back at it,

vulnerable point. I'd left my country moved to another country. It's my first year

in another country. I had no religion. No spirituality. I was just, it was just me.

And so yeah.

Code #4 replied,

So yeah, um, I continue to like, um, we're still remember, we tried the counseling

and ultimately, what for me, I literally used to carry my, I took it out of the case,

my favorite Bible is a Woman Thou Art Loosed TD Jakes Bible. But I used to

literally read that and I would go to sleep with it on the bed, I would fall asleep, I

would wake up, I used to do my soaking and listening to my gospel. Like, um,

you know, what I did was I realized that the people at church, including pastor,

and all those other people, whatever, at the end of the day, they're just people.

God may use people as a tool or vessel to get a message across to you, whatever,

but at the end of the day, they are people. And so I use my spirituality. Um, I, I

realized that my relationship with God was my relationship with God. And I

would read my Bible, everything that I would read in the Bible, was totally it was

it was, um, it was a, it was a contradiction to what the people were saying to me.

And I'm like, No, this is God, he doesn't want me to suffer.

Code #5 stated,

> That's the only reason why you and I are having this conversation today. As
> damaged as I am, I am still sane. And if it was not for my spirit, being able to
> spiritually cope, I can pray. And I know God got me. I mean, He got me out of
> that situation, He just removed it. Because I didn't have the strength. I never, I
> never had the strength to actually leave my husband. But to use the only one
> source that He knew could get to me through and then after that, He kept moving
> through my son He showed me love through him. And that kept me sane. Because
> through that, that divorce period. I mean, I had some dark moments I, I you know,
> I consider it you know, I won't say I really considered suicide, but I had some
> moments where I'm like, why am I here? I can't take this anymore. I cannot do
> this anymore. During that time I did I get a lot more active in the church because
> then I needed a safe place to be and for me, church, church it does, it keeps me
> grounded you know. It's not about the you know, it's not about the place it's just
> for me being just a little bit closer to the Lord that I'm not in my daily walk. But
> my spirituality you know, I pray. More than I read a Bible or in Scripture.

Code #6 responded,

> When I was in the shelter, there was, the first shelter I was then was crowded, it
> was horrible, nasty. So I mean, it was horrible that he found me there. But I, he
> also he also helped me out by getting me to a bit of a nicer situation. And there
> was only one other woman there and her two kids. And she was playing TD Jakes
> on her phone, and a sermon from TD Jakes and I'm listening. And it just, it's at

time when you're going through something makes sense. I needed to hear those words. And she was very deep into crystals and yoga, and just getting more spiritually in tune with yourself. So I, I sort of latched to that, you know, not even meaning to it. I was attracted to that rather. Because I needed that it was healing. So I was going through a lot with that. And I reached out to a young lady I know in Danville. And I expressed this to her. And she said, you know, let's just try instead of talking about things that are going wrong in your life, just trying to show gratitude for the things that are going right in your life. And that was a game changer for me. And the way I think, when she said that to me. Every morning to this day, I get up, I roll out my mat, I meditate, I do some stretches, I say what I'm grateful for first before the day even starts.

Code #7 stated,

I don't know, I pray a lot when I was in that relationship? I used to pray like, it got to a point where I would pray to God like don't wake me up you know, like I don't want to do this anymore. And I'm not strong enough to do this anymore. And it got to a point where I was very mad at God, one because He would wake me up and just be like I said, I don't want to do this anymore, but I was too much of a punk. I said of course, to, to do myself and then part of me felt so low by myself. I was like, even if I try it, I probably fail that too. So I'm not gonna try. I'm not, I'm not, I can't go through this. I just need God to, like, make something happen to me where but keep my kids safe. And then when I got out of that relationship, I was so angry and just hurt and just dealing with so much. And I

know now like a lot of PTSD and just trauma that wasn't addressed. And I still, I felt like I let Him down. And then, so as far as like coping, I'm not sure if I'm answering a question, right? Because I'm still.

Theme 7: Why I Stayed

Question 11 was "Looking back at your former relationship with your partner, explain how your cultural views initially made you hesitant to leave the IPV environment." Findings from this interview question revealed cultural views in which all of the participants were raised to believe in. Responses such as I stayed because my mother stayed, I thought it was normal, I stayed for my children, and keep all family business to yourself or in the family, especially when it came to IPV, regardless of it being physical, verbal, or psychosomatic. Themes resulting from the interview question were dominant social hierarchy, maintain family structure, loyalty, duty, fear, ancestral beliefs, and generational acceptance of abuse.

Below are excerpts of the participants' responses to the interview question. Code #1 replied,

So again, goes back to how we grew up. My mom's my mom stayed with my father. Her mom stayed with hers you know, you that was this, you grew up seeing that you grew up seeing that. And as a child, you're, you're thinking that is okay. It's the crazy thing is my, at around age five, my mom told me when I was around age five, my father had one of his episodes, you know, Friday night, you know, come home, come back the next morning, you want to fight, you know, all that type of stuff. And my mom actually said that, I asked her, why do you stay?

And she says I stay because of you kids. And she said, I told her, you don't need to stay with him. You need to leave because he's crazy. And I'm sure I said that because I was a little spicy. How crazy is that? That I ended up finding myself in that same situation. And thinking the same thing. I didn't have a father wanted my kids to have a father. And I stayed in something that was not healthy for none of us. So the culture in you is thinking, you know, that old school way of thinking; I say because of your kids because you know, back in the day the man was the breadwinner, you know? So I think okay, well, I know how I felt not having a father. I don't want that for my children. And then culturally thinking that was what I needed to do. I stayed longer way longer than I should have.

Code #2 stated,

You know what, I wonder if, I don't know if, if I was hesitant, I did think about the kids. I guess that was the only thing that I would think I hesitated to stay. Um, initially, but, um, no, I knew way before it happened, that it was going to happen. I just plan and the plan didn't work. Um, I basically had to cut that plan short. But um, yeah. I think, you know, in our community, because you do, you think about the kids first, you want to do what's best for kids. But, you know, if, if, you know, doing best for the kids gonna end up in murder or homicide, you wanna just say, hey, get counseling and keep it moving.

Code #3 responded, "Yeah, no, I don't think you know, my mom stayed for a long time. A really, really long time. So to me, that was normal. It was normal. So I didn't leave because this is how people are treated."

Researcher to Code #4, "Yeah, you definitely went over that previously, because of how you were raised the woman is supposed to take care of the man. Did you want to add anything else on to that?" Code #4 replied, "No, ma'am."

Code #5 stated,

Yeah. Because, you know, that is basically his family over everything. But my family, my, my, the way the culture that I grew up in, and the idea that I had was I was going to have a nice, strong family structure. And on the outside, I did, you know, mom, dad, we had this, you know, beautiful child, or, you know, beautiful stepdaughter, you know, so I had my family. You know, we both were successful. And yeah, that's, that was, that was my dream. That's what I wanted, you know, so that's what it was. And so leaving him, oh, yeah, I could have, I would have could have left him in a heartbeat. That That wasn't what made me stay. What I didn't want to lose was my family. And I was fighting to keep my family. I wasn't, I never was fighting to keep my husband. I wanted to keep my family. And I know, for some people, that doesn't make any sense. But for me, it made a lot. It made sense in my head, that I wanted to keep my family together. And for me, my family it included him.

Code #6 stated,

I felt like I couldn't. So one thing he would say to me often was our son needs his father. He stayed there all the time, he tests, oh my God. He wore that into the ground through text emails. He was saying in court, he was saying to me while we were together, whether it was good or bad it is our son he needs his father can't

take them away from his father, a son needs his father. And growing up, I didn't

have a father. And he didn't have a father. And I, I've never had a child before

him, never had raised a child before. So I don't know what it's like. But I do

know what it's like to not have a father. And I didn't want that for my son. But it

took for me to really step outside of that mentality and look at the totality of the

whole situation, and realize that, yes, he needs a yes, he does need a father. Yes, it

would be great if he has a male figure in his life. But he also needs one who is

sane, one who was healthy, one who has the, our best interests at heart.

Code #7 responded,

So we're supposed to be like strong black women, you know, and I remember

hearing the actress Gabrielle Union say, a Black woman's strength is determined

by how much pain we endure. That's how, which is sad, you know, people look at

us. And it's like, the more pain and BS we put up with, the stronger we are. And

she was saying how we need to change that narrative. And I agree, because it's

like when you go through stuff, and when you're in pain, and when you're

drowning. People will say Oh, my God, you're so strong. The known fact is

you're drowning. How can I help you? You know, and it's just Oh, you're so

strong for going through all of that, you know, and it's just like, you don't want to

be strong. And when I come meet survivors, then they're crying in my office, or

wherever we are talking. And I said, I know you're tired of being strong,

sometimes being strong sucks. You just want to be happy, or at peace, and it is

different. So I don't want to be strong all the time. Because that means I have to

go through something that's making me strong. I don't want to be strong. I just

want to be at peace. So sometimes think being strong is overrated. But when you,

when you're this Black woman and you're you have to be and then because I'm a

mother, so I have to be so, just we all, we wear all these different capes, we'd

have to be a strong mother, we have to be a strong wife. We have to be a strong

employee we have to be all of these different things and we can't just be.

Thematic Summary

The following seven themes were established as a result of the participants'

responses: Foundation of beliefs/core values, higher power embodiment, contrast

between culture and spirituality, effects of negative actions, effective cultural coping

strategies, effective spiritual coping, and why I stayed. Supported by specific open-ended

interview questions the participants gave their personal definitions of both culture and

spirituality and how they viewed each as being either a way of thinking, values to live by,

regimented religion, emotional protection, certainty, unlimited spiritual connection, and

unrestricted. Each participant talked about how her culture views either made a negative

or positive impact on her while enduring IPV victimization.

In direct quotes each participant described the importance of culture in interview

question 1 and the importance of spiritualty in interview question 2. Some of the

participants would speak both positively and negatively about their culture and how

religiosity had a strong impact in their family values. There were moments when they

would speak sternly and emotionally or bitterly about their regimented cultural belief

system. But then would smile in relief while describing how they broke away from their

childhood culture and found their new unrestricted spirituality and belief system as an

adult. By the completion of the interview, each participant was able to answer all seven

interview questions; though, participant #4 asked to skip question 3, which is how do you

view the difference between culture and spirituality. She wanted to skip this question

because she was physically and visibly upset; yet, she fully included the answer to

question 3 in question 6. All participants were told in advance and during the interview

that they could move to the next question without force or coercion if they were

uncomfortable. The lack of pressure in answering an emotional question gave each

participant the opportunity to calm down and return to the question if she felt comfortable

doing so. Informed consent stipulations were followed in order to permit voluntary

interviews. All participants agreed that culture and religion were interchangeable and that

they were regimented strict sets of rules that they were expected to follow and were key

factors in them staying in the abusive relationship as long as they did.

It was a united proclamation that spirituality versus cultural beliefs enabled the

participants to discover different opportunities that assisted them in IPV coping and

recovery. All of the participants found that spiritual coping through a higher embodiment

was important and revealed a key theme when answering the research question of to what

degree do African American and African women cultural views and traditions contribute

to society's acceptance of IPV? Keywords described by participants in theme two, such

as an unlimited spiritual connection, without restriction, element of hope, unwavering

faith, intangible certainty, enlightenment, and emotional protection were a significant part

in coping with their IPV abuse. Effective cultural coping strategies in theme five

consisted of family privacy, sense of duty, generational abuse, customary behavior, suffer in silence, prayer, and religiosity. Effective spiritual coping strategies in theme six consisted of cultural reprogramming, music, daily devotion, dedication, mystical walk with a higher power, affirmations, prayers, the Bible, and a rapport with devoutness. Some of these coping strategies enabled the participants to adapt and overcome their adversities, and for some, to gain a self-love proving to themselves that God didn't want them to be abused, defeated, and alone. Theme seven for why I stayed revealed dominant social hierarchy, maintain family structure, loyalty, duty, fear, ancestral beliefs, and generational acceptance of abuse. The participants described how these coping strategies, both positive and negative, in regards to their cultural beliefs intensified more abuse. Likewise, the participants' emotive, physical, and psychological strategies became the required quality to their distinct development, and to the participants coping strategies with their abusive partners (Hampton-Anderson et al., 2022; Weathers et al., 2016). In general, the participants lived experiences of using culture and spirituality enhanced their welfare and recovery.

Evidence of Trustworthiness

Credibility

In qualitative research credibility refers to the decision as to whether the research captures and expresses the participants' state of mind and views (Galli et al., 2021; Hammarberg et al., 2016). To expand the research value and confidence, a theoretical triangulation and member check was performed by the researcher. I applied the analyzed themes to afford a broader and more enhanced examination of the participants lived

experiences with using cultural views and traditions to accept and cope with their IPV victimization. All personal biases were separated, which allowed me to analyze the facts from the participants' lived experiences. To better evaluate the data and give the participants the chance to remark on the final account, when required, I employed member checking by probing their responses for additional clarity and/or accounts.

Transferability

Transferability refers to the level in which a qualitative study can be relevant, or transferable, to wider frameworks at the same time continuing its context-specific richness while allowing other researchers to evaluate the results and find them significant and relevant in their research (Galli et al., 2021; Hammarberg et al., 2016; Maxwell, 2021). To reinforce the transferability of my research results, I provided an organized, thorough description of the responses from each participant when describing the over-all concept, to allow for sufficient facts of the study's scope and purpose for future research.

Dependability

Determining if the research is dependable is based on the process being applied multiple times with the same outcome (Galli et al., 2021). To enhance dependability of the research study, triangulation member checking and audit trails were utilized and raw data was sent to the participants for validity. Each participant was queried on her emotional, and passive interview responses and comprehensive field notes were made from what I observed. As well, I repeatedly watched the recorded Zoom interview video accounts to grasp the important realities that participants spoke of, and also to authenticate responses for transcription accurateness.

Confirmability

In qualitative research to ensure confirmability or objectivity it is important to include the participants in member checking to confirm that the data is accurate, which assists in reducing research bias and enhances confirmability and fidelity (Birt et al., 2016; Ravitch & Carl, 2016). Confirmability was addressed by asking all participants the same 12 interview questions and having them review their transcribed interviews. Likewise, I made it a point to compartmentalize any personal biases to reduce the possibility of faulty analysis connected to labeling of the participants lived experiences into alike elements and themes. Additionally, a data audit trail of the Zoom interview transcript and hand-written data were made to ensure accountability for all results' findings.

<center>**Summary**</center>

In summary, the research question was addressed by my findings. The purpose of this research was to explore and report how African American and African women used cultural views and traditions to cope with IPV. Additionally, this research focused on the use of spiritually as an alternative to cultural coping. The results increased scrutiny on women who were disillusioned with using cultural coping and sought out a higher power that was more personal and satisfying to their individual IPV coping needs. The majority of the participants defined culture and religion as being the same and spiritualty as being of a higher power outside of the traditional Black/Catholic churches. However, one participant stated that "it's so important for me that my culture and my spirituality, marry each other; it's Ying and Yang." All participants were able to clearly articulate and

explain how they utilized cultural views and spirituality for coping when recounting their IPV lived experiences.

Each participant revealed, in hindsight, how cultural views and traditions were not effective in IPV coping. However, spirituality afforded a sense of self-worth, comfort, and peace of mind when coping with IPV and the short and long-termed healing process. This was in line with a previous study conducted by Hampton-Anderson et al. (2022) which discovered how spiritual health, which includes physical health, lessens IPV effects on psychological health problems in women of African ethnicities in low socio-economic classes.

In Chapter 5, I spoke to the results of the findings as they pertain to the theoretical framework and literature outlined in Chapter 2. Furthermore, chapter 5 presents the limitations of the study, recommendations for future research, implications for positive social change, and the conclusion.

Chapter 5: Discussion, Recommendation, and Conclusion

The purpose of this phenomenological study was to explore the lived experiences and cultural views of both African American and African women who were victims of IPV. The participants had been out of their abusive IPV relationship for at least 6 months with no ongoing legal cases. I selected a qualitative phenomenological design to discover to what degree do African American and African women's cultural views and traditions contribute to society's acceptance of IPV. I recruited seven participants through purposive sampling who had lived experiences utilizing cultural views and traditions as a coping mechanism for IPV.

Each participant described how cultural views and religion, based on the Black/Catholic churches, are regimented and not effective in successfully coping with IPV. The participants explained how they sought out a spirituality tailored to their own needs for a higher power embodiment with an unlimited spiritual connection that was unrestrictive, gave elements of hope, emotional protection, and a self-enlightenment to help cope with IPV. All the participants gave in-depth accounts during their interviews regarding the adverse physical and psychological acts that took place throughout their relationship with their significant other, which I observed as an incentive for spiritual development. The overall consensus from the participants was that they had to either develop new cultural views and/or tailor the views they were raised with to fit their current needs. Doing so allowed them to find their own higher power to cope with IPV while they were in the relationship and throughout the ongoing coping process. During

the interview process, the participants shared numerous spiritual coping strategies used to cope as an alternative to their traditional cultural views.

Interpretation of Findings

The seven themes produced from the participants answers were foundation of beliefs/core values, higher power embodiment, contrast between culture and spirituality, effects of negative actions, effective cultural coping strategies, effective spiritual coping, and why I stayed. The results from the participants' responses confirmed the reviewed literature. Research suggested that in African and African American cultures, cultural attitudes pose substantial risk factors (Blackmon et al., 2017; Schneider, 2019). In my study, all seven participants described how cultural views had an important part in why they stayed in their IPV abusive relationships. Each participant described how her cultural views required her to keep her business to herself and only in the family. Not seeking outside help or therapy was also a view that was culturally instilled into all of the participants.

Several of the participants also stated that they were stereotyped and were not taken seriously when they later tried to seek help outside of their cultural communities. Past negative actions and prejudice behaviors against Black women has formed doubt as to whether ordinary community organizations can address their physical and emotional needs, maintaining an erected barrier for obtaining much required resources (Lacey et al., 2020). These barriers against assistance have contributed to seeking out cultural networks (i.e., religious cleric, family, friends, etc.) to assist them with psychological and physical

well-being problems. They were perceived as the "Strong Black Woman" and requests for help were not taken seriously.

Overall, cultural views and traditions appear to initially serve as a coping mechanism; however, their efficacy should be viewed carefully. All the participants strongly disapproved their cultural views and religious upbringings. They viewed them as being regimented rules developed and supported by the "Black/Catholic churches" and their ancestors that promoted generational abuse and instilled it as a belief of normalcy. All of the participants sought their own source of spirituality or higher power for IPV coping that was tailored or completely deviated from their cultural upbringings. All participants except for Code #6 showed verbal and visual contentment that reverberated an aura of peace, calm, and a higher self-esteem. Code #6 stated that at the time she did not remember using spiritualty because for her it was fight or flight, and she had to take care of her children and did not have time to cope. In this research study, the participants practice of spirituality assisted them in ascertaining inner-strength and an existential and spiritual well-being, and an elevated self-worth, which assisted them in transforming their lives (Hampton-Anderson, 2022). These findings could be applied to existing or new programs and tailored to give women of African ethnicities an enhanced quality of well-being. Also, and that these findings underscore the probable benefits of using spirituality as a positive coping tool, and an alternative to cultural views and traditions that can be integrated into the daily lives of IPV survivors (Hampton-Anderson et al., 2022).

Additional research should be conducted on the use of cultural views and traditions by African American and African women IPV survivors with a receptiveness,

understanding, and a sincere inclination to support this often misrepresented and misjudged populace. The assertion is that African American and African women IPV experiences produced lifelong negative aftereffects unlike what developed in women of other ethnicities. Additionally, both cultural views and spirituality are noted as coping mechanisms in the lives of women of African ethnicities. However, the literature is deficient in linking the effectiveness of cultural views and traditions used as successful coping strategies. The intent of this research was to focus attention on culture views and traditions and how these views influence the experiences of IPV victims.

Limitations

The research limitation that arose in this study necessitates additional investigation is geographical locations. The focus of this research was to identify and report to what degree African American and African women use cultural views and traditions to cope with IPV and how this contributes to society's acceptance of IPV. In this phenomenological study the collection of rich data was essential to the phenomenon of IPV and cultural views and traditions. There were no issues with the collection and interpretation of the rich data developed from the interviews. The one limitation I had in my study was geographical location as a criterion to participate. I exclusively recruited from the North and South East Regions of the United States, thus, making my findings applicable to other African American and African women who use cultural views and traditions limited to this study's participants. The study results were not applicable to the African American and African women in the United States as a whole. The lived experiences of using cultural views and traditions to cope with IPV might vary in

different geographical regions. The research results are descriptive of the lived

experiences of seven women who identified as being of African ethnicity who used

cultural views and traditions to cope with IPV in the North and South East Regions of the

United States. Hence, the results of this research are restricted to a specified geographical

setting. Recruiting in other geographical areas should be considered for further research.

The use of goal-directed sampling as well as the participants filtered inclusion

criteria is rare because of its ability to collect information from the participants who had

discounted using cultural views and traditions during their abuse. Because of a gap in

earlier literature, I was able to identify and offer new evidence which highlights cultural

IPV as a social problem and shows the precise challenges of how women's socio-

economic class and ethnicity places them at risk for IPV increased victimizations.

Recommendations for Future Research

Previous research recommended that future research concentrate on investigating

influences that are supplied by numerous anxieties, gender parity, and cultural

expectations due to community deficiencies from the proverbial village that should care

for and decrease isolation of their IPV victims. Additionally, previous research

recommended attention be placed on future research examining how mental health

practitioners providing therapeutic services to women of African ethnicities, who have

psychosomatic and physical health illnesses, are affected by HIV and IPV. The concern

lies in some mental health providers predisposed views of race or culture-neutral

perceptions.

This study focused on African American women located in the North and South East Regions of the United States. Future research can target other geographic regions on a larger scale to reflect the various ways in which African American and African women use cultural views and traditions for IPV coping. This present research documented and reported precisely how six African American women and one African woman who were located in the North and South East Regions of the United States utilized cultural views and traditions for IPV coping during their abusive relationships. This study reported from each IPV victims' perspectives on the effectiveness or ineffectiveness of utilizing cultural views and traditions for IPV coping.

A recommendation for future research includes amassing more qualitative information from African American and African women in other geographic regions whose cultural views may differ when coping with IPV than those reported in this study. In addition, more focus should be place on research geared towards how the use of spirituality is used as an alternative and perhaps a more effective coping strategy for IPV coping than cultural views and traditions founded on generational abuse, structured beliefs and views, religiosity in the form of the Black church/Catholic, and adverse behaviors.

Implications for Social Change

The research study results have diverse implications for social change. The results from this phenomenological study are significant in understanding how cultural views and traditions have a significant impact into understanding why African American and African women are hesitant to leave their abusive relationships and society's readily

acceptance of IPV in this underserved populace. Findings from this collection of information will back the endeavors of previous and current research to advocate awareness of this disproportionate populace. As well, this research displays the candidness of women of African ethnicities in sharing their abusive IPV experiences and their actual coping strategies used on their continuing road to recovery.

This research reveals a collection of themes with commonalities that was shared in each participant's accounts of her IPV lived experiences; such as, a foundation of beliefs/core values, higher power embodiment, contrast between culture and spirituality, effects of negative actions, effective cultural coping strategies, effective spiritual coping, and why I stayed. Positive social change can result from the information and insight that this research provides into the victims' personal views, cultural views, and other behavioral influences that could be significant in understanding cultural IPV in African American and African women. Furthermore, this research can assist in effecting social change with promoting and implementing the appropriate social services programs, educational programs, and effective mental health treatment plans for African American and African women IPV victims.

Theoretical Implications

A theoretical approach was utilized in this study on IPV, focusing on Bowlby's attachment theory. The attachment theory framework reflects on how attachment style connects to the class of relationship (Bowlby, 1988). Bowlby describes the attachment theory as a long-term psychological connection between individuals with the bond forming at infancy between the mother and child. Attachment theory addresses how

individuals respond in relationships when upset, isolated from family, or how they observe threats. Likewise, Ainsworth et al. (2015) builds on and concentrates on the qualitative differences in attachment between a mother and infant and how they manifest into conducts and sway the child's development later in life. Based on the attachment theory and the participants' responses, cultural views and gender bias influences play a major role in IPV (Adjei, 2018; Davis & Johnson, 2021; Schneider , 2019). Attention should be placed on future research examining how mental health practitioners providing therapeutic services to women of African ethnicities with psychosomatic and physical health illnesses affects IPV victims. The concern lies in some mental health providers predisposed views of race or culture-neutral perceptions and biases.

Conclusions

The purpose of this phenomenological study was to explore the lived experiences and cultural views of both African American and African women who were victims of IPV. I selected a qualitative phenomenological design to discover to what degree does African American and African women cultural views and traditions contribute to society's acceptance of IPV. I recruited seven participants through purposive sampling who had lived experiences utilizing cultural views and traditions as a coping mechanism for IPV. Lacey et al (2020) previous study indicated that past negative actions and prejudice behaviors against Black women have formed doubt as to whether ordinary community organizations can address their physical and emotional needs, thereby, maintaining an erected barrier for obtaining much required resources. These barriers

against assistance have contributed to seeking out cultural networks (i.e., religious cleric, family, friends, etc.) to assist them with psychological and physical well-being problems.

During the course of the interviews, I identified and noted various ways African American and African women used their cultural views and traditions to assist them in coping with IPV victimization. Each participant described how cultural views and religion, based on the Black/Catholic churches, were regimented and not effective in successfully coping with IPV. The participants explained how they sought out a spirituality tailored to their own need for a higher power embodiment with an unlimited spiritual connection that was unrestrictive, gave elements of hope, emotional protection, and a self-enlightenment to help cope with IPV. The participants all have strong negative views about their cultural upbringings, keeping their business to themselves, gender biases, lack of community support, and the Black/Catholic churches in which they were raised. Women of African ethnicities have utilized cultural views, religiosity, and spirituality to cope with IPV (Hampton et al., 2022; Sears 2021). Across-the board, I found that spirituality was utilized as an alternative to cultural views and traditions to cope with IPV and that it improved the participants' mental health wellness during and after IPV abuse. More focus should be place on research geared towards how spirituality is used as an alternative and perhaps a more effective strategy for IPV coping than cultural views and traditions that were founded on generational abuse, structured beliefs and views, religiosity in the form of the Black/Catholic churches, and other adverse behaviors.

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Appendix A: Prescreening Questionnaire

1. Are you active in your religious faith? _____

2. Do you attend organized religious services? _____

3. Do you view yourself as spiritual? _____

4. Are your cultural views important to you? _____

Disclaimer: Religion is a generally defined as an established structure of comprehensive beliefs comprised of conventional behaviors used to help bring people closer to God or an entity. Spirituality entails a personal journey for significance of and often finding a relationship with a holy entity (e.g., God, Buddha, etc.; Davis & Johnson, 2021; Pandya, 2017). According to Davis and Johnson (2021), religion frequently includes spirituality. Cultural views are carried on from generations to generations and consist of a community's language, customs, ethics, rites, traditions, and principles (Sears, 2021).

Appendix B: Interview Questions

1. Describe how important your cultural views are to you?

2. Describe the importance of spiritually in your life?

3. How do you view the differences between culture and spiritually?

4. Describe a situation in which your intimate partner committed a violent act against you?

5. Describe both the short and long-term effects of the IPV act?

6. Describe how you used cultural views to cope with the IPV situation?

7. Describe how you used spiritual coping after the IPV situation?

8. Describe the time when you reached out to your cultural community to cope with IPV?

9. What were your views on using IPV resources outside of your cultural community?

10. If you went outside of your cultural community for IPV resources, what made you decide to do so?

11. Looking back at your former relationship with your partner, explain how your cultural views initially made you hesitant to leave the IPV environment?

12. Is there anything else you would like to share with me today?

- Inquire if to see if the participant has additional questions concerning the interview or research study

- Reiterate the participant privacy rights from the study and interview

- Make available to the participant resource information pertaining to the study

- Thank the participant for taking part in the research

Appendix C: States Intimate Partner Violence Resources

1. The National Domestic Violence Hotline

   800-799-7233

   www.ndvh.org

2. Veterans Administration Intimate Partner Violence Assistance Program

   (IPVAP)

   Hampton Virginia: 757-722-9661 x1581

   Richmond Virginia: 304-675-5000 x6477

   Baltimore Maryland: 410-591-3004

   Columbia South Carolina: 803-243-4552

   www.socialwork.va.gov/IPV/Index.asp

3. Baltimore County Domestic Violence and Sexual Assault Hotline

   Baltimore, Maryland

   410-828-6390

   https://www.baltimorecountymd.gov/departments/police/community/domestic

   references.html

4. Heart Song Counseling

   Baltimore, Maryland

   433-995-4960

   Northern Virginia

   703-634-3484

   Richmond, Virginia

804-299-4679

Washington, DC

202-780-6428

https://www.heartsongcounseling.org/

5. Virginia Department of Social Services

   800-838-8238

   www.dss.virginia.gov/family/domestic_violence/index.cgi

6. Transitions Family Violence Services

   Hampton, Virginia

   757-723-7774

   https://www.transitionsfvs.org/

7. North Carolina Coalition Against Domestic Violence

   800-799-7233

   https://nccadv.org/

8. Mecklenburg County Community Support Services - Prevention and

   Intervention Services

   Charlotte, North Carolina

   704-336-4198

   https://www.domesticshelters.org/help/nc/charlotte/28202/mecklenburg-

   county-community-support-services-prevention-and-intervention-services

9. South Carolina Coalition Against Domestic Violence and Sexual Assault

   803-256-2900

https://www.sccadvasa.org/

10. Sistercare

    Columbia, South Carolina

    800-637-7606

    https://www.domesticshelters.org/help/sc/columbia

11. Georgia Coalition Against Domestic Violence

    800-334-2836

    https://gcadv.org/

12. Partnership Against Domestic Violence

    Atlanta, Georgia

    404-870-9600

    Padv.org

13. Florida Coalition Against Domestic Violence

    850-425-2749

    fcadv.org

14. Ocala Domestic Violence Center

    Ocala, Florida

    352-351-4009

    Ocaladvshelter.org

Appendix D: Recruitment Invitation

My name is Patricia Brooks and I am a Walden University doctoral student working on data collection for my dissertation topic on Intimate Partner Violence in Women of African American and African Cultures. You are invited to take part in a research study on intimate partner violence in African American and African women. The study focus is on how cultural views and income class contributes to violence and the acceptance of intimate partner violence in women of African ethnicities. Being a participant in this study is voluntary. This study seeks 7- 9 participants who are:

- At least 18yrs of age

- African American women and African women who are both immigrants and second-generation United States born citizens from immigrant families

- A former victim of intimate partner violence

- No longer in the abusive relationship and has been out for at least 6 months

- Not involved in active legal court cases

- Located in the North and South East Regions of the Unites States

- Fluent in English as either a first or second language.

Your contribution to this study will benefit society by understanding women of African ethnicities cultural beliefs and values regarding intimate partner violence; In addition to assisting in promoting and implementing the appropriate social services programs, educational programs, and effective mental health treatment plans for the victims of intimate partner violence.