11-21-2024

Coping With and Surviving Domestic Violence Among African American Women in a Rural Community

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

Domestic violence (DV) or intimate partner violence is a widespread public health problem in the United States that knows no boundaries. Previous researchers have found that in the United States, African American women experience more severe effects from DV than women in other ethnic groups. The purpose of this generic qualitative study was to identify the coping strategies used by African American women who have survived DV living in rural areas where there are limited professional resources. Premises from the superwoman schema and adult resilience theory guided this research. Semistructured audio-recorded interviews, conducted via Zoom and face-to-face, were used to collect data from eight African American women survivors ages 25–69 located in a rural community in southwest Virginia. After data were collected, Colaizzi's 7-step method, thematic analysis, and manual handcoding were employed to analyze the data. The key findings from this study revealed that talking about it, working out, praying, and attending church were the foremost coping methods. Family and friends, God, and religion were the top sources aiding in developing the coping techniques. Key themes were self-perception, barriers and conditions, types of coping, motivations, and supports and resources. This study has potential implications for positive social change by initiating awareness among individuals, community, civic and church leaders, clinicians, and mental health professionals of the coping methods used by African American women in rural areas and help create culturally competent resources. Future programs and educational opportunities could be established, and researchers may use these study results as a foundation to expand this work and integrate researcher recommendations.

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Dedication

I dedicate this dissertation to my father and mother, the late Rev. Junior W. Wimbush and Avis Pilson Wimbush. They were two of my strongest supporters during the dissertation process and my life. They would have been so proud that I finally completed this great milestone and would have been the first to call me Dr. Wimbush.

Acknowledgments

I acknowledge that I did not make this journey alone. I thank each who contributed in some way. You have been invaluable, and I do not take your support for granted. I specifically thank my brothers, Leroy, Tim, and Anthony, my bonus mother Shirley, and my special someone. Most of all, I acknowledge that I am who I am because of He who lives in me.

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Chapter 1: Introduction to the Study

Introduction

Domestic violence (DV) or intimate partner violence (IPV) is a problem in the United States that transcends gender, race, religious affiliation, sexual orientation, nationality, and age (Anyikwa, 2015; Little, 2017; Weiss et al., 2017). However, occurrences of DV in the United States are exceptionally high in African American communities (Al'Ugdah et al., 2016; Ragavan et al., 2019). DV is more than physical abuse and can include coercive behavior, psychological or emotional abuse, intimidation, and threats (Matheson et al., 2015). Researchers have revealed that African American women are more adversely affected by DV than women of other races and ethnicities (Al'Ugdah et al., 2016; Waller et al., 2021; Weiss et al., 2017). Ample research has been conducted to address DV, health issues related to DV, perceptions of DV, coping strategies that women of other races use, and strategies employed by women living in urban areas (Fisher et al., 2019; Goodman & Bouffard, 2017; Lacey et al., 2016; Little, 2017). However, there are limited studies specifically related to African American women survivors of DV living in rural communities (Crann & Barata, 2016; Edwards, 2015).

DV committed in rural areas is more frequent, severe, and lethal than DV in other areas (Dubois et al., 2019; Edwards; 2015; Reckdenwald et al., 2018). Small populations in rural areas make it less likely that victims have adequate resources or services for DV support. The perspective of *what happens in the home remains in the home* exists in rural areas; therefore, abuse is underreported, and advocates and other health professionals do

not seek the need for services. Reckenwald et al. (2018) noted that in addition to the availability of resources, studies linking DV to rural communities are affected by geography, economic disadvantages, level of education, and social concepts of masculinity and femininity.

Overall, DV in the rural environment has increased in recent years (AbiNader, 2020). Reckenwald et al. (2018) posited that the harshness and nature of DV are affected by the rustic lifestyle and culture of rural living. Compared to urban and suburban DV victims, physical abuse is more prevalent for rural victims. Isolation and the distance to towns enable the acceptance of and silence associated with DV.

In this chapter, I present the background of the study, the problem statement, and the purpose of the study. I, additionally, identify the research question and discuss the theoretical framework that was used to guide the study. The nature of the study, operational definitions, assumptions, scope and delimitations, limitations, and the significance of this study are also introduced in this chapter. A summary concludes the chapter.

Background

Andersson et al. (2014) conducted a quantitative study to examine the coping strategies used by rural American women who have survived DV. The participants (37 women) in the study consisted of those who had endured repeated violence. Psychological abuse was the one form of abuse suffered by all women. Findings from the study revealed that no one particular coping strategy was used. The women identified private strategies such as safety planning, resistance, and attempting to leave or leaving

the abusive relationship as coping methods. Public or legal services were the least identified coping strategies used.

Similarly, Bowland (2015) used the life course perspective and resilience theory as a guide in investigating the life stories, coping strategies, and concerns of women who had experienced trauma, such as DV. Interviews were conducted with a sample of women living in a low-income urban housing complex. Findings revealed that all but two of those interviewed had experienced different forms of DV in their lifetimes. Participants indicated that they used strategies that included avoidance, street prescription medication, available resources, their relationship with God, and participation in social groups to help them cope with the abuse.

In addition to this, Edwards (2015) reviewed published literature from 63 studies conducted in rural, urban, and suburban areas to determine the similarities and differences in rates of DV, perpetrators, victimization, help-seeking behaviors, and attitudes about DV in rural areas in comparison to urban and suburban areas. Findings revealed that rural victims had more difficulty accessing services and had worse mental and physical issues because of DV than urban and suburban counterparts. Barriers such as lack of transportation, social isolation, and distance to service providers prohibited victims from seeking and receiving formal help.

Moreover, Lim et al. (2015) examined the common coping strategies that DV survivors use to cope with DV. This qualitative study revealed that both positive and negative coping strategies are utilized. Participants from the Midwest revealed they use coping strategies such as comparing themselves to the situations of others, self-blame,

staying upbeat while considering that everyone goes through rough situations, operating as a mantra that people are not given more than they can handle, and God has a purpose for everyone.

Likewise, Crann and Barata (2016) conducted a phenomenological study in an urban area of Ontario to examine resiliency in women survivors of DV. Findings revealed that social support, acceptance (cannot control all situations and others), being positive (feeling good about self and having hope), refocusing energy, time, and thoughts, reframing their DV experiences as a learning experience, and acknowledging a keen sense of self as common coping mechanisms used by the participants. Findings also revealed that DV survivors have different understandings of how they survived.

Furthermore, Howell et al. (2018) examined what protective factors (spirituality, social support, ethnic identity, DV severity) affected resilience in women who experienced DV in the Mid-South. Most of the participants were African American women. Findings showed that African American women tended to turn to informal means of support (family, religion, social support) rather than formal resources to cope with DV.

Problem Statement

DV is problematic because of the mental and physical health consequences associated with it (Howell et al., 2015). Effects of DV include depression, posttraumatic stress disorder (PTSD), anxiety, suicidality, eating disorders, human immunodeficiency virus, sexually transmitted infections, and unintended pregnancies (Howell et al., 2015;

Strand & Storey, 2018). The deleterious outcomes of DV are long lasting and may not disappear until later in life (Neustifter & Powell, 2015).

DV is one of the leading causes of death in African American women ages 15–24 (Bhandari et al., 2015). More than 35.6% of women in the United States have experienced DV at some point in their lives. African American women are more likely to be murdered than women from other races (Waller et al., 2021). Also, African American women are more likely to be victimized at a higher rate than other races of women (AbiNader, 2020; Ragavan et al., 2020). African American women are 35% more prevalent to DV than Caucasian women and two and a half times more than other ethnicities (Mushonga et al., 2021).

Furthermore, African American women are less likely than women of other races to support victims of DV (Pickover et al., 2021). DV-exposed African American women report smaller, less supportive social networks. This is slightly more unlikely in rural settings where the population is lower than in urban areas, and everyone is more likely to know everyone.

Rural areas are not tranquil places for those women who have experienced DV (Little, 2017). Due to remoteness and the unavailability of professional services geared toward helping combat and serve victims of DV, rural areas can be considered dangerous spaces. Tragic outcomes have been associated with rural areas at higher rates than in other areas. Access to resources for DV victims in rural areas may be limited by transportation or knowledge that services exist (Hansen & Lorey, 2020; Strand & Storey, 2018). Rural locations affect the severity of DV. An estimated 19.3% of the population in

the United States resides in rural communities. DV is prevalent in rural areas at a rate of 22% compared to 15.5% for women living in urban areas.

According to Crann and Barata (2016), little is known about the strategies that African American women living in rural areas with limited professional resources use to cope with DV. Relatively few studies have explored DV from a multiplicity of African American perspectives, experiences, and sociodemographic backgrounds within rural African American communities (Murphy-Erby et al., 2019). In addition, relatively few studies have been conducted to consider culturally relevant coping strategies to mitigate and prevent DV and encourage help-seeking behaviors in African American rural communities.

Coping with DV varies among individuals (Murphy-Erby et al., 2019). Coping relates to a set of skills used to combat an adverse event, and an effort to manage a problem (Foster et al., 2015; Mushonga et al., 2021). Researchers have been increasingly interested in determining what strategies DV survivors employ to cope (Flash et al., 2017; Rizo et al., 2017). For African American women, there are few studies on their coping strategies to combat DV and even fewer for African American women living in a rural community (Little, 2017; Mills et al., 2018).

The primary coping strategies among African American women who have survived DV have been social support, religion, and spirituality (Boss et al., 2017; de la Rosa et al., 2016; Mills et al., 2018). Religion and spirituality have been identified as the preferred coping strategies for African American women (de la Rosa et al., 2016; Howell et al., 2018; Lacey et al., 2016; Van Hook, 2016). Avoidance, street prescription

medication, available resources, being positive, refocusing energy, reframing the DV experience as a learning experience, and denial are other methods of coping known to be used by DV survivors (Bowland, 2015). Coping methods are known to have been used by women in urban areas where professional services are available, but the specific strategies used by African American women DV survivors in a rural community where services are limited remain unknown.

Service providers and advocates should be aware of the coping strategies utilized by African American DV survivors (Postmus, 2015). There are limited resources specifically related to the coping strategies of African American women survivors of DV living in rural communities (Edwards, 2015). By determining the strategies that African American women in rural areas use to cope with DV, clinicians may be able to use that information to advocate for developing educational programs, seminars, and professional strategies to facilitate the healing process of DV victims (Crann & Barata, 2016; Postmus, 2015).

Purpose of the Study

The purpose of this generic qualitative study was to determine the strategies used to cope with DV among African American women survivors of DV living in rural areas with limited professional resources. For this study, a generic qualitative method was used. A generic qualitative method is by definition “not bonded or defined strictly enough to be called methodologies; they are less defined and established” (Kahlke, 2014, p.38). Researchers using this approach seek to understand how people interpret or make meaning of their experiences. Flexibility and combining tools and techniques from other

methodologies are components of generic qualitative approaches. This study is designed to understand the strategies using personal interviews of African American women that are DV survivors living in a rural area with limited professional resources used to cope with DV. Findings from this research would contribute to knowledge in the field and fill a gap in the literature by providing information on how African American women living in rural areas with limited professional resources seek interventions and support to help them cope with DV.

Research Question

What strategies do African American women survivors of DV living in rural areas with limited professional resources use to cope with DV?

Theoretical Framework

For this study, premises from the superwoman schema (Woods-Giscombe, 2010), and adult resilience theory (Taormina, 2015) were used to guide the research. Premises of the superwoman schema (Woods-Giscombe, 2010) were selected to address cultural factors and societal perceptions that may explain the coping strategies used by African American women who have survived DV. Adult resilience theory (Taormina, 2015) was highlighted to help explain the ability to overcome adverse events (bounce back) in adults.

Superwoman Schema

The strong black woman (SBW) concept has been used to characterize African American women's strong will and tenacity (Carter & Rossi, 2019). SBW dates to slavery (Liao et al., 2020). African American women are expected to be as physically

strong as African American men, and physically and psychologically stronger than their European American counterparts. Strength and caregiving are considered the primary tenets of the SBW schema. Strength is defined in terms of self-control, determination to excel, independence, and an exceptional work ethic. African American women tend to display strength, and self-reliance in response to negative life events (Abrams et al., 2019).

While cultural images of the African American woman as the SBW or *superwoman* have been created as weapons of oppression, the references provide strength and motivation to adopt positive coping strategies for African American women. Carter and Rossi (2019) posited that SBW is neither bad nor good. These researchers suggested that SBW is a concept embraced by African American women and has become an art when responding to physical and psychological adversities (Carter & Ross, 2019).

Adult Resilience Theory

Early studies on resilience were conducted with and applied to children who had one parent who had schizophrenia (Taormina, 2015; Tsirigotis & Luczak, 2018). Resiliency theory has been applied to the adult population since the publication of Werner's (1989) study (Oginska-Bulik & Kobylarczyk, 2019). Taormina (2015) outlined the theory of adult personal resilience. Adult personal resilience is a multidimensional construct made up of four components: determination, endurance, adaptability, and recuperability (Taormina, 2015). Determination is the willpower to preserve. Endurance is the personal strength one has to survive. Adaptability is the flexibility and

resourcefulness to cope with adverse situations. Recuperability is the ability to recover from adversity physically and mentally.

Ungar (2017) described adult resilience as what individuals have on the inside and what they do to awaken it. Ungar considered resilience a frame of reference to explain how some adults have positive outcomes in negative situations. Ungar posited that cultural acceptance and approval are significant factors when coping strategies exemplify strength. Individuals may be considered weak or vulnerable if methods are used that are contrary to those that are culturally acceptable.

The principles of adult resilience theory and the SBW schema in this study provided a context for explaining how African American women coped with DV in small rural communities in southwest Virginia with limited resources. The combination of these methods of inquiry will help to align a path to understanding the coping strategies used by African American women DV survivors in small rural communities. A detailed explanation of the theoretical framework is provided in Chapter 2.

Nature of the Study

The nature of this study was a qualitative inquiry and consisted of a generic qualitative approach. Qualitative inquiries are used to study how people and groups interpret situations and make meaning of the event (Kalhke, 2014). Qualitative research is most appropriate when little is known about a given phenomenon. Wong and Chang (2016) posited that this type of approach allows a researcher to explore topics from the perspective of the individuals and allows for a rich, in-depth understanding of the social, emotional, and cultural context associated with their experience. Qualitative studies are

conducive when little is known about a phenomenon (Wong & Chong, 2016). A qualitative method of inquiry was used for this study—more specifically, the generic qualitative approach. Researchers using the generic qualitative method seek to understand how people interpret or make meaning of their experiences (Kahlke, 2014). The generic qualitative approach, also referred to as *basic qualitative* or *interpretive* approach, allows more flexibility and does not fit into any specific methodology (Kennedy, 2016). Generic qualitative inquiry is used for studies that focus on attitudes, reflections, and beliefs about an experience (Percy et al., 2015).

Other approaches, such as the phenomenological approach, will not be used as this type of inquiry focuses on participants' lived experiences. A case study would not be applicable as the coping strategies of several women are sought as opposed to only one. Also, ethnography would be inappropriate as this is not a study of an entire culture.

Most studies on this phenomenon focus on survivors living in urban areas where several resources are available (Goodson & Bouffard, 2020). In this study, African American women living in small southwest Virginia rural communities who have the shared life experience of DV were the target population. I interviewed women living in a rural county in southwest Virginia who self-certified that they met the criteria of being African American and having previously experienced DV. Participants were recruited from a local gym, hair salon, and church community via flyers posted with permission of the leading officials and owners.

I planned to use purposive sampling to recruit between 11 and 14 African American women survivors of DV to participate in the study. Gill (2020) indicated there

is no specific rule for setting the number of participants to use in a study. There should be enough to provide quality information to answer the research question. Sufficient sample size is necessary for quality data to reach saturation. Saturation occurs when there are no new themes identified. I understood the sample size may change as the study progressed.

LaDonna et al. (2021) posited that saturation can be sufficiently achieved with a small sample size through in-depth interviews lasting an hour or more. Several studies have been conducted to help determine the number of interviews to conduct to reach the point of saturation. Guest et al. (2020) posited that saturation can be achieved with as few as six participants. In a 2020 study, Guest et al. made an assessment using three distinctive criteria: a base, run length, and number of themes evident. Base was defined as weighing the new data against what was already known, the run length was the number of interviews, and the number of themes evident was the point when no new themes were identified. The researchers found that saturation of 87% to 89% was achieved with 11 to 14 interviews (Guest et al., 2020).

All interviews were semistructured and face-to-face. The plan was to conduct the interviews using open-ended questions. An interview protocol was designed and used to help guide the interview process and ensure continuity in the wording of the questions for the participants. To maintain confidentiality and accuracy, the interviews were audio recorded and transcribed verbatim by me. To further ensure accuracy, a copy of the transcript was provided to the participant for transcription checking. Data were analyzed using Colaizzi's seven-step approach (Morrow et al., 2015).

Definitions

The following definitions are useful in understanding DV and the coping strategies of survivors.

African American woman: An adult female human being who identifies as a Black American of African descent (Collins, 2021).

Coping: The use of cognitive and behavioral strategies to manage the demands of a situation when these are appraised as taxing or exceeding one's resources or to reduce the negative emotions and conflict caused by stress (American Psychological Association [APA], 2022).

Coping strategy: An action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one's reaction to such a situation (APA Dictionary, 2022).

Domestic violence (DV): The attempt of a person to dominate or control an individual through physical, psychological, or demeaning the victim (Mills et al., 2018).

Domestic violence survivor: This is often applied to those who have experienced and survived DV (Centers for Disease Control and Prevention [CDC], 2010). Health workers and advocates recommend using this term instead of *victim* because *survivor* is a more empowering term (National Coalition Against Domestic Violence [NCADV], 2013).

Intimate partner violence (IPV): Any behavior within an intimate relationship that causes physical, psychological, or sexual harm including physical aggression, psychological abuse, forced intercourse, stalking, and various controlling behaviors (e.g.,

isolating a person, restricting access to information and association; Crann & Barata, 2016; Monterrosa, 2021).

Resilience: The successful use of coping mechanisms to positively overcome adversity (Mushonga et al., 2021).

Rural: An area with low population density (Neil & Hammatt, 2015).

Assumptions

Assumptions are the outcomes a researcher assumes will happen (Nenty, 2017). Assumptions are observations and occurrences in a study that are presumed to be true. There were certain assumptions in this study, which first included the assumption that all participants would be honest and truthful in the claim that they are African American women living in a rural community and have experienced DV. A second assumption was that all interview questions would be answered truthfully and openly. These assumptions are necessary as the criteria are the basis of the study. Any dishonest answers could skew the results of the study (Davidson et al., 2017).

Another assumption was that I would be able to refrain from researcher biases during data collection and/or transcribing. To avoid researcher biases, I abstained from personal opinions and experiences and preconceived judgments. I used member checking and provided the participants with a copy of their respective transcripts. As an additional method to avoid bias, I engaged in bracketing. Bracketing is a method used in qualitative research to mitigate the potentially deleterious effects of preconceptions that may blemish the research process (Burkholder et al., 2016). I also established trust through engagement with the participant to create an environment where the participant would

freely communicate their thoughts and views. A final assumption was that by using open-ended questions during the interview process, I would be able to capture the diverse coping strategies they used to survive DV. Additional details of the actions taken to minimize researcher bias are presented in Chapter 3.

Scope and Delimitations

The scope of this generic qualitative study was that the participants met the following criteria: (a) live in a small rural community in southwest Virginia, (b) be an African American woman, and (c) have experienced DV. The selection of the participants was through purposeful sampling. Through in-depth semistructured interviews, I inquired of the participants the strategy or strategies they have used to help them survive DV. This line of inquiry was selected because of my interest in understanding how African American women survive DV in a community where there are limited resources.

The number of participants was expected to be small due to the demographics of the area. Other survivors of other racial and ethnic groups were not considered for this study; therefore, the results from this qualitative study may not be transferable. In addition, the results may not be transferable to African American women living in other parts of the United States. Although the study was limited to African American women, the results are expected to provide valuable information for current and future research around DV not only in the lives of African American women in rural areas but also women of other races and ethnicities.

Limitations

Limitations are constraints that would exist if other researchers were to duplicate the study (Nenty, 2017). There were several limitations to this generic qualitative study. One limitation was that the focus was on African American women who have coped with and survived DV. The study did not include women of other races and ethnicities and men. Consequently, the results cannot be generalized to all women. As a solution, I included in the discussion of findings that consideration should be given to the areas limited in my study.

With qualitative studies, credibility may be a limitation (Wirihana et al., 2018). To minimize this limitation, I used member checking. Another limitation was that the study would take place in small rural communities in southwest Virginia. Surrounding localities that may have had women to meet the criteria were not included. African American women in urban and suburban areas were also not included. The type of DV experienced was not a criterion for participants' eligibility to share in the study. Due to this, strategies used cannot be pinpointed to one type of abuse as identified by the CDC (2019).

In addition, I acknowledge my biases in the study. I share the same race and cultural background as the participants. Also, I have survived DV. I minimized this limitation by keeping a reflective journal. I discuss biases in the study in Chapter 3.

Significance

There is limited information on the coping strategies of African American women DV survivors living in a rural community. Most research in the field of DV has been

focused on urban and suburban areas (Dubois et al., 2019). Knowledge gained from this research can provide information regarding the strategies used to cope with DV by African American women in rural areas in the United States with limited professional resources. Information from the findings contribute to existing knowledge in the field of DV research by including literature regarding how women in rural communities with limited professional resources cope with DV. Results from this study could contribute to positive social change and social determinants of health. Information obtained from this study could be used to inform other victims dealing with DV, particularly in rural areas where resources to address the effects of DV are limited. Human service professionals, community leaders, and civic leaders could use the information to advocate for services, programs, and educational avenues to train, inform, and educate mental health, human services, and other professionals on strategies that women could potentially use to cope with and survive DV.

Summary

In this chapter, I provided an introduction and background for the study. This generic qualitative study was conducted to discover the coping strategies of African American women DV survivors who live in a rural community. Strategies such as avoidance, street prescription medication, available resources, relationship with God, social groups, family, self-blame, comparison to others, and avoidance have been revealed in previous studies (Crann & Barata, 2016; Edwards, 2015; Lim et al., 2015). However, there is limited research on the coping strategies used by African American

women who live in rural communities (Edwards, 2015). The research question and purpose of the study were identified in this chapter.

The theoretical framework for this study was the premises of the superwoman schema (Woods-Giscombe, 2010) and adult resilience theory (Taormina, 2015). This framework was used to address the concept that African American women have an innate ability to overcome adversity and to do so with ease. The adult resilience theory provided a basis for the idea that characteristics of bouncing back manifest when African American women are met with adverse events.

The most significant limitation of this study was that it cannot be generalized to every woman survivor of DV. Only African American women who attest to being a survivor of DV and who live in a small rural community in southwest Virginia were allowed to participate in the study. The operational definitions, assumptions, scope, and delimitations of this research study are also addressed. In Chapter 2, a review of relevant literature is presented.

Chapter 2: Literature Review

Introduction

This generic qualitative study was conducted to determine the strategies used to cope with DV among African American women who have survived DV living in a rural community with limited professional resources. Research has revealed that DV in the African American community occurs at a higher rate than among their Caucasian counterparts. (Mushonga et al., 2021). African American women are less likely than women of other races to support victims of DV (Pickover et al., 2021). DV exposed African American women report smaller, less supportive social networks. Little is known about the methods that African American women living in rural areas with limited professional resources use to mitigate DV (Crann & Barata (2016).

In this chapter, I present the search strategy used to conduct the literature review. Next, I discuss the conceptual framework for this study. Then, I present literature defining DV and discuss the theoretical framework, types of DV, statistics associated with African American women who have survived DV, the prevalence of DV, types of DV, consequences of DV, strategies for coping with DV, and barriers to access for services related to DV. I complete this chapter with a summary of all significant components of this literature review.

Literature Search Strategy

I used several different search strategies to complete this literature review. The keywords and phrases I used to locate relevant literature were *African American women, domestic violence, coping skills, coping methods, studies, intimate partner violence,*

Black women, strong Black women, domestic violence against women, theoretical framework, spouse abuse, resilience, coping, and *coping mechanisms*. PsyARTICLES, EBSCO, SocINDEX full text, SAGE full-text collections, ProQuest, and MEDLINE/PubMed databases were accessed through the Walden University Library. I accessed Google Scholar and searched within publication dates in the past 5 years (2015–2021) to further my search for peer-reviewed journal articles relevant to my study. The majority of articles used were within a 5-year time frame; however, I identified articles and foundational information from articles whose publication exceeded 5 years. Specific journals such as *Journal of Women's Health, Journal of Black Psychology, Violence Against Women, Criminal Justice and Behavior, Homicide Studies, Journal of Black Studies, African American Review, The Western Journal of Black Studies, Social Work & Christianity, Journal of Aggression, Maltreatment & Trauma, Journal of Family Violence,* and *African American Law and Policy* were selected for my search of journal articles for my study. The decision to search within these specific journals was based upon the relationship of their content with the focus of my study.

Sources of information included peer-reviewed journal articles, books, local and federal government statistics, and dissertations. I reviewed published dissertations found using keywords such as *intimate partner violence, domestic violence, African American, African American women, African American communities, mental health, rural,* and *urban* to peruse the journal articles of researchers to aid in my research. Sources retrieved were sorted by relevance to this study, are listed in the references section of this dissertation, and provide the foundation of this literature review. During my research,

there were very few articles published in the past 5 years on the coping strategies used by African American women DV survivors living in a rural community.

Theoretical Framework

For this study, premises from the superwoman schema (Woods-Giscombe, 2010), and adult resilience theory (Taormina, 2015) were used to guide the research. Premises of the superwoman schema (Woods-Giscombe, 2010) were selected because they address cultural factors and societal perceptions that may explain the coping strategies used by African American women who have survived DV. Adult resilience theory (Taormina, 2015) was highlighted to help explain the ability to overcome adverse events (bounce back) in adults. I present details about each theory in the succeeding sections.

Adult Resilience Theory

Early studies on resilience were conducted with and applied to children who had one parent who suffered from schizophrenia (Taormina, 2015; Tsirigotis & Luczak, 2018). Resiliency theory has been applied to the adult population since the publication of Werner's (1989) study (Oginska-Bulik & Kobylarczyk, 2019). Taormina (2015) outlined the theory of adult personal resilience. Adult personal resilience is a multidimensional construct made up of four components: determination, endurance, adaptability, and recuperability (Taormina, 2015). Determination is having the willpower to persevere. Endurance is the personal strength one has to survive. Adaptability is having the flexibility and resourcefulness to cope with adverse situations. Recuperability is the ability to recover from adversity physically and mentally.

Ungar (2017) described adult resilience as that which is on the inside and what individuals do to awaken it. Ungar considered resilience as a frame of reference to explain how some adults have positive outcomes in negative situations. Ungar posited that cultural acceptance and approval are significant factors when coping strategies are utilized that exemplify strength. Individuals may be thought of as weak or vulnerable if they use methods contrary to those that are culturally acceptable.

Strong Black Woman Schema

African American women tend to display strength and self-reliance in response to negative life events (Carter & Rossi, 2019). The SBW schema originated out of the work of Woods-Giscombe (2010). The purpose of the study was to determine how women characterize the superwoman role, what they believe to be the contributing contextual factors, and what women describe as the benefits and liabilities of this role in relation to their general well-being (Woods-Giscombe, 2010). The qualitative study was conducted from December 2006 through June 2007 and consisted of 48 participants ages 19 to 72. Education, employment, marital status, and gross income varied. Participants made up eight focus groups. The topic of discussion in each group was one of five areas: (a) obligation to manifest strength, (b) obligation to suppress emotions, (c) resistance to being vulnerable or dependent, (d) determination to succeed despite limited resources, and (e) obligation to help others (Woods-Giscombe, 2010). The findings revealed that the superwoman role is complex (Woods-Giscombe, 2010). Corroboration of previous research findings showed strength, perseverance, and self-reliance among African American women. Participants reported both positive and negative attributes. Positive

attributes were the preservation of family, self, and community; negative attributes were strain in relationships and stress (Woods-Giscombe, 2010).

Several researchers have employed the superwoman schema in studies related to African American women (Brown, 2016; Carter & Rossi, 2019; Donovan & Daniel, 2016; Liao et al., 2020). Findings have revealed that, as a coping strategy, individual endorsement of the superwoman schema can have positive or negative outcomes (Donovan & Daniel, 2016). Empirical findings have demonstrated that the SBW stereotype has prompted African American women to display strength and self-reliance in response to stressors (Liao et al., 2020).

Brown (2016) described the attitudes of the SBW concept as derived from a belief system that women should be strong and overcome adversity. African American women have reported that SBW has been the factor that has kept them safe and perceived as strong (Watson & Hunter, 2015). SBW has the connotation of being a good thing; however, evidence has shown negative consequences associated with it (Donovan & West, 2015; West et al., 2016). Liao et al. (2020) described SBW as "a race-gender schema that prescribes culturally specific feminine expectations for African American women, including unyielding strength, assumption of multiple roles, and caring for others" (p 84). Characteristics of strength consist of the determination to succeed, self-control, work ethic, and independence; caregiving is defined as sacrificing the needs of oneself for the needs of others. Liao et al. posited that those who embrace SBW can survive adverse situations with limited help and conversely provide support to others without reciprocity.

West et al. (2016) postulated that SBW has both negative and positive connotations. Through West et al.'s thematic analysis, definitions of SBW emerged including independent, strong, hardworking, and caring. Despite the positive definitions, negative health outcomes were revealed by the majority of the 90 Black women participants (West et al., 2016). Carter and Rossi (2019) found that while cultural images of the Black woman as the SBW or Superwoman were created as weapons of oppression, the references provide strength and motivation to adopt positive coping strategies for African American women. Carter and Rossi posited that SBW is neither all bad nor all good and suggested that SBW is a concept that is embraced by Black women and has become an art when responding to physical and psychological adversities.

SBW constructs have been used as a risk factor for negative physical and mental health outcomes (Donovan & West, 2015; Watson & Hunter, 2015). Abrams et al. (2019) conducted a study with 194 participants who self-certified their identification with the Black race to find evidence of the impact of SBW and Black women's mental health, one of the long-lasting effects of DV. In the study, 80% of participants identified as an SBW (Abrams et al., 2019). The findings suggested an overwhelming feeling experienced by a Black woman when fulfilling the SBW expectation.

Literature Review

Prevalence of DV

DV includes a range of actions such as physical abuse, coercive behavior, psychological or emotional abuse, intimidation, and threats of harm designed to harm another person (Juzwiak, 2017; Tsirigotis & Luczak, 2018) as well as physical or sexual

assault (Crossman et al., 2016). The term *domestic violence* is used interchangeably with the phrase *intimate partner violence* and is defined as an attempt to dominate or control a human being or intimate partner through physical, psychological, and/or moral means or threats (Mills et al., 2018; Valandra et al., 2019). DV is a widespread problem that affects people regardless of gender, color, race, religion, age, socioeconomic status, or otherwise (Little, 2017; Weiss et al., 2017).

Mpondo et al. (2016) described DV as an offense committed between individuals who may have a personal relationship with one another. DV is understood as all acts of physical, sexual, psychological, or economic violence that occur within the family or domestic unit or former or current spouses or partners, whether or not cohabitation exists or existed (Tsirigotis & Luczak, 2018). In a study of 7,758 women (CDC, 2014), 31.5% reported a history of DV, and 47.1% admitted to at least one episode of psychological abuse. In the United States, 29.1% of African American women reported a lifetime of abuse in comparison to 7.7% for Latino women and 4.8% for Asian women (Bagwell-Gay et al., 2015). DV is a risk factor leading to suicide among African American women (Stockman et al., 2015).

According to the U.S. Census Bureau (2015), 13.2% of the female population is African American. Of this number, 35% of African American women have reported incidents of DV. Rates of DV toward African American women are 35% higher than among Caucasian women and more than twice higher than women of other races. DV is the leading cause of death among African American women ages 14–35 (Mills et al., 2018; Mushonga et al., 2021).

Forty-five million women have experienced some form of sexual violence, physical violence, and/or stalking by an intimate partner at some point in their lives (Chen et al., 2020). Approximately 45% of African American women have experienced sexual or physical violence and/or stalking by an intimate partner throughout their lifetime (Mushonga et al., 2021). Of the 29.4% reported women homicide victims ages 18–29, the number of non-Hispanic Blacks and Hispanics surpassed that of other races (CDC, 2017).

DV accounts for more than half of homicides of women in the United States (Bronson, 2021). The majority of DV homicides occur between heterosexual couples, most frequently involving a male perpetrator and a woman partner (Bronson, 2021; CDC, 2017). The United Nations estimates that at least 87,000 women are deliberately murdered each year, more than half of whom (58% of 50,000) are murdered by an intimate partner or family member. Recent research on homicide trends denotes that DV-related femicides may be increasing, with a 16% rise noticed from 2014 (1,875 deaths) to 2017 (2,237 deaths).

Types of DV

There are different types of DV that individuals experience (Arroyo et al; 2017; Tsirigotis & Luczak, 2018). DV can take many forms including physical, sexual, verbal/emotional, mental/psychological, financial/economic, and stalking. The four types of violence as defined by the CDC (2019) are physical violence, sexual abuse, stalking, and psychological aggression. In the succeeding few paragraphs, I will describe the four types of DV identified by the CDC.

Psychological Aggression

The CDC (2019) defines psychological aggression as any form of violence committed by a partner that consists of verbal or non-verbal communication used with the intent to harm mentally and/or exert control over that person. Humiliating the DV survivor, controlling the actions of the survivor, isolation, and other tactics to make the survivor feel embarrassed are considered forms of psychological abuse. Psychological abuse is often minimized by individuals in part because the signs are not as prominent as physical abuse; however, research has shown it is highly significant (Mills et al., 2018). Psychological abuse consists of behaviors that are enacted upon a partner with the intent to coerce, control, threaten, manipulate, monitor, blame, intimidate, isolate, and humiliate (Mill et al., 2018; Neill & Hammatt, 2015). Psychological aggression has been linked to maladaptive coping strategies such as drinking, smoking, substance abuse, and promiscuousness (Tsirigotis & Luczak, 2018).

Physical Violence

The phrase physical violence refers to the use of physical force to perpetuate suffering, harm, or bodily injury to the victim (CDC, 2019). Examples of physical violence include hitting with a fist, threatening with a knife, or the use of any type of weapon (Lacey et al., 2016; Tsirigotis & Luczak, 2018). Approximately 41% of women DV survivors experienced some form of physical injury related to DV (Substance Abuse and Mental Health Services, 2020). Lacey et al. (2015) found that physical violence was more harmful than other forms of violence and had lasting effects on women and their families. Women survivors also experienced other physical injuries including back or

pelvic pain, gastrointestinal pain, bladder and kidney infections, cardiovascular disease, and joint disease (Chen et al., 2020; Stockman et al., 2015). Psychological and physical abuse are extremely connected (Mills, et al., 2018).

Sexual Abuse

According to the CDC (2020), about 1 in 5 women has experienced sexual violence which refers to a sexual act committed or attempted by another person without the victim's consent or against a person who is unable to give permission. Furthermore, sexual violence, which is also labeled as rape, includes forced and unwanted sexual acts by which a person was unable to give consent due to forced or unforced consent. Finally, a victim may not be able to give consent due to reasons that include their age, physical condition, disability, consciousness, or lack of awareness.

Stalking

Stalking is a form of violence that is becoming more prevalent among intimate partners (CDC, 2019). Stalking consists of unwanted attention that causes survivors to fear for their safety (CDC, 2020). In the United States, more than 19 million women have been stalked (Chen et al., 2020). Stalking consists of behaviors that include repeated phone calling, overuse of text messaging, random emails, and messaging the survivor when she does not want it (CDC, 2020). Other acts considered stalking are appearing at places without the survivor's consent or knowledge, such as work or school, and spying on the survivor, family members, and friends. Stalking has become a significantly complex psychological and legal matter for most women (Owens, 2016).

Consequences of DV

Beyond the actual experience of IPV, the impact of these types of violence can be lifelong (Chen et al., 2020). The initial impact of DV may require legal, housing, and crisis or advocacy services. DV is problematic because of the mental and physical health consequences which can be long-lasting (Howell et al., 2018; Tsirigotis & Luczak, 2018). Health impacts of DV include negative physical health outcomes ranging from acute trauma and injury to chronic neurological, gastrointestinal, and reproductive health disorders (Chen et al., 2020). Mental health consequences such as fear, depression, PTSD, anxiety, and substance abuse have been associated with DV. Sexual violence can result in sexually transmitted diseases and pregnancy and is associated with poorer pregnancy outcomes, such as delays in seeking prenatal care, preterm birth, low birth weight, and neonatal death.

Practitioners and emerging qualitative researchers have for some time recognized that DV contributes to poverty, financial risk, and financial insecurity for women (Postmus et al., 2020). Henke and Hsu (2018) examined the income status of women from a California health survey and determined that women were less likely to experience DV and leave their abusive partners if they were educated and financially stable. Shah et al. (2018) conducted a qualitative study to examine the relationship between psychosis and DV. The researchers found that many individuals who experienced DV reported some type of psychotic distress.

The costs of DV against women alone has exceeded an estimated $5.8 billion in the year 1995 (National Center for Injury Prevention and Control, Division of Violence

Prevention, 2017). These costs included nearly $4.1 billion in the direct costs of medical and mental health care and nearly $1.8 billion in the indirect costs of low productivity. The increased annual health care costs for victims of DV can continue as many as 15 years after the end of abuse. Victims of severe DV lose nearly 8 million days of paid work—the equivalent of more than 32,000 full-time jobs and almost 5.6 million days of household productivity each year.

Strategies for Coping With DV

Researchers have been increasingly interested in determining what strategies DV survivors employ to cope (Flasch et al., 2017; Rizo et al., 2017). The primary literature reviews on coping strategies among African Americans who have survived DV have focused on social support, religion, and spirituality (Boss et al., 2017; de la Rosa et al., 2016; Mills et al., 2018). Religion and spirituality have been identified as the preferred coping strategies for African Americans (de la Rosa et al., 2016; Howell et al., 2018; Lacey et al., 2016; Van Hook, 2016). Avoidance, street prescription medication, available resources, being positive, refocusing energy, reframing the DV experience as a learning experience, acknowledging a keen sense of self, a relationship with God, and participation in social groups were identified methods of coping used by DV survivors (Bowland, 2015).

Coping with DV varies among individuals, and the methods utilized may be effective or ineffective (Schaefer et al., 2019). These researchers refer to effective and ineffective coping strategies as adaptive and maladaptive. Adaptive coping strategies are those that reduce the effects of DV. Maladaptive strategies are those that intensify the

effects of DV. The following subsections provide a review of literature on three types of adaptive coping (social support, family, church, and religion), and three types of maladaptive coping (self-blame, drug and alcohol abuse, and avoidance).

Adaptive Strategies for Coping

Adaptive coping strategies include seeking support whether formal or informal (Mushonga et al., 2021; Schaefer et al., 2019). Formal methods of coping include social support, church, and religion (Holt, 2018). One factor that may protect abused women from experiencing adverse outcomes is social support (Meier, 2016).

Social Support. Social support is a vital means of dealing with DV (Crann & Barata, 2016) and is crucial in the lives of many African American women (Howell et. al., 2018). Consistently, social support has been shown to help promote positive outcomes in adverse situations. Social support (emotional, financial, providing advice, or companionship) assist African American women and is a culturally relevant element (Howell et. al., 2018; Johnson et al., 2016). Social support is further characterized to include helping someone emotionally by listening with empathy, providing information, and offering tangible aid such as money or transportation (Banyard et al., 2019).

Jose and Novaco (2016) examined the relationship between resilience, psychological distress, and social support among 136 women victims of DV. Findings from the study revealed that 55% of the participants reported having someone to talk with, express love, someone with whom they could be transparent and forthcoming, and someone who made them feel accepted and needed. Over 40% of the participants endorsed the feeling of being strong and resilient enough to overcome the abuse of DV

(Jose & Novaco, 2016). The researchers observed that most women reported confidence in their personal strength and their ability to acclimate to change, deal with whatever comes their way, bounce back from adversity, and achieve regardless of obstacles. The results of this study are relevant to my study because the results provided empirical findings regarding resilience as a coping strategy for women facing issues resulting from DV. Jose and Novaco proposed that resilience is a conduit towards spirituality where a women survivor uses a bounce-back method once faced with an abusive situation. The researchers did not discuss African American women's experience with using spirituality to cope with DV. However, the findings from this study revealed that abused women could benefit from further exploration of adaptive coping methods that demonstrate resilience.

Results from the Jose and Novaco (2016) study were relevant to this study because the results provided empirical findings regarding the coping strategy for women facing issues related to DV. Jose and Novaro proposed that resilience is an avenue toward spirituality where a woman survivor using a bounce-back method once faced with an abusive situation. However, Jose and Novaco did not discuss African American women's lived experiences with using spirituality to cope with DV. However, the findings from the study revealed that abused women could benefit from further exploration of effective coping mechanisms that demonstrate a positive outcome (Jose & Novaco, 2016).

Family. Family has been identified as one of the strategies the survivor uses to cope with DV (Johnson et al., 2016). Postmus (2015) conducted an exploratory study using face-to-face interviews to determine to whom and/or where women of African

American, Caucasian, and Latin heritages disclosed victimization. Findings revealed that formal sources were not the avenues of choice by these groups of women. Postmus revealed that African Americans were more apt to disclose experiences of DV to family than Caucasians. However, family and friends were the sources of choice by all groups. The important research of Postmus is relevant to my study as the findings revealed the need for more research to uncover how various cultures influence the decision of DV victims to cope.

African American women are more likely than any other ethnic group to tell friends and family of their abuse (Monterrosa, 2021). Monterrosa conducted a qualitative study involving African American, and Caucasian women to determine if stereotyping affected the decisions of the DV survivors to tell family and friends of the abuse they endured. Findings revealed that both groups of women were affected by stereotyping. The African American women chose not to seek formal support as it was considered to make them appear weak in contrast to the strong woman label associated with them. While both groups told of their ordeal to family and friends, in contrast to their counterparts, African American women did not seek any formal support in addition to the informal support of family and friends. This study is relevant to my study as the findings revealed family and friends as a method of coping for African American women DV survivors.

Church and Religion. Church and religion have been an integral part of the lives of African Americans since slavery (Avent & Cashwell, 2015; Bent-Goodley et al., 2015) and has been identified as a strong coping mechanism for many African American

women (Liao et al., 2020; Mushonga et al., 2021). The church has served as a safe haven, and refuge for nearly 80% of African Americans who have identified religion as an important aspect of their lives (Avent & Cashwell, 2015). Abrams et al. (2019) suggest that Black women often turn to religion to sustain their strength.

Blakely (2016) examined how African American women with histories of trauma and substance abuse used spirituality as a coping mechanism. Blakely examined the impact of both positive and negative spiritual coping. Findings revealed that positive spiritual coping occurs when individuals believe in and look to a higher power to find relief from life stressors. Results from the Blakely study also revealed that positive spirituality could be an effective mode of recovery in two ways. First spirituality enabled the women to reconnect with spiritual practices that once offered them comfort. Second, Blakely found that spirituality helped women find purpose and meaning in their lives. Experiences of trauma often cause the victim to question the meaning and purpose of their life.

Holt et al. (2017) stated that while using effective religious coping methods to assist with the relief of stress has produced favorable outcomes, they do not always relate to a higher level of well-being. Using a quantitative method, Holt et al. examined the correlation between religious practices as a coping mechanism and health outcomes in African American women. Results from the Holt et al. study also revealed that positive religious coping may change over time and because of the changes, the well-being of African American women may be at risk. This study is relevant to my study in that it

supports the assertion that religion is a possible coping strategy used by African American DV survivors.

According to Taylor et al. (2017), individuals who have developed relationships with fellow church members offered and received support from one another. Taylor et al. examined four types of support (e.g., transportation assistance, financial assistance, help with chores, and support during illness) among church parishioners using a quantitative method. Through surveys, information about supportive relationships among African American church members was gathered. Taylor et al. found that African American church members provided and received support during a fellow member's illness. Findings from Taylor et al. exhibited how church members may serve as significant forms of social support for African Americans. The study by Taylor et al. (2017) is relevant to my study in that it provides empirical results on the use of church and religion as a coping mechanism.

The Religion and Violence E-learning project (2017) provides some of the most convincing statistics about the DV population. In research conducted over a span of fifteen years, researchers found that 9.3% of pastors have counseled five or more DV victims within the preceding year. Of the participants, 83.2% have counseled at least one abused woman. Pastors believe one out of five couples who are part of their congregation is violent.

Maladaptive Strategies for Coping

To combat feelings of stress brought on by DV, African American women develop coping mechanisms (Weiss et al., 2017). In addition to strategies that are

primarily considered positive (social support, religion), negative alternatives are exercised. Self-blame, drug and alcohol use, and avoidance are three which are identified in previous research (Mills et al., 2018).

In a qualitative study conducted by Mushonga et al. (2021), both maladaptive and adaptive coping strategies were emergent themes. The purpose of the study was to understand the lived experiences of African American women surviving DV. Parenthood, spirituality, and thankfulness were adaptive themes that emerged. Maladaptive themes that emerged were suppression, isolation, and mistrust. Limitations to the research were that the findings could not be generalized outside the sample, and the age of the participants. Suggestions for future research with African American women DV survivors are to understand perceptions of maladaptive coping methods and why they are considered effective and how this is affected by cultures. Findings from the study may inform practitioners about various coping mechanisms used by African American women survivors of DV.

Self-Blame. According to Mills et al. (2018), there are several methods African American women may use to cope with DV. The strategies commonly used are self-blame, other-blame, rumination, catastrophizing, putting into perspective, positive refocusing, positive reappraisal, acceptance, and refocus on planning. Women who have had DV exposure with several partners report high levels of self-blame, depression, and substance abuse (Howell et al., 2018).

Drug and Alcohol Abuse. Survivors have reported a myriad of emotions and feelings from their DV experience (NCADV, 2018). Survivors endure these same

emotions and feelings long after the abuse has ended. Frequently, women turn to drugs and alcohol abuse to numb the effects of trauma (Blakey, 2016). Substance abuse was identified as one of the many disorders to which women who have survived trauma are susceptible. Weiss et al. (2015) reported that women who endure DV are significantly at risk for substance abuse. Substance abuse affects all races of DV victims and survivors (Mills et al., 2018).

Carvalho et al. (2019) conducted a qualitative study to understand the strategies used by women who used drugs and/or alcohol to cope with DV. The majority of the participants (16 out of 19) identified themselves as black. The results of the study revealed that drug and alcohol dependency was a strategy of control. Participants stated that escape from reality and time to get their emotions intact were the key reasons for their maladaptive behavior.

Avoidance. Mills et al. (2018) defined avoidance as ignoring or withdrawing from stressful situations or events. Of their counterparts, African American women reported the most use of avoidance in coping with DV (Weiss et al., 2017). Avoidance is associated with an increased risk of psychological instability among trauma survivors (Giurgescu et al., 2015). After enduring a stressful event, some African American women find it hard to internalize the event, choose to deny the incident occurred, and avoid discussing it. Giurgescu et al. examined the level of depression developed, resulting from DV in pregnant African American women during various trimesters. The researchers found that women who used avoidance coping between their second and third trimesters had higher levels of depression.

Barriers to Access to Services Related to DV

Geography plays an important role with survivors of DV (Reckdenwald, 2018; Strand & Storey, 2018). Rural communities having less access to services and support, and increased experiences of isolation present a barrier to finding resources to help with DV survival (Murphy-Erby et al., 2019; Ragavan et al., 2020). In rural areas, the recognition of the need for more and improved services is essential to change. The belief that rural areas are calm, free of violence, and contributing social problems may be a sizeable barrier to the development and implementation of human, social, and health services (Neill & Hammatt, 2015).

Survivors living in a rural area had more difficulty accessing services than their urban and suburban counterparts (Banyard et al., 2019). An estimated 19.3% percent of the population in the United States resides in a rural area (Hansen & Lory, 2018). The lack of transportation, racism, social isolation, the presence of compassionate and informed healthcare providers, environment, and distance to service providers prohibit victims from seeking and receiving formal help (Banyard et al., 2019; Monterrosa, 2021; Neill & Hammatt, 2015). Abrams et al. (2019) suggested that African American women are subtly discouraged from bothering others with their emotional needs due to the perception of being strong. One barrier that weighs heavily within the African American community is the idea that all black women are strong, or the ideal referred to as the SBW.

Rural Barriers

Access to resources may be limited to individuals living in rural areas by transportation, finances, fear, and distance, and has been a long-standing issue (Hansen & Lory, 2020; Strand and Storey, 2018). The results of a quantitative study conducted by Strand and Storey (2018) revealed that the severity and risk factors of DV were increased by those living in a rural area due to the time elapsed between the offense and reporting it to the police. This delay may be due to the lack of available services. After an in-depth search, I found a gap in the literature of qualitative studies examining the context of the following barriers for African American women coping with DV, who reside in a rural area.

Finances. A lack of finances has been a long-standing problem in most rural areas (Hansen & Lory, 2020). Service providers are underpaid, and services are limited due to a lack of or low funding. With 97% of the total land mass in the United States being rural, the coverage area is wide, but the services offered are limited. Distance creates an issue of consistent and effective treatment for DV victims and survivors.

Fear. African American DV survivors fear what relatives and friends will think, retaliation by abusers, stereotyping by law enforcement and the community (Monterrosa, 2021). The fear of being labeled a bad parent or homewrecker culminated with the fear that their abuser will be arrested and be subjected to being labeled as the typical abusive black man exists. Survivors fear that if they report the abuse, their perpetrator will find out and induce worse harm (Reckdenwald et al. 2018). Monterrosa (2021) conducted a qualitative study to explore how black and white women navigate through stereotypes

and seek help due to DV. Fifteen women (5 white and 10 black) were interviewed. Findings revealed that stereotyping is a barrier to seeking formal help.

Summary

In this chapter, I summarized some of the current literature regarding DV. The topics included the prevalence of DV, types of DV, consequences of DV, strategies for coping with DV, and barriers to access to services related to DV. The subtopics of social support, family, church and religion, drug and alcohol abuse, avoidance, finances, and fear were also included to further outline what has already been identified as coping strategies of DV victims and survivors but not directly attributed to rural areas or qualitative studies. In the next chapter, I explain the study's research method, design, rationale, researcher's role, questions, study context, sampling, sampling criteria, data collection, data procedures, participation recruitment strategy, and issues of trustworthiness.

Chapter 3: Research Method

Introduction

The purpose of this generic qualitative study was to determine the strategies used to cope with DV among African American women who are survivors of DV living in rural areas with limited professional resources. For this study, a generic qualitative method was used. A generic qualitative method is by definition "not bonded or defined strictly enough to be called methodologies; they are less defined and established" (Kahlke, 2014, p. 38). Researchers using this approach seek to understand how people interpret or make meaning of their experiences. Flexibility and combining tools and techniques from other methodologies are components of generic qualitative approaches. Qualitative inquiries are used to attain the perceptions and individual experiences of participants (Aagard & Matthiesen, 2016). In this study, data were collected through personal interviews of African American women who are DV survivors living in a rural area with limited professional resources regarding the strategies they have used to cope with DV. Findings from this research would contribute to knowledge in the field and fill a gap in the literature by providing information on how African American women living in rural areas with limited professional resources seek interventions and support to help them cope with DV. The applicability of the generic qualitative approach for this study is discussed more in-depth in this chapter. The research question, research methodology, role of the researcher, participant selection, data collection, procedure, data analysis, trustworthiness, and ethical concerns are the components found in this chapter.

Research Design and Rationale

I developed the following research question to guide this generic qualitative study: What strategies do African American women survivors of DV living in rural areas with limited professional resources use to cope with DV? For this study, I selected the qualitative method as opposed to quantitative or mixed methods. Qualitative research is believed to be most appropriate when little is known about a given phenomenon (Wong & Chang, 2016). This type of approach allows a researcher to explore topics from the perspectives of the individuals and allows for rich, in-depth understanding of the social, emotional, and cultural context associated with their experiences. Qualitative studies are conducive when little is known about a phenomenon (Wong & Chang, 2016).

More specifically, I used the generic qualitative method. Researchers using the generic qualitative method seek to gain an understanding of how people interpret or make meaning of their experiences (Kahlke, 2014). This method of study explores the attitudes, beliefs, and reflections of the external aspect of the experience and allows a researcher to capture the perspectives of several participants who have the same experience (Aveling et al., 2015; Percy et al., 2015). Generic qualitative research allows latitude for a researcher to incorporate various forms of methodology (Kahlke, 2014). These types of studies are less defined and traditional.

I did not select a quantitative study because, in this type of study, participants are not allowed to express their thoughts, perceptions, and personal experiences (Wong & Chong, 2019). The foundation of this study was to hear from the participants how they

coped with DV. A quantitative study would not allow for the personal accounts of the participants (Yin, 2016).

This study was designed to explore the coping strategies of African American women DV survivors living in a rural area by conducting personal, face-to-face interviews to gather data. A case study was not applicable as the coping strategies of several women were sought as opposed to only one (Percy et al., 2015). Ethnography was inappropriate as this was not a study of an entire culture. Grounded theory researchers use data from people to formulate a theory, but seeking a theory to explain the process used by the participants was not the intent of the study. An existing theory was used as a foundation for this research instead. Phenomenology is used to investigate the lived experiences or the inner feelings of participants. In this study, I sought the external view, the outcome of the experience from the voice of the affected person. Most studies on this phenomenon concentrate on survivors who reside in urban areas where multiple resources are available (Goodson & Bouffard, 2020). This study was focused on survivors who reside in rural areas where help resources are limited.

Role of the Researcher

The role of the researcher is critical in ensuring the credibility of a generic qualitative study (Chenail, 2011). As the researcher, I was responsible for asking relevant open-ended questions that allowed the participants the freedom to elaborate. The researcher is the primary data collection instrument, and the identification of personal values, assumptions, and biases must be made at the onset of a study (Berger, 2015). I was the sole researcher for this study. I developed 13 open-ended interview questions

(Appendix B), and I recruited the participants (see Appendix A), conducted the interviews, transcribed the interviews, coded the data, and wrote the results and discussion. To receive rich, in-depth data, I built rapport with the participants. I did not have any personal, professional, supervisory, or instructor relationships with any of the participants.

Researcher Bias

Researcher bias occurs when a researcher attempts to skew the study based on personal experiences or perceptions (Yin, 2016). My perspectives, beliefs regarding DV, and experiences could create researcher bias. I am aware that any biases and perceptions of African American women survivors living in a rural area are shaped by my own experience and observations of my female elders. My personal and professional involvement with the topic of coping with and surviving DV stemmed from my interactions with relatives who had experiences with DV, as well as my own experiences. Hearing stories of how DV had been acceptable in my immediate community and dealing with my own issues prompted me to conduct some research into the professional services available in my area.

My curiosity about what women—particularly those who are similar in characteristics, physical features, and mindset to me—do to survive DV. I found that professional services were limited, and the programs to help survivors were elementary and more of a temporary solution as opposed to dealing with the long-term emotional and psychological effects of DV. Professional services were geared more toward physical abuse than other types of DV. Moreover, being of the African American community and

identifying with the SBW schema and the ideal of “what happens in the home stays in the home” or the “take it to your grave” mentality served collectively as a catalyst to research this phenomenon. I wondered what exactly African American women living in a rural community, such as the one in which I live, have done to cope with and survive DV.

I refrained from allowing such experiences, thoughts, and beliefs to affect the collection of the data by using member checking and bracketing. Bracketing is a method used in qualitative research to mitigate the potentially deleterious effects of preconceptions that may blemish the research process and should be initiated at the onset of the research planning (Burkholder et al., 2016; Sorsa et al., 2015). I performed bracketing by memoing. Memos are notes written primarily to the self during data collection and analysis that record descriptions of some aspect of the study environment or phenomenon as a researcher is seeing it. Notations are made when a word or phrase is said that the researcher requires clarification.

To prevent the unintentional application of biases during the interview process, I phrased the questions in a manner that would be impartial and non-leading. I also was the person examining the data and presenting the results. While examining the data, I ensured I saw what was presented and did not interject my own opinion. The examination of the data was where I took care not to allow any preconceived notions and personal experiences to influence data analysis.

I was trained in qualitative analytical skills to conduct the study. I have conducted interviews both in training through Walden University and in my work. I have participated in a face-to-face interview as a participant in a study conducted by a fellow

doctoral candidate. Listening skills have been part of my training at my job and through my studies at the various colleges and universities where I earned my degrees. I also have experience in facilitating workshops and training on subject matter including biases, conflict resolution, listening skills, communication, and accountability.

Methodology

Participant Selection Logic

In a generic qualitative study, a small purposeful sample is commonly used for data collection (Percy et al., 2015). A small sample size is suggested because the information collected is for understanding the depth and details of the experienced phenomenon and not for generalization. I planned to use a purposeful sample of six to eight African American women who have survived DV and who lived in a selected rural area. Participants' age, socioeconomic status, level of education, and whether they were currently in a relationship with their former abuser were not considered. Self-certification of being an African American woman living in the selected rural area and a survivor of DV made participants eligible.

A goal of qualitative research is to reach data saturation (Gentles et al., 2017). Determining the point of saturation is not an easy task (Guest et al., 2020). The moment to stop collecting data due to saturation is typically determined by a researcher's experience and knowledge. The sample size for a given study must be sufficient to attain this state. Saturation means exhausting the data to the point where no new themes emerge.

Researchers' opinions differ on the point at which saturation is reached. Islam and Aldaihani (2022) posited that the point of saturation occurs when the $n + 1$ interview is conducted, and there are no more new emerging themes brought out in the $n + 1$ interview. Peterson (2019) concluded that going beyond the point of saturation may be ideal as there may yet be interviewees who may contribute more to the in-depth richness of the data. Boddy (2016) suggested 12 or fewer participants is an appropriate number to achieve data saturation. For this study, I planned to interview six to eight participants (Guest et al., 2020). If saturation was not achieved with this number of participants, I planned to continue recruitment efforts until saturation was achieved.

During recruitment, inquiring individuals were provided with the details of the research. Interested women were asked three questions to determine eligibility: Have you experienced any form of DV? Were you residing in a rural area in southwest Virginia at the time of the abuse? Do you identify yourself as an African American woman?

Participants for the study were recruited using a purposeful sample approach requiring that they meet the study's criteria. Participants were identified from various potential personal and professional contacts in the southwest Virginia area. In qualitative research, purposeful sampling plays a key role in the selection process of potential participants (Percy et al., 2015). The selected criteria for all potential participants included African American women who survived DV and lived in the selected rural area.

Participants were recruited from a local gym, hair salon, and church community. Recruitment efforts included word of mouth and posting flyers that contained a description of the study, participation guidelines, and contact information of the

researcher. This study was open to the inclusion of snowball sampling to allow participants to recommend participation to other women who met the criteria (see Gentles et al., 2017).

Once participants were selected, they were contacted by email. After participants answered the four screening questions verifying the participation criteria, they were provided the time, place, and date for their interview. Participants were given instructions for arrival and what to expect after being admitted into the interview room. The informed consent form was sent via email to each participant. Participants were asked to respond with "I consent" prior to the interview.

Instrumentation

The instrument used to collect data for this study was semistructured interviews (See Appendix B). Interviews are a primary source of data for qualitative studies (Merriam & Tisdell, 2015). I developed the interview protocol guide, wrote the interview notes, and maintained a reflective journal. The interview guide helped guide the interview process (Canals, 2017). I developed a list of 13 open-ended questions and subquestions. To establish content validity, I piloted the questions by sending them to three individuals who have expertise in the field of DV, and qualitative methodology. One person is a representative from the local DV response center who works regularly with women who have been victims of DV. The second individual is a faculty member of an institution of higher learning with expertise in qualitative methods, and the third person is a licensed professional counselor. Two of the three expressed there were too many questions and that several could be combined or deleted. One of the three commented the questions

were good but posited the same response could be provided with less. Given the feedback, changes were made accordingly.

Approval was obtained from the Institutional Review Board (IRB) of Walden University to conduct the research prior to beginning (approval number 09-11-23-0564167). The IRB of Walden University is responsible for ensuring the research conducted by all its students complies with ethical standards and U.S. regulations (Walden University, 2021). Review and approval by the IRB are required prior to recruitment and the collection of data for all studies related to Walden University.

Procedures for Recruitment, Participants, and Data Collection

Participants were recruited from a local gym, hair salon, and a church community. Recruitment efforts included word of mouth and posting flyers (Appendix B) that contained a description of the study, participation guidelines, and my contact information. Permission was granted to post the recruitment flyer by a local salon owner, gym owner, and local church community.

Once IRB approval was given, I posted, with the permission of establishment owners or managers, the recruitment flyer (Appendix A). The flyers remained posted for 30 days. They were removed on Day 31. Data saturation was not reached before the 30 days. Potential participants who contacted me were screened by being asked four questions. Their answers met the criteria and contact information was written in my journal. Instructions on the date, time, and place of the interview were provided. Participants were sent via email the informed consent form. They were asked to review and respond to the email with “I consent.”

Interviews were face-to-face or via Zoom video conference call platform. Face-to-face interviews took place in the conference room of a local office where I have worked. Permission was requested and approved for the use of space to conduct interviews. The location was selected because of the restricted access to the building, privacy due to the closure of the building during the weekend, and open accessibility to me, which provided flexibility to meet with participants after work hours and on weekends. Most importantly, the location is in the center of the county. The interviews were audio-recorded and expected to last between 45 minutes to an hour. I kept a reflective journal to record any thoughts during and after the interviews. After the interviews, each interview was transcribed by me using the Microsoft application Excel.

Zoom video conference calls were utilized for those participants who either had scheduling barriers or were not able to physically meet face-to-face. Zoom calls are confidential and the ability to audio-record meetings was available. An added feature was transcription. Conveniences to participants desiring this method were that they would not have to leave their natural setting and the comfort they may have felt by not doing so. Zoom interviews took place in the privacy of my home and at the location of choice of the participant.

At the end of the interview, the participants were debriefed and asked if they had any questions. Debriefing is a method of providing a fuller explanation and purpose of the study after its conclusion (APA, 2020). Furthermore, it is an ethical consideration of participants to ensure that they are not harmed during the process. Considering the nature of this study, participants may have had painful memories.

If a participant became emotional as a result of answering the interview questions or reflecting on the DV, the interview would have been paused to allow the participant time to regain composure. I would have allowed some time to pass and ask if they were able to continue. The interview would resume if the participant agreed. I would have terminated the interview if she answered that she would rather not continue. I would provide each of the participants with the names and contact information of three local counseling centers after the interview.

I conducted a post-interview at the end of each session. During this time, I ensured that the audio recording worked properly and that it was of good quality. I also reviewed my notes for any unclear markings. The participant was notified in advance of the possibility of being called before the completion of transcription.

Data Analysis Plan

I conducted semistructured interviews to obtain data regarding strategies used to cope with DV from African American women survivors of DV living in rural areas with limited professional resources. Semistructured interviews are most suitable for a generic qualitative design (Percy et al., 2015). The method used by me to analyze data was paramount in establishing reliability and credibility (see Wirihana et al., 2018). I began the process by manually transcribing the interviews. By having this written record, I was able to refer to it often as I analyzed the data.

A challenge exists in making sense of a mass amount of data (Percy et al., 2015). There is no exact recipe for reducing large amounts of data, removing unrelated information, and identifying pertinent themes and patterns—all to present the results of

the study. The data collected were analyzed using thematic analysis. Thematic analysis is the process typically used to analyze qualitative data. This type of analysis is a generic approach that may form the basis for different kinds of qualitative understanding. I used inductive analysis to determine themes. This type of analysis is driven by the data and does not attempt to fit into any preexisting category. I reviewed and familiarized myself with all the data, including all notes (Theron, 2015). Then, I wrote down themes that emerged from the data from each interview. From this cluster, I highlighted like themes. Next, I organized the themes and gave them each a description. I again went through the process, removing any themes that appeared to be duplicates. This process was completed for each participant.

During transcription, I was cognizant of transcribing the responses exactly as given by the interviewee. Proper grammar is not typically the way people speak and I took care to deter from this practice (see Theron, 2015). Verbatim transcriptions are imperative as this is the raw data that I sought for this study.

Following the transcription, I analyzed the data using Colaizzi's (1978) seven-step approach. Colaizzi's method affords detailed analysis. This method of data analysis enables new knowledge to be revealed (Wirihana et al., 2018). Credibility, dependability, confirmability, and transferability were achieved through adherence to Colazzi's seven-step procedure of data analysis:

- Step 1: Reading over the data provided by the participants several times. The transcripts of the interviews were read and reread several times. This helped to ensure accuracy in the exact wording of the participants.

- Step 2: Identification of directly relevant statements. Care was taken to identify statements that were directly related to the participants' experiences.
- Step 3: Formulate the meaning of the statements to the phenomenon.
- Step 4: Create cluster themes. Like themes were grouped together and then validated against the interview transcripts.
- Step 5: Write a full description of the phenomenon and incorporate the themes.
- Step 6: Condense the description. Review the relevant themes and remove any redundancies.
- Step 7: Validate the findings of the study through participant feedback. The findings were to be electronically mailed to each of the participants and a request would be made for them to make comments on their validity. This was referred to as member checking. I would have emailed the participants at the email provided to me and asked that I be informed of any misinterpretations of their responses and perspectives. I would offer to the participants to make any necessary corrections.

By using Colaizzi's method of analysis, a thorough description of the phenomenon was confirmed by the individuals who lived it. To assist with analyzing the data I used Microsoft Excel. A worksheet was created for each participant. Answers to the interview questions and emergent themes of each were included with a final tab with the summary of themes and findings.

Issues of Trustworthiness

The trustworthiness and validity of qualitative research depend on what the researcher sees and hears. One way to establish confirmability is to ensure no researcher bias (Amankwaa, 2016). Without trustworthiness, results from a study may appear to be inaccurate and invalid (Cope, 2014). It is important to interpret what the data tells the researcher in an unbiased way. Transcribing interviews and manually coding them helps to ensure a deep understanding of the interview content and participant intent (Burkholder et al., 2016). Trustworthiness is imperative in all studies (Stahl & King, 2020) and is the extent to which one can have confidence in the results of the study (Lincoln & Guba, 1985). A researcher must establish trustworthiness in studies by addressing the concepts of credibility, transferability, dependability, and confirmability.

Credibility

Credibility is the assessment of researcher findings to ensure data is a true interpretation of the collected data (Cope, 2014; Wirihana, 2018). Member checking, reflexivity, and peer debriefing are a few checking processes that can be used to establish credibility and trustworthiness in qualitative research. For this study, I used member checking and reflexivity.

Transferability

Transferability is achieved when those who are not part of the current study can associate findings from a study with their research or intended research and refers to the ability to apply its results to other conditions and populations (Cope, 2014; Stahl & King, 2020; Wirihana, 2018). I enhanced transferability in this study using an audit trail. The

use of an audit trail can increase the probability that the readers can determine whether the results may be transferred to other conditions and contexts. An audit trail documents all aspects of the research process including thick descriptions of the data analysis process, written notes on methodology, reflexive notes, and a log of all records created and/or edited throughout the study (Lincoln & Guba, 1985).

Dependability

Dependability in qualitative studies is defined as the reliability of the findings and how detailed the research procedures were chronicled allowing a reader to follow and audit the process of the study (Anney, 2014). Dependability may be enhanced when researchers are consistent throughout the research process (Colorafin & Evans, 2016). The use of the audit trail, which included notes, recordings, and reports, helped to enhance the dependability of the results from the study (Anney, 2014).

Confirmability

Confirmability is an approach to establishing trustworthiness and consistency in a study and is met when the study can be confirmed by other researchers (Connelly, 2016). Connelly asserted that confirmability of interpretations and findings is achieved by using methods such as audit trail, triangulation, reflexivity, and /or peer-debriefing. In a qualitative study, reflexivity can be achieved by recognizing self's ontology. Confirmability relates to a researcher's ability to convey that the study findings are of the participants' responses and not the biases or opinions of the researcher (Cope, 2014). To help achieve confirmability, I used a reflective journal to note my thinking throughout the study (see Lincoln & Guba, 1985).

Ethical Procedures

Research with human participants carries ethical concerns and implications (Sivasubramaniam et al., 2021). Ethical behavior is important to maintain research activities. Institutions of higher learning are expected to establish and enforce ethical guidance for studies conducted under their purview (Walden University, 2021). All research participants should be treated according to the ethical guidelines set forth by the National Organization for Human Services (NOHS, 2015). These codes have been designed as a guide to human service professionals to maintain ethical standards for clients, one another, students, the profession, the community, and self. Informed consent was obtained at the beginning of the interview process in accordance with Standard 2. I adhered to Standards 7 and 34; I did not impose upon the participant personal biases and remained aware of my own cultural background and beliefs. Respect and mindfulness of security, safety, and integrity were given in accordance with NOHS Standards 11 and 8. Participants were given contact information for counseling services post-interviewing, and interviews were kept private from the public. Participants were not recruited until IRB approval was given. The participants acknowledged their understanding of the purpose and nature of the research by responding with “I consent” to the email containing the informed consent form and were informed of the nature of confidentiality and the requirements of the study. To protect the confidentiality of the participants, each participant was assigned a number.

I ensured ethics remained a top priority throughout the study. This study involved a topic sensitive in nature (Walden University, 2021). Due to this criterion, ethical

awareness was heightened beginning with the IRB approval process and ending with the debriefing. After the interviews, each participant was given the names and contact information of three local resources that provide counseling sources to minimize harm. The informed consent form was emailed to each participant prior to the interview. Participants were reminded that participation in the study was strictly voluntary, and all discussions were confidential. Recordings and data were shared with my dissertation committee.

To ensure the security of data, only my dissertation committee and I had access to raw data. All data were secured in a locked file cabinet in my home and will be retained for a minimum of 5 years. Data were transported from the interview location to my home in a locked carry case. I will destroy all materials after the end of 5 years following publication in accordance with Walden University guidelines. Written material will be shredded using a cross-sectional shredder. Audio recordings will be erased by overwriting software.

Summary

In this chapter, I described the generic qualitative approach that was used to examine the strategies used by African American women in a rural community who have coped with and survived DV. A discussion of the research design and rationale, researcher bias, and methodology made up a portion of this chapter. Included with the methodology was the participant selection logic, instrumentation, procedures for recruitment and data collection, and the data analysis plan. Semistructured interview questions were guided by the research question: What strategies do African American

women survivors of DV living in rural areas with limited professional resources use to cope with DV? Issues of trustworthiness were included in this chapter with a detailed explanation of how credibility, transferability, dependability, and confirmability were addressed. Ethical procedures and a summary concluded Chapter 3. The goal of Chapter 4 is to provide the study results and demonstrate that the methodology described in Chapter 3 was followed.

Chapter 4: Results

Introduction

The purpose of this generic qualitative study was to explore the coping strategies used by African American women who have survived DV and lived in a rural community where there are few to no professional services. This study was designed to address the principal research question: What strategies do African American women survivors of DV living in rural areas with limited professional resources use to cope with DV? There were no subquestions.

Chapter 4 is outlined in seven sections. The chapter begins with an introduction. The second section is the setting. Demographics is the third section and includes the age, educational background, and current marital status of each participant. The participation criteria were for all participants to be African American, female, and currently or formerly living in a rural area. This section includes other characteristics relevant to the study. Data collection is the fourth section where the research instruments, recruitment process, and ethical considerations are included. Data analysis follows in the fifth section. Here the analysis process is explained and outlines the coding process and any thematic patterns that emerged during the analysis. The sixth section is evidence of trustworthiness where the process of credibility, dependability, confirmability, and transferability is outlined as stated in Chapter 3. The results are presented in the seventh section. Data are provided to support each finding. The chapter is completed with a summary of the answers to the research question.

Setting

The research setting for this study involved a specific population of adult women who are survivors of DV. All these women currently live in a rural area. Most of the participants still live in the area where their abuse took place. These women have faced and survived a common phenomenon. However, their perceptions may have influenced their experiences at the time of the study.

Flyers were posted to recruit participants at a hair salon, a gym, and church community. I used purposive and snowball sampling methodologies. Respondents expressed their willingness to participate in the study via email or phone. An informed consent form was emailed to seven of the eight participants, and they responded with "I consent." One of the participants was not computer savvy and elected to have the informed consent form read to her. Verbally, she consented to the interview. Her signature on the document solidified her understanding of the study and willingness to participate. Interviews were scheduled immediately upon receiving consent to participate. Two of the interviews were conducted via Zoom, and the other six were in person. All participants were made aware that the interviews would be recorded. Each participant was reminded that she could stop the interview at any time. Participants who elected to have their interviews conducted via Zoom were in their homes and assured they were in a safe and quiet space. I was in the privacy of my home office with no one else in the home. In-person interviews were conducted in a secure location as stated in Chapter 3.

Demographics

I collected the data using the interview guide (Appendix B). As demographic data collected indicate, the ages of the participants ranged from 25–69 and all were high school graduates. One participant had a medical certificate, one had an associate degree, one had a professional license, one had 3 years of college and two medical certifications, one had a bachelor's degree, and one had a master's degree. Only two of the eight were currently married. Each participant was assigned a number 1 through 8 to maintain confidentiality. The following are basic demographic information about each participant (see also Table 1):

- Participant 1 (P1) was 58 years old and divorced. She has a professional license. Her first experience with DV was at the age of 16. The participant no longer resides in the rural area where she experienced DV for the first time.
- Participant 2 (P2) was 54 years old and married. She has a medical certification. Her first experience with DV was over 20 years ago, which means she was in her late twenties or early thirties. The participant no longer resides in the rural area where she experienced DV for the first time.
- Participant 3 (P3) was 60 years old and separated. She has a bachelor's degree. She did not answer the question of when she first experienced DV. The participant resides in the rural area where she experienced DV for the first time.
- Participant 4 (P4) was 25 years old and single. She has two years of college and a medical certification. Her first experience with DV was at the age of 13. The participant resides in the rural area where she experienced DV for the first time.

- Participant 5 (P5) was 58 years old and divorced. She has a master's degree. Her first experience with DV was at the age of 20. The participant resides in the rural area where she experienced DV for the first time.
- Participant 6 (P6) was 27 years old and single. She has an associate degree. She did not recall when she first experienced DV. The participant no longer resides in the rural area where she experienced DV for the first time.
- Participant 7 (P7) was 55 years old and divorced. She has a high school diploma. She did not give an age as to when she first experienced DV but provided that it was during her marriage. The participant resides in the rural area where she experienced DV for the first time.
- Participant 8 (P8) was 69 years old and married. She has a high school diploma. Her first experience with DV was physical. The participant resides in the rural area where she experienced DV for the first time.

Table 1

Summary of Participants' Demographics

	Age	Marital status	Education	First experience with DV
P1	58	Divorced	Professional license	Was age 16
P2	54	Married	Medical certification	Over 20 years ago
P3	60	Separated	Single	Did not provide
P4	25	Single	2 years of college and a medical certification	Was age 13
P5	58	Divorced	Master's degree	Was age 20
P6	27	Single	Associate degree	Did not recall
P7	55	Divorced	High school diploma	During marriage
P8	69	Married	High school diploma	Physical

Data Collection

Data were collected using semistructured, in-person or Zoom-recorded, interviews conducted with eight participants. In-person interviews were conducted in a secure conference room of a local office where I have worked. Permission was granted both by the office manager and the Walden University IRB. Zoom interviews were conducted in private, safe locations as selected by the participant and me. I was at my private residence as were the two participants who selected interviewing via Zoom.

Interviews were scheduled immediately after the participants notified me of their interest in participating. Two participants learned of the study from the posted flyers while the others learned from these participants and others as they became participants. Snowball sampling was the method most utilized. All interviews were conducted within the 30-day timeframe for posting and removal of flyers. Flyers were promptly removed on the 31st day as stated in Chapter 3.

All interviews were systematically recorded using an iPhone 13 cell phone and subsequently transcribed by me using Excel as opposed to using software programs such as NVivo. This method allowed me to become more familiar with the answers provided and hear any voice inflections. Moreover, this method presented the opportunity for me to better understand the rich, in-depth data that had been provided by the participants and reified through the transcription process. No programs or equipment other than an iPhone 13, Excel, and Zoom were used for data collection. Manual transcription occurred using the process of playing the recording, typing the statements into an Excel document, and repeating as necessary until completed. The transcription process was completed by

playing the interview and reading the transcription simultaneously. Transcripts were refined and consolidated for codes, categories, and themes. Participants were told they would be sent a copy of their transcription after completion for their review. All declined with four participants responding, “I won’t remember anyway.” No unusual circumstances were encountered while collecting data.

The interview guide was used to ensure each question was asked the same way to each participant. The answers to four demographic questions were provided to me by the participants before the scheduled date and time of the interview. On average, interviews lasted from 9 to 20 minutes. Subquestions were asked as applicable. Care was taken to ask the questions slowly and clearly. However, if the participant made the request, a question was repeated as often as necessary. I allowed the participants to take their time in responding to the questions. None of the participants requested a suspension of their interview. Participants were debriefed at the close of the interview. All participants affirmed they were fine and did not require counseling services. During the post-interview procedure, I determined the recording equipment operated correctly and that the recording was of good quality. As a result, no follow-up calls to the participants had to be made. The only variation from the procedure for data collection as presented in Chapter 3 was member checking. Participants declined to receive a copy of their transcript. There were no other variations in data collection from the plan presented in the previous chapter. Data analysis followed the data collection phase.

Data Analysis

I conducted and recorded the interviews. The interview data underwent a manual transcription process by the researcher. The data were analyzed using thematic analysis and Colaizzi's seven-step procedure. After transcribing the interviews, I read through each one several times to identify codes. The first step after the completion of the interviews was to transcribe the data from the audio recordings. This was completed by playing the recordings repeatedly, typing the statements in an Excel document, and finalized by playing the recorded interview and reading from the Excel document simultaneously. Any corrections, including deletions or insertions of words, were completed. At the conclusion of each interview, recordings were briefly played in my and the participant's hearing to ensure the recording was clear. This helped to eliminate the need for follow-up interviews or for the participant to be contacted for clarification. Following Colaizzi's first step, each transcript was read over several times to help ensure accuracy in the exact wording of the participants.

The next step was to manually hand-code the transcriptions, generating initial codes and identifying relevant statements (Colaizzi, 1978). As per Colaizzi, the researcher identifies and extracts all statements that are of direct relevance to the phenomenon. This process was carefully completed for each of the eight interview transcriptions. As an added layer, again, the transcriptions were read as the recording was played. This helped me become more familiar with the provided data.

The third step was to formulate meaning of the statements about the phenomenon (Colaizzi, 1978). During this step, bracketing was necessary to ensure no underlying

biases were surfacing which may have affected my analysis. This step was necessary to avoid misinterpretation of the participant's viewpoint. These formulated meanings were coded and subsequently categorized. Codes and categories were submitted to the committee chairperson for correctness and clarity.

The fourth step was to create cluster themes (Colaizzi, 1978). Like themes were grouped together and then validated against the interview transcripts. Clusters were shrunk to emergent themes. In the fifth step, I wrote a full description of the phenomenon and incorporated the themes. I developed a thematic map to help in identifying emergent themes. The sixth step was to condense the description. I completed this by reviewing the themes and removing repetitiveness (Colaizzi, 1978).

The final step in Colaizzi's (1978) analysis was to validate the findings through participant feedback. During debriefing, participants declined to receive a copy of their respective interviews. Most of the participants responded they felt they would not recall what was said in the interview and to forgo sending it to them. The overall coding system developed for this study comprised of five themes, 18 subthemes, and 126 codes that aligned with the interview questions. The five themes identified were: (a) self-perception, (b) barriers and conditions, (c) types of coping, (d) motivations, and (e) supports and resources.

Theme 1: Self-Perception

There are four subthemes associated with Theme 1 (see Table 2): self-characteristics, self-actualization, self-view, and affirmation. Self-perception is how the participant saw herself through the abuse and afterward. The first subtheme, self-

actualization, corresponds with the information provided by the participants of their reality of the DV. It includes codes such as self-worth realization and abuse not personal. The second subtheme, self-characterization, identifies the age of the participant at the first occurrence of DV. It encompasses codes such as teenager, early twenties, and really young. The third subtheme, self-view, captures a distinguishing quality as identified by the participant. Codes associated with this subtheme are SBW, very independent, and strong. The fourth subtheme, affirmation, focuses on positive statements the participants identified with and includes strong-willed, not weak and say it out loud.

Table 2

Theme 1, Self-Perception

Subtheme	Subtheme description	# of codes	Codes (reference)
Self-actualization	This subtheme corresponds with the reality of DV as viewed by the participant	2	Self-worth realization (2)
Self-characteristics	This subtheme identifies the age at which DV took place	7	Abuse not personal (3) Teenager (2) Early twenties (1) Really young (1)
Self-view	This subtheme captures a distinguishing quality as identified by the participant	4	Strong black woman (2) Very independent (1) Determined (1)
Affirmation	This subtheme focuses on positive statements the participants identified with	3	Strong-willed (1) Not weak (1) Say it out loud (1)

Theme 2: Barriers and Conditions

There are six subthemes under Theme 2 (see Table 3): long-lasting effects, barriers, feelings, consideration of others, types of abuse, and cause. The first subtheme documents the lasting effects of the DV. It covers codes such as lasting effect, and long-lasting effect. The second subtheme, barriers, includes the obstacles that prevented the

participant from speaking out about the DV. Codes such as fear of relationship ending, no idea of available resources, cost of counseling, concern for mother and child, safety concerns, no concern about telling, pride, being ashamed, didn't want others to know, keep down conflict, unwanted family feedback, family interference, no barriers, what people thought of situation and how people were looking at her. The third subtheme, feelings, focuses on the emotional state of the participant during the DV experience. The codes associated with the subtheme include significant struggle, traumatic, ashamed, silence, felt controlled, unloved, scary feeling, hurt feelings, prideful, felt like in a shell, and out of place.

The fourth subtheme, consideration of others encapsulates the careful thoughts of the participants in deciding how to cope with DV. Codes included in this subtheme are concern of mother's feelings and child protection. The fifth subtheme is types of abuse. It identifies the types of DV endured by the participants. various forms, abuse is mental, verbal, and physical abuse are the codes that make up this subtheme. The sixth subtheme is cause. This subtheme indicates the actions that served as the catalyst to the DV. It includes the codes jealous of victim, mental illness, drugs, physical issues, mental attack, not in agreement, mental abuse, high on drugs, telling a woman resulted in getting hit, and alcohol abuse.

Table 3

Theme 2, Barriers and Conditions

Subtheme	Subtheme description	# of codes	Codes (reference)
Long-lasting effects	This subtheme documents the lasting effects of the DV	2	Lasting effect (1) Long-lasting effect (1)
Barriers	This subtheme includes the obstacles that prevented the participants from speaking about the DV	17	Fear of relationship ending (1) No idea of available resources (1) Cost of counseling (1) Concern for mother and child (1) Safety concerns (1) No concern about telling (1) Pride (1) Being ashamed (1) Didn't want others to know (2) Keep down conflict (1) Unwanted family feedback (1) Family interference (1) No barriers (2) What people thought of the situation (1) How people were looking at her (1)
Feelings	This subtheme focuses on the emotional state of the participant during the DV experience.	12	Significant struggle (1) Traumatic (2) Ashamed (2) Silence (1) Felt controlled (1) Unloved (1) Scary feeling (1) Hurt feelings (1) Prideful (1) Out of place (1)
Consideration of others	This subtheme encapsulates the careful thoughts of the participant in deciding how to cope with DV	3	Concern of mother's feelings (1) Child protection (2)
Types of abuse	This subtheme identifies the types of DV endured by the participants	8	Knowledge of DV forms (1) Various forms (1) Abuse is mental (2) Verbal (1) Physical abuse (3)
Cause	This subtheme indicates the actions that served as the catalyst to the DV	9	Jealousy (1) Mental illness (1) Drugs (1) Physical issues (1) Mental attack (1) Not in agreement (1) Mental abuse (1) Telling a woman resulted in getting hit (1) Alcohol abuse (1)

Theme 3: Types of Coping

There are three subthemes in Theme 3 (see Table 4): positive coping, negative coping and view of others. The first subtheme, positive coping, represents the adaptive coping strategies of the participants. Included are codes such as professional counseling, therapy as help, working, positive coping, attending church, exercising, focusing on self, talking to others, get out, praying to God, writing, learned to watch what was said, determination, God, working, trusting in Christ Jesus, and relationship with God. The second subtheme, negative coping, represents the maladaptive coping strategies of the participants. Included are codes such as blocked it, kept silence, keeping silent could be more harmful and others in worse situation.

Table 4

Theme 3, Types of Coping

Subtheme	Subtheme description	# of codes	Codes (reference)
Positive coping	This subtheme represents the adaptive coping strategies of the participants	23	Professional counseling (1) Therapy as help (2) Working (3) Positive coping (1) Attending church (1) Exercising (1) Focusing on self (2) Talking to others (12)
Negative coping	This subtheme represents the maladaptive coping strategies of the participants	3	Blocked it (1) Kept silent (1) Keeping silent could be more harmful (1)
View of others	This subtheme provides the actions which gave hope and confidence to the participant	1	Others in a worse situation (1)

Theme 4: Motivations

There are two subthemes under Theme 4 (see Table 5): encouragement and motivations. The first subtheme, encouragement, provides the actions that gave hope and

confidence to the participant. It includes codes such as forward movement, be strong, be vocal, utilize family support, say it out loud, and don't have to put up with it. Subtheme 2, motivation, identifies those actions which helped to guide the participants and give them the drive to survive. It includes codes such as deserve better, emotionally done, children motivated, child safety, had enough, trying to get through, survival, fed up, fight for self, finding a strong person to help her be strong, and give good advice.

Table 5

Theme 4, Motivations

Subtheme	Subtheme description	# of codes	Codes (reference)
Encouragement	This subtheme provides the actions which gave hope and confidence to the participant.	8	Forward movement (1) Be strong (3) Be vocal (1) Don't have to put up with it (1) Deserve better (1) Say it out loud (1)
Motivation	This subtheme identifies those actions which helped to guide the participants and give them the drive to survive	10	Emotionally done (1) Children motivated (1) Child safety (1) Had enough (1) Trying to get through (1) Survival (1) Fed up (1) Fight for self (1) Finding a stronger person to her be strong (1) Give good advice (1)

Theme 5: Supports and Resources

There are three subthemes under Theme 5 (see Table 6): supports and resources. The first subtheme, resources, encapsulates the supply of people, materials, or organizations available to help cope with and survive DV. Codes include did not seek help, accessibility to speak with someone, a shelter for women, outside resources, singing, church, underground shelter and all God. The second subtheme, support types,

identifies the resources used for the survival of DV. Codes include family support, friends support, strong support, God support, support system, and public support. The third and final subtheme is positive outcome. It includes the positive results from the DV experience of the participants. Codes included are physical health improvement, thankful to God, became a role model, and gained strength.

Table 6

Theme 5, Supports and Resources

Subtheme	Subtheme description	# of codes	Codes (reference)
Resources	This subtheme encapsulates the supply of people, materials or organizations available to help cope with and survive DV	8	Did not seek help (1) Accessibility to speak with someone (1) A shelter for women (1) Outside resources (1) Singing (1) Church (1) Underground shelter (1) All God (1)
Support types	This subtheme identifies the resources used for the participants' survival of DV	12	Family (5) Friends (2) Support system (1) Public (1) Strong (1) God (2)
Positive outcomes	This subtheme includes the positive results from the DV experience of the participants	4	Physical health improvement (1) Thankful to God (1) Became a role model (1) Gained strength (1)

Evidence of Trustworthiness

Credibility

In research, it is paramount that credibility be established (Wirihana, 2018). Several strategies can be used to achieve this. As previously stated in Chapter 3, I planned to use member checking and reflexivity. Participants were allowed to review and make corrections to their respective interview transcripts but declined citing they would

not remember what they had said in the interviews. Reflexivity was used throughout the study which served to maintain credibility.

Transferability

As outlined in Chapter 3, transferability methods were implemented to enhance the use of the findings beyond the study for future research (Stahl & King, 2020). The use of the audit trail increases the probability that the readers can determine whether the results may be transferred to other conditions and contexts. All aspects of the research process were provided in the data analysis process (Lincoln & Guba, 1985). The audit trail provided a transparent path of how the study was conducted so that future researchers have guidance in replicating it (Carcary, 2020).

Dependability

To enhance the dependability of the findings, I implemented audit trails, which involved carefully tracking the progression of information from data documentation, through data collection, to data analysis, and concluding with the development of thematic concepts. The accuracy of the findings was further fortified through a combination of audit trails, and manual coding techniques. These measures collectively served to enhance the trustworthiness of the study's results (Anney, 2014)

Confirmability

As outlined in Chapter 3, confirmability methods were employed to ensure that the results of the study were based solely on the data collected and void of any biases and preconceptions of the researcher. Reflexive journaling to note my thinking was used

throughout the study (Lincoln & Guba, 1985). The transcription of interview notes further supported the confirmability of the findings.

Results

The purpose of this study was to determine what strategies African American women who are survivors of DV living in rural areas with limited professional resources use to cope with DV. Specifically, the research was guided by one research question: What strategies do African American women survivors of DV living in rural areas with limited professional resources to cope with DV?

In this section, I present the findings derived from the interviews of women who have identified as African American, living or formerly have lived in a rural community and are survivors of DV. Quotations from the interview transcripts provide a rich, In-depth representation of the participants' experiences and perspectives. Using Colaizzi's (1978) seven-step approach, the findings have been systematically structured to present insights pertaining to each purview of interview questions, along with a comprehensive analysis of the overarching results. The emergent themes encompass (a) self-perception, (b) barriers and conditions, (c) types of coping, (d) motivations, and (e) supports and resources.

Theme 1: Self-Perception

This theme explored the perception each participant had of herself in the aftermath of the DV experience. There are four subthemes under Theme 1: (a) self-actualization, (b) self-characteristics, (c) self-view, and (d) affiliation as shown in Table 2. As shown the self-perception of each participant is outlined in the subthemes and includes keywords/phrases. The analysis reveals that each participant has a positive self-perception and sheds light on their process of interpreting the DV experience from the

inside out. Insights include instances of recognition of the offense not being the fault of the survivor, at an early age the survivor was strong and found peace in saying aloud affirmations of self-worth.

Subtheme 1: Self-Actualization

This subtheme describes the point at which the participants realized their potential and that the DV event did not define them or determine who they would ultimately be. Two codes make up this subtheme. These codes are abuse not personal and self-worth. P1 stated,

> ummmm..Just knowing myself and knowing what- realizing that it's not personal. Realizing and knowing that it is not only physical abuse; it's mental abuse, verbal abuse … just know your self-worth and don't allow it in your life. Know that you are worth more and that one human being doesn't define you and try your best to realize not to take it personal because pain and misery wants pain and misery. First thing to realize is don't take it personal. Find your self-worth, know your self-worth in Christ and know that you were not put here to be mistreated by anyone.

P1 stated and reiterated that the DV event was not to be perceived as personal and self-worth was necessary to help cope and survive the experience. This response provides insight as to how the survivor thought of herself in the aftermath of the DV experience. It adds to the gain in knowledge of the coping strategies used to cope and survive DV in a rural area where there are no or limited professional services.

Subtheme 2: Self-Characteristics

This subtheme revealed the age at which the participant first experienced DV. P1 stated, “age 16”. P4 stated, “I was probably 13 years old. Yeah, I was around 13.” P5 added, “The first time I was - 20 years old - Yep, the first time was when I was 20.” Three out of the eight participants interviewed provided that the age at which they experienced DV was under 21 years of age. Four participants were in their fifties at the time of the interviews. Two were in their twenties. The remaining two were in their sixties. The exposure of this age bracket provides insight into the age at which the survivor had to cope and survive DV. Results derived from the responses of these participants provide a background to the beginning of DV in her life and at what stage in life development she began fostering coping strategies to DV. This information can be beneficial to future researchers who choose to explore studies addressing the various ages of women dealing with DV. Additionally, it will help in creating programs geared towards a targeted population of women DV survivors. The participant identification number, keywords/phrases, and code are provided in Table 7.

Table 7

Subtheme 2: Self-Characteristics

Participant	Keyword/Phrase	Codes (reference)
P1	..age 16	Teenager
P4	…probably 13 years old	Young teenager
P7	….20 years-old	Identified as really young Early twenties

Subtheme 3: Self-View

This subtheme explored how the participant saw herself during and after the DV experience. P3 stated,

> Well, I consider myself as a strong woman. As an Afro-American woman sometimes, we have to do double of what.. what would be considered domestic violence for the other race, Being an African American woman I think umm they look at it in different way. My thing is I don't know. I just know that umm being a strong woman we were able to do, endure a little more.

P2 shared, "I have become very independent." Furthermore, P5 added,

> I just... I wasn't going to be defeated by him and when I had had enough of having enough and being scared and looking over my shoulder and being afraid he was going to say something in front of others. When I had just had enough… my willpower was I want to live; I want to get out of this.

The answers provided by three of the eight participants offer greater insight into their self-view after the DV experience. The participants notably viewed themselves in a positive light. These responses further provided an understanding of how the survivor thought of herself in the aftermath of the DV experience. It adds to gaining knowledge of the coping strategies used to cope and survive DV in a rural area where there are no or limited professional services.

Table 8

Subtheme 3: Self-View

Participant	Keyword/Phrase	Codes (reference)
P2	I have become very independent	Very independent
P3	Well. I consider myself as a strong woman	Strong black woman, strong
P5	I wasn't going to be defined by him	Strong, determined

Subtheme 4: Affirmation

Subtheme 4 deals with the positive statements participants used to help build motivation and courage during their DV experience. P8 stated,

> I had to be strong for me and show that, that I'm not weak as he thinks, he thought I was. I was weak before but I'm not weak. Peoples think I'm weak but I'm not as weak as people think I am.

The responses provided went beyond the participant finding motivation and courage in defiance of what she perceived the abuser thought or was thinking. P4's response reflected motivation and strength coming from her need to be liberated from the effects of the ordeal. She added,

> Umm, no, I pretty much said it all. Talking with someone about it. Talking about it. Even saying it aloud. Being free is so important. You don't have to forget. You can forgive but sometimes it takes time to forgive. But that's for you, not for them.

Affirmation by way of telling oneself she is strong and saying aloud the circumstances of the DV experience were building blocks to the methods utilized to get through the DV experience. The responses provided in support of this subtheme contribute to the understanding of the strategies used for coping and surviving DV by

African American women in a rural area where there are limited or no professional resources. Of the eight participants interviewed, two provided responses related to the codes as identified in Table 10, along with the participant identification number and keywords/phrases.

I found that despite the DV experiences of the participants, their outlook on who they are is positive. In observance, each was kept well. Each was strong vocally and poised. Theme one and its subthemes provide an understanding of the methods used by African American women in a rural area with limited professional services to cope with and survive DV. Self-actualization, self-characteristics, self-view, and affirmation represent how the participants moved beyond the attack on their self-worth and the threat to their self-esteem to be a survivor.

Theme 2: Barriers and Conditions

Theme 2, barriers and conditions, center on the hindrances that may have presented themselves to the participant causing her either a delay or a stop in her telling someone of her DV experience or seeking help. A total of six subthemes and 54 codes were derived. The subthemes that emerged were (a) long-lasting effects, (b) barriers, (c) feelings, (d) consideration of others, (e) types of abuse, and (f) cause.

Two of the eight participants disclosed they were aware of professional assistance available in the area. One of the two expounded that although she knew about available services, she did not use them. Over half of the survivors interviewed responded that there were no barriers to their seeking help or telling someone of their DV encounter. Conditions spanned from PTSD to physical deterioration with lack of sleep and a host of

negative and positive feelings in between. I gleaned from the nuggets provided by the survivors that despite what they were going through, their ultimate goal was to get through it alive.

Subtheme 1: Long-lasting Effects

Subtheme 1 deals with the effects that will last long after the cause has ceased and existed for a long time. P4 shared how both she and her mom had endured abuse by the same individual. In talking about the individual who she reached out to talk about the abuse, she said,

> She was, she was honestly, was a sounding board for anyone, everyone. She never judged. She didn't make you feel less than you were. She was very easy to talk to. Umm, but she knew things were going on because not only was I different, my mom was different.

Participants spoke of how they were still dealing with the effects of the abuse years after it had concluded. P1 responded, "not good … I don't know if I'm fully recovered." P2 responded with a chuckle, "Well, I'm still recovering." Survivors not only thought of themselves for survival but also expressed concern for how the abusive acts may be construed as normal through the eyes of their child. P7 added, "cause how do you say, if he was seeing the abuse, he might be abusive thinking that was the way it was supposed to be. He was seeing some of it and I didn't want him seeing that." P3 shared how she believes some of her existing health challenges are residual from her DV encounters. She responded, "Well, physically- um- You have to get it in your mind that

nerves can break you down. I know that a lot of my issues came from nerves. You learn to deal with it or get rid of the problem." P4 added,

> Hmm, physically? I think the biggest thing. Physically can be sleep-wise? For a long time I didn't sleep. As a teenager, I was always scared at night if things were happening or things would pop off or anything like that. To this day sleep has been an issue for me so that would probably be the thing that has affected me is being able to sleep properly and not have the world always on my mind always going.

The responses that make up the subtheme long-lasting effects add depth to this study in that it shows that although she is a survivor, there are still fragments of those experiences that remain, yet, it does not debilitate her. This will aid clinicians gain an understanding and be better equipped to provide counseling and other forms of healing to not only African American women DV survivors but women of other races and cultures. I made a note of an after-conversation with P7. Her mother is a DV survivor of 50+ years. I asked her if she would ask her mother to be a participant in this study. Her mother is in her early eighties. I felt that the inclusion of her responses would add significantly to the results of this study. I felt that knowing how she coped in the era in which her abuse took place would have added a profound element to understanding the coping strategies of African American women living in a rural area where there are limited or no professional resources. Her mother declined. According to P7, her mother was not ready to talk about her DV experience. I include this tidbit to provide a glimpse

of the long-lasting effect of DV. Table 9 outlines the components of subtheme 1 of theme 2.

Table 9

Subtheme 1: Long-Lasting Effects

Participant	Keyword/Phrase	Codes (reference)
P1	I don't know if I'm fully recovered	Long-lasting effect
P2	Wellll, I'm still recovering.	Lasting effect
P3	…nerves can break you down. I know that a lot of my issues came from nerves	Physical deterioration
	she knew things were going on because not only was I different, my mom was different	Mom and daughter abuse
P4	To this day sleep has been an issue for me	Lack of sleep
P	..if he was seeing the abuse, he might be abusive thinking that was the way it was supposed to be	Concerned for learned behavior

Subtheme 2: Barriers

Subtheme 2 deals with the obstacles that prevented movement past the abusive situation or access to help, guides, or maintaining goal-oriented behaviors. The greatest number of codes (33%) were associated with this subtheme. Insights to barriers experienced by these survivors included fear of the relationship ending, cost of counseling, concern for mother and child, safety issues, pride, did not want others to know, keeping down conflict, unwanted family interference, what people thought of her, how people were looking at her and no barriers. P1 responded, "I guess at that time, back then that the relationship would be totally over." P4 added,

> I wasn't worried about it. I didn't care. I didn't think twice about it. Once I … the one thing that was holding me back was my mom because I didn't want her to feel some kind of way because of how her household was going. But, for me personally, I didn't care. It was about making people aware that there, things that

> go on in the home isn't always what it seems and that it is okay to let people know cause like I said that opens up that someone can be saved. Save someone's child, brother, sister, mother 'cause sometimes it takes someone else to push you to be free. It is freeing.

P5 added, "It was pride and shame. I just did not want anyone to know just how bad it was." P6 added, "I would have to hear a lot of feedback from personal family that I don't want to hear." P7 added,

> I guess that people might looked down on me or try to figure out why I was still with him and too, I was thinking of my son. I was trying to keep us together as family but it got to be too much. I was just looking at everyone else like they would be looking at me.

P2 responded, "I didn't have any barriers. I was emotionally fed up. I was done." P4 added, "I didn't have any barriers. Other than my mom cause like I said it wasn't just my story. It was how she was going to feel." P5 added,

> Again, we go back to pride, going back to really not having a whole lot of places to get help from in my community. I knew once the cat got out of the bag I knew that my family would be affected and people on my job, too. I just didn't want to go through the shame of everything.

P6 added, "I don't think I had any barriers." P7 added, "I didn't have any barriers I don't think." Participants added how lack of or limited professional services did not hinder their determination for survival. P1 responded, "I had no idea. Maybe even, they have volunteer counseling that is free of charge because if it cost so much and you don't have

the funds and most people don't, then, for it to be access without the cost." P2 added, "When my mother was involved, and she was an innocent bystander. When that, you know she got caught in the crossfire and I didn't want anything like that going on."

The responses to the applicable questions which made up Subtheme 2 provide insight into conditions, circumstances, or people that prevented the participants from seeking informal or formal assistance. The data provided here are beneficial to clinicians, organizations, and professional services so that there are more avenues on getting the word out that there is confidential help available. Table 10 outlines the participants, keywords/phrases and applicable codes.

Table 10

Subtheme 2: Barriers

Participant	Keyword/Phrase	Codes (reference)
P1	…..back then that the relationship would be totally over	Fear of relationship ending
	I had no idea.	No idea of available resources
	..on a personal basis without the cost being so high	Cost of counseling
P2	When my mother was involved and she was an innocent bystander. When that, you know she got caught in the cross-fire and I didn't want anything like that going on. And then also, being ugly to *** and things like that started to lash out at her.	Concern for mother and child
P2	…keep away from that person so that they can't hurt you and do what is necessary to keep you safe.	Safety issues
P6	I wasn't worried about it. I didn't care. I didn't think twice about it.	No concern about talking
P7	I didn't have any barriers	No barriers
	….. I don't think I had any barriers.	
	Mmmmm…I didn't have any barriers I don't think.	
P5	It was pride and shame.	Pride
	I just did not want anyone to know just how bad it was.	Didn't want others to know
P6	Mmmm, I guess to keep, conflict down	Keep down conflict
	I would have to hear a lot of feedback from personal family that I don't want to hear.	Unwanted family feedback, Family interference
P7	I guess that people might looked down on me or try to figure out why I was still with him. I was just looking	What people thought of the situation
	at everyone else like they would be looking at me.	How people were looking at her

Subtheme 3: Feelings

In Subtheme 3, the focus is on the emotional state or the reaction to the DV experience(s) by the participants. Data analysis identified the codes of (a) significant struggle, (b) traumatic, (c) ashamed, (d) silence, (e) felt controlled (f) scary feeling (g) hurt feelings (h) felt like in a shell (i) out of place and (j) feelings of shame associated with Subtheme 2. Keywords/phrases and codes are outlined in Table 13. P1 said, "I wanted to just … my thoughts and feelings? My thoughts was leave here and be rid of all the trauma going on in my brain and my feelings was feeling unloved." P2 added, "Well, I felt like in a shell. I didn't know what to do. I felt violated of course. Ummmm I looked bad in the public eye. It was very traumatic. I would have nightmares sometimes about that." P4 added,

> At that time I was a kid. umm I didn't really say much. I guess that came from all of the domestic violence in the home. I was very standoffish umm, let's see. It was kind of like living in a place that wasn't your home but it was your home 'cause you had nowhere else to go.

P5 added,

> I was really young and ummm - I think I was hurt more so embarrassed, got through that situation and unfortunately, many years later I got into another relationship and it was abuse on a different scale. The first was physical. The second one was physical, verbal, uh … emotional, psychological, around the whole wheel. I felt. The second time I was very prideful.

P6 said, “I would say feeling like being controlled, like I didn’t have, like I had to be torn in between making decisions?” P7 added,

> Oh it’s a scary feeling especially if you never, I’ve been through a bit with my mom from stuff I’ve heard. It’s a scary feeling especially if you don’t know who to talk to, who you can turn to, to talk to.

P8 added, “My feelings was hurt ummm I didn’t think I would have to go through it.”

The data analysis revealed the participants felt emotions that were negative in nature. None of them expressed feelings of joy, happiness, or equated the experience as a learning experience. By summation the feelings of the survivors were negative at the time of the encounter; however, they did not deter them from moving forward and becoming survivors. The data analysis further revealed that endurance and determination can be concluded from the responses of the participants. This information provides insight into the emotional state of the survivors as they were coping through their individual DV experience. Clinicians and future researchers may find this data valuable in further exploration of the coping strategies used by African American women living in a rural community who have survived DV or other related study.

Table 11

Subtheme 3: Feelings

Participant	Keyword/Phrase	Codes (reference)
P3	whether you were going to get the funds from your husband or not so you would get behind on your bills so you had that stressful thing to take care of you cause you felt like you had to be the man and woman because you had to physically, mentally and emotionally had to figure out a way to get those bills paid so you could at least stay in your home.	Significant struggle
P1	My thoughts was leave here and be rid of all the trauma going on in my brain and my feelings was feeling unloved.	Traumatic, unloved
	I guess I was also somewhat ashamed that it happened.	Ashamed
P2	Oh it’s a scary feeling	Very traumatic

P3	Welll, I felt like in a shell.	Felt like in a shell
P4	Keep silent	Silence
P6	feeling like being controlled	Felt controlled
P7	Oh it's a scary feeling	Scary feeling
P8	My feelings was hurt	Hurt feelings
P4	living in a place that wasn't your home but it was your home 'cause you had nowhere else to go	Out of place

Subtheme 4: Consideration of Others

Data analysis revealed that the participants in this study were considerate of others in their handling of their DV encounter. Subtheme 4 focuses on the careful thought put into how the DV affected others. P4 shared her concern over her mother. She responded, "Other than my mom, cause like I said it wasn't just my story. It was how she was going to feel."

Participants shared how their concern for their children played a role in their determination and ultimate self-removal from the respective abusive relationship. P2 responded,

> Well, my strategy was to try to hold face so my daughter wouldn't really see what I was going through. I tried to think of methods when she wasn't…to maybe not be in the household with me when I was going through those things ummmm, and then I just decided one night when he was asleep that it was over and I kept going. I just took my baby and ran.

P7 added,

> They need to get out. Find a way to get out, a safe way. It is not good to stay in it especially if you have kids. It definitely isn't good to stay in it. Who's to say

another generation going on because I am thinking I am in a generation where abuse is going on?

Participants in this study revealed their need not only to get out of the relationship for themselves but also for the safety and welfare of others. Survivors identified a parent and children as points of consideration to the actions leading to their escape from their abuser. I witnessed that the participants exhibited strength in their responses supporting Subtheme 3. Insights include strength, determination, and endurance not only for self but also for others. This information is vital to understanding the methods used by African American women DV survivors living in a rural area where there are little to no professional resources. Keywords/ phrases and associated codes are outlined in Table 12 below.

Table 12

Subtheme 4: Consideration of others

Participant	Keyword/Phrase	Codes (reference)
P4	Other than my mom, cause like I said it wasn't just my story. It was how she was going to feel	Concern of mother's feelings
P2	….to try to hold face so my daughter wouldn't really see what I was going through. I tried to think of methods when she wasn't…to maybe not be in the household with me.	Child protection
P7	It is not good to stay in it especially if you have kids.	Child protection

Subtheme 5: Types of Abuse

Subtheme 5 deals with the category of people or things having common characteristics. For this study, the commonality is abuse. This subtheme focuses on the identification of the type of abuse endured by the survivor. Codes associated with this subtheme are (a) knowledge of DV forms, (b) various forms, (c) abuse is mental (d)

physical abuse and (e) mental. P1 said, “I know that it comes in many forms and 00fashions.” P2 responded, “I know domestic violence can be in several different categories depending on minimum to maximum.” P3 added, “At the time with the verbal abuse, you know the mind plays tricks on you be into stuff the more you can get antsy, headaches, your blood pressure take place.” P6 added, “I know that … it is a type of abuse …. To someone that you are in a close relationship with and it could be physical, emotional. That’s what I know.”

Participants revealed their knowledge that DV is not just physical violence. These survivors saw DV as such and did not try to pass it off nonchalantly. Data analysis from this study reflects that of the number of identified forms of DV, four were mentioned in this study. This contributes to the knowledge of the relationship between DV and the African American community. It additionally shows that the African American community is not dismissive of DV. Future researchers, clinicians, community, and church groups may find this relevant in creating culturally sensitive programs and resources for African American women DV survivors. Table 13 below outlines keywords/phrases and associated codes.

Table 13

Subtheme 5: Types of Abuse

Participant	Keyword/Phrase	Codes (reference)
P2	I know domestic violence can be in several different categories	Knowledge of DV forms
P1	I know that it comes in many forms	Various forms
P3	Ummm at the time with the verbal abuse	Verbal
P6	it could be physical, emotional	Physical and Mental abuse

Subtheme 6: Cause

Subtheme 6 deals with a person or thing that gives rise to an action, phenomenon, or condition. It focuses on the reason the abuser committed the act of violence perpetuated against the survivor. P1 stated, "What is the word I'm looking for? Umm, you know; what's the word I'm looking for? Jealousy." P2 added, "I think it was a mental illness involvement." P3 added, "Crazy stuff, it would be just because I didn't move and go, just because I didn't take him to the store. If I didn't get up and didn't do it when he wanted it then it would be abuse, verbal abuse." P4 added, "The drinking from the abuser. The drinking and the drugs from the abuser." P6 added, "Me not agreeing with that person." P7 added,

> For him, it was mostly, I mean he would come home where he had got ahold to, smoked some joints or something or another. He would listen to his friends. For him, different little things would set him off.

P8 added, "I told a woman a secret and she told my husband's family, and it got back to him and he didn't like it and he hit me."

Data analysis revealed a myriad of causes for the abuse perpetrated against the participants in this study. Participants shared the abuse was triggered by conditions such as not getting up when the abuser asked, jealousy, the influence of drugs and alcohol, and others. None of the participants were trained in the field of psychology or medicine. Their responses supporting the nature of the cause of the abuse were strictly based on their experience and knowledge. The testimonies supplied by them were from their perspective and as a survivor to the DV episode.

Knowledge from the theme barriers and conditions, and its subthemes can help future and current researchers explore the elements that give rise to DV. Programs for abusers can be created based on the information provided in this study. Knowing the strategies utilized by African American women in a rural area in coping with and surviving DV as well as the causes aids in the field of rising above the vicious effects of DV. Keywords/phrases and codes are provided in Table 14.

Table 14

Subtheme 6: Cause

Participant	Keyword/Phrase	Codes (reference)
P1	Jealousy	Jealous of victim
P2	I think it was a mental illness involvement.	Mental illness
P4	The drinking from the abuser. The drinking and the drugs from the abuser.	Drugs
P3	If I didn't get up and didn't do it when he wanted it then it would be abuse	Physical issues
P6	ummmm…me not agreeing with that person	Not in agreement
P7	I mean he would come home where he had got ahold to, smoked some joints or something or another.	High on drugs
P8	I told a woman a secret and she told my husband's family and it got back to him and he didn't like it and he hit me.	Telling a woman resulted in getting hit
P4	The drinking from the abuser. The drinking and the drugs from the abuser.	Alcohol abuse

Theme 3: Types of Coping

Theme 3 explores the strategies used by the participants to cope with and survive DV. Coping strategies are those measures that are embraced to assist with managing the impact of DV in order to mitigate its effects. Three subthemes and twenty-seven codes were identified. The subthemes identified were (a) positive coping, (b) negative coping, and (c) view of others. Codes associated with these subthemes are praying, attending church, professional help, working, exercising/working out, focusing on self, talking to

others, got out/leave, writing, determination, God and Christ Jesus, blocked it, kept silent, and others in a worse situation.

Subtheme 1: Positive Coping

Subtheme 1 focuses on the positive strategies used to reduce unpleasant emotions originating from the experience of DV. Of all the questions asked to the participants, this was the only subtheme that 100% of the participants had a response that directly tied to it. Participants related their positive coping to spiritual aspects such as praying and attending church. P2 said, “My methods of coping were praying.” P3 added, “Praying about it.” P5 added, “I prayed a lot, I cried out to God. I remember crying out to God and asking, God, is he going to kill me? Is that how I am going to get out this?” P7 added, “Stay out of his way. Uhhh and half the time pray he didn’t come home.” P8 said, “going to church helped a whole lot.”

Several of the participants shared that their methods of coping were to work on their physical health and focus on their selves. P1 said, “Focus on my physical health. Do things that improved my physical health, working everyday.” P5 added, “One day I just looked at myself and said ‘you got to get yourself together.’ It was then a matter of working out.” P6 responded, “To leave that person alone and just focus on myself.”

Five out of the eight participants noted that talking helped them cope with and survive DV. P2 added, “Because of the things I had been through there were a lot of similar people that were in it, and it felt good at the time, and you could talk about. We could talk and it was confidential.” P4 added, “talking about it.” P6 added, “Really … just my close friends that I were talking to.” P7 added, “I guess it was just bothering me.

We weren't together so I was like I just had to get it off of my chest." P8 added, "At first I felt I didn't have nobody to talk to. Umm but now I am learning I have more peoples to talk to. At first I thought I had to keep it all bottled in."

Two out of the eight expressed that their getting out/ leaving was their method of coping with and surviving DV. P2 said, "…and get away." P6 added, "to leave that person for one."

Participants attributed writing and determination as two of their methods of coping with and surviving DV. P4 said, "writing about it." P5 added, "My determination that he was not going to defeat me, that I was not going to give in to his manipulation, into his bullying."

Throughout the interview process, the participants provided that their relationship with God was a contributing factor to their coping with and surviving DV. P1 said, "trusting in Christ Jesus." P2 stated, "I will say the Lord, God. I said to Him, God if you let me live through this I'll never go back." P5 added, "having a relationship with God … there was a peace that came over me with that." P7 added, "I just tried to cope with it on my own with the good Lord's help too." P8 added, "It's family … love of God and family." Participants in this study revealed that they utilized methods that were both positive and negative in nature. Identified codes ranged from praying to focusing on their physical health to their spiritual aspects such as God and church. Positive keyword/phrases along with the associated codes are listed in Table 15.

Table 15

Subtheme 1: Positive Coping

Participant	Keyword/Phrase	Codes (reference)
P2	My methods of coping were praying..	Praying
P3	Pray	
P4	praying about it	
P7	half the time pray he didn't come home.	
P8	I enjoy going to church	Attending church
P1	Working everyday	Working
P1	uhhh…exercise, working out	Exercising/Working out
P5	It was then a matter of working out	
P1	Focusing on myself	Focusing on self
P6	….just focus on myself.	
P3	Know that there is someone you can talk to	Talking to others
P4	Talk about it	
P5	Know that it is okay for you to talk to….	
P2	Ummmm… I will say the Lord, God. I said to Him, "God if you let me live through this I'll never go back.	Got out/leave
P3	I got out.	
P6	To leave that person for one.	
P4	….writing about it	Writing
P5	My determination that he was not going to defeat me	Determination
P1	Ummmm…trusting in Christ Jesus	God and Christ Jesus
P2	I will say the Lord, God	
P5	having a relationship with God..there was a peace that came over me with that.	
P7	I just tried to cope with it on my own with the good Lord's help, too.	
P8	It's not me; it's God. I owe it all to God.	

Subtheme 2: Negative Coping

Subtheme 2 deals with the methods of dealing with DV that are considered negative and not conducive to a positive outcome to the traumatic experience. Two codes are associated with this subtheme. These themes are blocking it out and kept silent. Participants shared their reluctance to tell others of their DV experience. P1 said, "No one… [laughter] nobody." P3 responded, "Well, sometimes it best that you keep things to yourself." P8 stated, "I learned to keep stuff to myself. I … I learned that keeping stuff to yourself don't help either cause sometimes that hurts you more than telling someone." P5

said, “I learned to keep my mouth closed, know when to say anything, and know when not to say anything.” One participant spoke of blocking out the DV. P007 said, “I didn’t have … I didn’t have any help. I just tried to cope with it on my own with the good Lord’s help too. Just walk through it and tried to block it all out after a while.”

Subtheme 3: View of Others

Subtheme 3 centers on the action that gave hope and confidence to the participant. One of the eight participants found strength in her view of others. P4 said, “Knowing that people aren't some people are worse off than me.” This method of reframing helped in her coping with and surviving DV.

Data analysis revealed that the participants in this study navigated away from negative coping strategies as identified in other studies (Mushonga et al, 2021; Tsirigotis & Luczak, 2018). None of the women spoke of alcoholism drug addiction, harming the abuser, avoidance, or thinking of potential self-harm. In an area with limited professional resources, these women found or gravitated toward their innate form of self-preservation.

Theme 4: Motivations

This theme deals with the driving force behind human actions that initiates, guides and maintains goal-oriented behaviors. Two subthemes emerged. The subthemes are encouragement, and motivation. Eleven codes were identified and are family, forward movement, be strong, be vocal, emotionally done, children, child safety, had enough, survival, strength of others and advice of others,

Subtheme 1: Encouragement

Subtheme 1 deals with the action of giving support, confidence or hope. It is the persuasion to do or to continue something. The participants shared their receipt of encouragement from family members. P3 stated, “The Lord and the encouragement of my mom to just keep holding on and you can do it. And you brought me through it one time you will bring me through it again.” P5 added, “because I trusted her. At that time my uncle was living and I knew that they would keep me safe and I knew that they weren’t afraid of him.”

Other participants stated that their encouragement came from within, a self-actualization that there was things better in life. P1 stated, “life itself … knowing I had to move forward.” P6 added, “Just realizing I don’t have to put up with that, I don’t have to deal with things like that ... just to, just that I deserve better.” P2 added,

> Don’t be afraid to get help and, and move forward and you can make it by yourself. You don’t have to live in fear, be vocal. Make sure that you can, that you are able to help someone that is in need. You know; I will say make sure that you are strong and don’t, don’t let intimidation, barriers hold you back. Go forth and do what is necessary to get out of that because that’s a very dangerous situation that can lead to death and some people don’t live to tell about it.

P3 said, “Well, um, the one thing that I can say is to keep holding on; be strong and know that there is someone you can talk to.” P4 responded, “even saying it aloud.”

Participants revealed their encouragement came from family members, the need to move forward, being strong and being vocal. Words of encouragement came from

others as well as from the participants themselves. The participants shared words of encouragement to other survivors. They showed their strength to move past the negativity of the situation and move towards healing. Keywords/phrases and associated codes are provided in Table 16.

Table 16

Subtheme 1: Encouragement

Participant	Keyword/Phrase	Codes (reference)
P3	The encouragement of my mom to just keep holding on and you can do it.	Family
P5	..because I trusted her. At that time my uncle was living and I knew that they would keep me safe and I knew that they weren't afraid of him.	
P1	I had to move forward	Forward
P2	……..and move forward	Movement
P1	So don't allow it	Be strong
P2	make sure that you are strong	
P3	keep holding on; be strong	
P6	Just realizing I don't have to put up with that	
P2	You don't have to live in fear, be vocal	Be vocal
P4	even saying it aloud	

Subtheme 2: Motivation

Subtheme 2 deals with the driving force behind human actions that initiates, guides, and maintains goal-oriented behaviors. It is the push that drove victims to become survivors. Seven codes were identified: (a) emotionally done, (b) children, (c) child safety, (d) had enough, (e) survival, (f) strength of others, and (g) advice of others.

P2 responded, "I was emotionally fed up. I was done." P2 responded, "My children." P5 added, "Because I had had enough. It was just enough." P8 added, "I know I didn't want to take it anymore." P5 said, "My peace of mind." P005 added, "None … other than just telling somebody … just finding somebody, identifying someone that I could tell and that would help me that would be strong enough to help me get through it

and help me be strong enough to not go back into the relationship." P2 answered, "I just decided one night when he was asleep that it was over and I kept going. I just took my baby and ran." P7 added, "I was trying to get through it." P8 added, "Wanting to survive." P8 further added, "You got to fight for yourself. You can't let somebody else rule your life. You got to want to live for yourself." P4 said, "I felt like they could help or listen, give me avenues, good advice." The participants in this study identified motivators from self-motivation to motivation received by others. Data analysis reveals the motivation was positive in nature. Keyword/phrases and codes are outlined in Table 18.

Table 17

Subtheme 2: Motivation

Participant	Keyword/Phrase	Codes (s)
P2	I was emotionally fed up. I was done.	Emotionally done
P2	My children	Children
P2	I just took my baby and ran	Child safety
P7	It is not good to stay in it especially if you have kids	
P7	Because I had had enough, I just couldn't do it anymore.	Had enough
P8	I know I didn't want to take it any more.	
P5	I was trying to get through it	Survival
	Wanting to survive. You got to fight for yourself.	
P5	help me that would be strong enough to help me get through it and help me be strong enough to not go back into the relationship.	Strength of others
P2	I felt like they could help or listen, give me avenues, good advice.	Advice of others

Theme 5: Supports and Resources

Theme 5 identifies the supports and resources utilized by the participant during and after the DV experience(s). Identified were eleven codes and three sub-themes. The sub-themes are resources, support types, and positive outcomes.

Subtheme 1: Resources

Subtheme 1 deals with the supply of money, materials, staff and other assets that could be drawn by the participant in order to function effectively. One participant, age 58, stated that she did not seek help. P1 said, "I did not seek help." Participants shared the resources they felt would be beneficial for other women who are experiencing DV. P1 added, "I guess … more access to … being able to talk about your issues." P2 said, "I'd like to see more homes or shelters for you know or some type of underground service that can help women where they are, pretty much like a person that's um like anonymous or they've been given immunity." P3 added, "But, I think I don't care if it's three women I think we should have a domestic home, a support group for these ladies to where they can go and confide and if they need a safe haven." P4 added,

> Ah, I think we definitely should have something like maybe like a Rainbow House for women, men have someplace where people can go to talk about it without fear, retribution and anything like that. They need a program, a place to have … you know to have the anonymous, someplace to have around here would actually be amazing because there are so many people who are scared, who are scared what people will say, what people will think. Having something like that just knowing that you are not alone is big. It's needed.

P6 added, "Maybe more places that people, women who go through DV to go to maybe like homes to get away for little awhile or have people there that they can talk to about their situation if they don't have other outside resources or friends."

Table 18 contains the keyword/phrase and codes for the resources identified by the survivors in this study. Half of the women in this study agreed that a home or shelter would be beneficial for women who are DV survivors to go, even if it is only for a short period. Talking to others was an identified resource.

Table 18

Subtheme 1: Resources

Participant	Keyword/Phrase	Codes (s)
P1	I did not seek help	Did not seek help
P1	being able to talk about your issues	Accessibility to speak with someone
P2	I'd like to see more homes or shelters for you know or some type of underground service that can help women where they are	A shelter for women
P3	…if it's three women I think we should have a domestic home, a support group for these ladies to where they can go and confide and if they need a safe haven.	
P4	They need a program, a place to have…you know to have the anonymous, someplace to have around here would actually be amazing	
P6	Maybe more places that people, women who go through DV to go to maybe like homes to get away for little awhile or have people there that they can talk to	

Subtheme 2: Support Types

Subtheme 2 deals with the specific types of support utilized by the participants. Four support codes where identified and namely are family, strong, public, and friends. Three out of the eight participants identified family members as a means of support. P3 stated, "I chose my mom because um she was the type of lady, I don't care who you were, even in her workplace people trusted her and if you told her something I knew it wasn't going anywhere else." P4 said, "My grandma. My grandma was the first person." P5 added,

> I know for the first year after we were going through I didn't have extra money but I still went on trips with the family and my family financially supported me

> without me really mentioning anything. I think they just thought she's been through it, and we are just going to help her out.

P8 added, "It's family … love of God and family." One participant shared that a strong support system is needed. P2 said, "Well I had … a support system that I could reach out to in the time of the crisis."

Additionally, participants stated the use of public support was utilized in coping with and surviving DV. P3 said,

> Um a lot of times if you um I like to read up on stuff so umm just if I was in a facility where they were doing workshops if I was passing by I would pick up the pamphlets and I read about it but that's pretty much all I can say. … I utilized … it was a program for battered women.

Friends were identified as being a resource for the survivors. P5 said,

> It took several years. I had a very good friend who I confided in and I told this friend everything. I didn't hold anything back; I didn't cover it up, but I knew this person; I trusted this person. And it's been many many years and I haven't heard anything back.

P6 stated, "I would tell my close friends, 'cause I trusted them and I knew they wouldn't tell anybody else and I could still get advice from them."

Table 19

Subtheme 2: Support Types

Participant	Keyword/Phrase	Codes (reference)
P3	I chose my mom because um she was the type of lady, I don't care who you were, even in her workplace people trusted her and if you told her something I knew it wasn't going anywhere else.	Family
P4	My grandma. My grandma was the first person."	
P5	my family financially supported me without me really mentioning anything.	
P8	It's family…love of God and family.	
P2	always have a good support group and be around people that can help you	Strong
P2	I utilized…it was a program for battered women	Public
P3	I utilized….it was a program for battered women.	
P5	I had a very good friend who I confided in and I told this friend everything.	Friends
P6	I would tell my close friends.	

Subtheme 3: Positive Outcomes

Subtheme 3 deals with the outcomes that are considered positive. Four codes were identified under this subtheme and are namely physical health improvement, thankful to God, became a role model and gained strength. One participant, age 27 stated that her health was improved as a result of her method for coping. P6 said, "Do things that improved my physical health." One participant revealed that her method of coping led to her being thankful to God. P8 stated, "I get up every morning and just thank God for the day that he lets me live to see another day." P2 stated,

> I didn't think it would be good to keep it bottled up. I had to do what I had to do so that I could be a model to people so that they would know that they didn't have to be afraid to speak out on matters such as that. … I had to get stronger.

Three of the survivors in this study revealed that they had an overall positive outcome from the utilization of the coping strategies used to help them handle their DV

experience. The outcomes communicated by the survivors heightened their physical, and mental consciousness. Despite the negativity associated with the DV experiences, survivors reported positive outcomes. Table 20 contains the keyword/phrase with the respective code.

Table 20

Subtheme 3: Positive Outcomes

Participant	Keyword/Phrase	Codes (reference)
P6	Do things that improved my physical health.	Physical health improvement
P8	I get up every morning and just thank God for the day that he lets me live	Thankful to God
P2	I had to do what I had to do so that I could be a model people so that they would know that they didn't have to be afraid to speak out on matters such as that.	Become a role model
P	I had to get stronger.	Gained strength

Summary

In this chapter I outlined the results of the study. I described in detail the setting, demographics, data collection process, data analysis including the coding process, themes, subthemes and codes, evidence of trustworthiness, and results. Each theme and subtheme was addresses and tables provided for clarity. In focusing on themes, I used quotes from the interviews conducted.

My findings helped to address the research question of this study. The purpose of the study was to answer the phenomenon of the strategies African American women in a rural area with limited professional resources use to cope with and survive DV. Findings revealed the majority of methods of coping used were positive. During the interview process the women revealed that multiple methods were used. Some were used simultaneously, and some were used concurrently. Overall, there was not one method identified as the sole one that was used to help in them survive DV.

In Chapter 5 the interpretations of the findings as they relate to the theoretical framework and literature outlined in Chapter 2 will be discussed. The chapter will present the limitations of the study, recommendations for future research, implications for social change, and overall conclusion of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this generic qualitative study was to explore the coping strategies used by African American women who have survived DV in a rural area with limited resources. The overarching objective of this study was to utilize a qualitative inquiry consisting of a generic qualitative approach to increase the understanding of the methods incorporated by African American women living in a rural area to cope with and survive DV. Through semistructured interviews with eight participants, I collected data and uncovered key findings using thematic analysis and Colaizzi's (1978) seven-step approach.

I identified five themes, 18 subthemes, and 126 codes through thematic analysis. The five themes that emerged were (a) self-perception, (b) barriers and conditions, (c) types of coping, (d) motivations, and (e) supports and resources. These themes provided a narrative of their experience and the ultimate process of moving forward. Findings from previous studies revealed survivors utilized both adaptive and maladaptive strategies. As has been revealed in previous studies on DV survivors, the same was found in this study. However, the positive overshadowed the negative. The negativity of these women was in their feelings and neither towards the abuser nor in their method of dealing with their life adversity.

In this chapter, I interpreted the findings from the analysis of the data derived from this study. Limitations of the study were discussed, and recommendations for future studies based upon the results of this research. Additionally, the implications of the study

including the potential impact for positive social change were discussed. The chapter concluded with a summary of the study

Interpretation of the Findings

Through the findings of this study, I highlight the coping methods of women DV survivors in a rural area who have identified themselves as African American. Participants revealed their feelings, strategies, feelings, motivations, barriers, and supports. The following interpretations provide insights into my findings which will provide a basis for future research and help clinicians, and others develop and implement programs to address the lack of resources addressing the issue of DV in rural areas. My findings will confirm, disconfirm, or extend knowledge in the discipline by comparing them with what has been found in the peer-reviewed literature described in Chapter 2. I identified five major themes: self-perception, barriers and conditions, types of coping, motivations, and supports and resources.

Theme 1: Self-Perception

According to previous research, there are several methods African American women may use to cope with DV (Mills et al., 2018). Commonly used are self-blame, other blame, putting into perspective, positive refocusing, acceptance, and positive reappraisal (Howell et al., 2018). Findings from this study concurred. One of the eight participants identified “putting into perspective” as one of her methods for coping.

Subtheme 1: Self-Actualization

A survivor can diminish self-esteem and self-worth as she is enduring DV. Berating the survivor can lead to the victim’s thinking of themselves as lower than they

are (Neil & Hammatt, 2015). Two of the eight participants in this study said knowing self-worth was integral to survival. All the participants ascribed to their moments of verbal abuse and that they did not allow it to cause them to give up.

Survivors may blame themselves for the abuse and feel that if they were different or acted differently, the abuse may not exist (Mills et al., 2018). One participant in this study was adamant that the abusive act(s) should not be taken personally. None of the participants in this study attributed the cause of their abuse as initiated by them in any form. All shared their knowledge that abuse was the personal choice of the abuser and at the time of the abuse, they were victims.

Subtheme 2: Self-Characteristics

The age of the participants ranged from 25 to 69. Participants identified the age at which the abuse occurred in their lives. This is integral in understanding the stage in development in which a victim becomes a survivor. Additionally, it adds to the richness of the data as it reflects that despite the differences in ages, the coping methods are similar if not the same. More specifically, seven out of the eight participants in this study revealed that prayer and God were instrumental in their survival. This supports the findings in the study conducted by Van Hook (2016) in that religion and spirituality are preferred coping strategies for African Americans.

Subtheme 3: Self-View

The belief by Black women that they should be strong and overcome adversity describes the attitude of many women (Brown, 2016). Four of the eight African American women in this study viewed themselves as strong and determined. One of the

participants remarked that as African American women, they are looked upon differently as it pertains to DV. She added that endurance is a factor in surviving DV. This concurs with the adult resilience theory (Taormina, 2015).

Subtheme 4: Affirmation

DV survivors have different interpretations of how they survived (Crann and Barata, 2016). In concurrence with the study conducted by Crann and Barata (2016), survivors in this study acknowledge a keen sense of self as a method of coping. Participants revealed saying aloud that they are strong-willed and not weak contributed to their survival. They affirmed to themselves they were survivors

Theme 2: Barriers and Conditions

In this study, participants revealed a tie between not wanting others to know of the abuse and not having barriers. Other barriers identified were pride, being ashamed. Keeping down conflict, concern for family members, cost of counseling, fear of the relationship ending and no idea of available resources. These findings do not coincide with previous research which outlines geography (Strand & Storey, 2018), lack of transportation, racism, social isolation, and distance to service providers (Banyard et al., 2019; Monterrosa, 2021, Neil & Hammatt, 2015). Findings from this study also do not support that a barrier that weighs heavily on African American women is the idea that all black women are strong, or the SBW schema (Abrams et al., 2019).

Subtheme 1: Long-lasting effects

Outcomes of DV are long-lasting and may take years to disappear (Neustifter & Powell, 2015). Participants in this study identified physical deterioration, PTSD, and lack

of sleep as long-lasting effects of DV. I asked how they recovered mentally, physically, and financially. One of the nine responded that she is still recovering mentally from her DV experience which ended 47 years ago. One responded she is still dealing with some physical issues which she believes were a result of being silent at times and the effect it had on her nerves from an abusive relationship that ended 10 years ago. One of the participants reported she is still recovering financially from the abusive relationship which ended 30-plus years ago. All other participants did not indicate any current effects as a result of their abusive relationship.

Subtheme 2: Barriers

DV survivors may face many types of barriers to seeking help. Transportation, fear, finances, concern of what others may say or think, distance, and retaliation have been identified as barriers (Hansen & Lory, 2020; Strand & Storey, 2018). Findings from this study revealed participants feared the relationship ending, and others finding out. Pride, shame, keeping down conflict in the family, and avoiding unwanted family feedback were identified. Cost of counseling and concern for family members ranked high with the participants of this study.

A lack of finances has been a long-standing problem in most rural areas (Hansen & Lory, 2020). One of the eight participants identified the cost of counseling as a hindrance to seeking professional services. Each of the remaining seven shared that no financial difficulties were associated with either their seeking help or leaving the relationship. As the lack of finances pertains to funding programs or service providers, none of the participants spoke to this.

Subtheme 3: Feelings

Survivors have reported a myriad of emotions and feelings from their DV experience (NCADV, 2018). Findings from this study revealed participants' feelings included that of unloved, like in a shell, traumatic, out of place, prideful, being controlled, scary, and hurt. Contrary to the findings in the study conducted by Blakely (2016) none of the participants reported the use of alcohol and drugs to numb their feelings and be contributors to their method(s) of coping DV.

Subtheme 4: Consideration of Others

Three of the eight participants in this study revealed that consideration of their mother's feelings and protection of their children were central to their handling of their individual DV situations. While each of the participants left their abusers, their response and speed of doing so were methodical. Findings revealed that not only were the feelings of the survivors considered but also the feelings of others.

Subtheme 5: Types of Abuse

There are many types of abuse (Arroyo, 2017). As noted in Chapter 2, DV is understood as all acts of physical, sexual, psychological, or economic (Tsirigotis &Luczak, 2018). Participants in this study recognized that abuse was occurring in their relationship. None of the eight participants dismissed the episodes as just something that happens. All the participants endured verbal abuse. Four of the eight endured some level of physical abuse, and one had moments of psychological abuse. Findings from a review of published literature conducted by Edwards (2015) revealed that rural victims had

worse mental and physical issues because of DV than their urban and suburban counterparts. The findings from this study did not support Edwards' results.

Subtheme 6: Cause

DV is the attempt of a person to dominate or control an individual through physical, psychological, or demeaning the victim (Mills et al., 2018). The survivors in this study reflected on their perceived reasoning for the attempt towards them. Jealousy, drug and alcohol use, disagreement, and mental illness were identified as causes. Findings in this study revealed the number one cause for the abuse was disagreement over something that was said or done. Drugs and alcohol were the number two reason and mental illness was the third identified cause.

Theme 3: Types of Coping

Participants in this study utilized both positive and negative methods of coping. Each used several different methods. None used one particular strategy (Anderson, 2014). Findings from this study revealed the participants chose positive (adaptive) coping strategies over negative (maladaptive).

Church and religion have been identified as a strong coping mechanism for many African American women (Mushonga et al., 2021). This combination has been a safe haven, a valuable resource, and a place of guidance for many African American women (Bent-Goodley et al., 2015). Findings from this study confirm the importance of church and religion in the lives of DV survivors. In addition, God and Jesus Christ were identified as invaluable resources. Seven out of the eight participants in this study

identified church, religion, God, and Jesus Christ as methods to coping with and surviving DV.

Subtheme 1: Positive Coping

The participants in this study identified working, working out (exercise), attending church, focusing on self, talking to others, therapy, and professional counseling as coping methods. Seven of the eight attributed their survival, whether whole or in part, to religion and attending church. Four of the eight identified working out/exercising as a used strategy with two of the eight relating to focusing on self. One utilized professional counseling as it was ordered due to her age at the time of the abuse by the local court system. Two of the eight underwent some form of therapy. All the participants attributed their survival to being able to talk with someone about the DV.

Religion and spirituality have been attributed as the number one method of coping by African American women (Holt, 2018). Religion was identified in the study conducted by Howell et al. as the preferred method of coping. Furthermore, studies conducted by Boss et al. and de la Rosa et al. concur with Holt. This study does not negate the proclivity of utilizing religion and spirituality. However, findings from this study revealed that African American women talk it out, and this method has been proven effective.

Subtheme 2: Negative Coping

Negative or maladaptive coping strategies may be used in addition to or instead of positive coping strategies. Negative coping strategies are those that exacerbate or intensify the phenomenon as opposed to mitigating it. Self-blame, drug and alcohol use

and avoidance are three which are identified in previous research (Mills et al., 2018). In this study, participants revealed blocking it out and keeping silent as methods used that can be considered negative. In concurrence with the study conducted by Mills et al. (2018) avoidance and blocking it can be regarded as synonymous.

Subtheme 3: View of Others

Reframing or looking at a situation from a different perspective has been a way for DV survivors to cope (Crann & Barata, 2016). The findings from this study concur with the study by Crann and Barata. One participant shared that an aid to her survival was knowing there were others worse off than she. Additionally, the findings of this study align with those of the study conducted by Lim et al. (2015). Participants in the Lim et al. study used the comparison of themselves to the situation of others as a coping strategy.

Theme 4: Motivations

The series of questions asked to the participants yielded responses identifying sources that were considered their motivation to seek help or to handle their adverse situation positively (Carter & Rossi, 2019). Overall, their catalyst to move beyond the cause and effect of DV was their inner strength and voice. A few participants spoke of outer influences such as children and the advice of others. Findings revealed motivation was the driving force that inspired them to act towards alleviating their stress, depression, and oppression brought on by DV. Motivation encouraged the victims to become survivors.

Subtheme 1: Encouragement

Family has been identified as an impactful source to DV survivors (Johnson et al., 2016). Findings from this study revealed that family was instrumental in several ways. Encouragement was one way. Four of the participants specified family members gave them words of encouragement to press forward, not give up. One of the four revealed that it was the steadfast strength exhibited by a family member that was her encouragement. She stayed with this family member for a length of time so that she would not waiver, and thus, return to the abuser.

Subtheme 2: Motivation

Social (family) support has consistently been shown to help promote positive outcomes in adverse situations (Howell et al., 2018). Participants identified being emotionally done, having had enough, fighting for self, trying to get through it, survival, and having someone in their life who gave good advice as components to their method of survival. In alignment with the findings from the study conducted by Howell et al. social support in providing advice was a culturally relevant element.

Theme 5: Supports and Resources

Findings from this study revealed social support including family, friends, and church are the main sources for African American women in rural areas. Every participant in this study mentioned one or more as their means of support. One of the eight utilized public support in the form of a battered women's group in addition to family and friends. One of the eight used professional counseling. The other six participants spoke only of friends, family, and God. While these six did not use

professional counseling or public support, they did speak of counseling and therapy as means that would be helpful to others encountering DV. These insights confirm social support is a vital means of dealing with DV (Crann & Barata, 2016). Furthermore, social support is confirmed as crucial in the lives of African American women DV survivors (Howell et al., 2018).

Family support was identified as the top support type in this study. This coincides with the study conducted by Postmus (2015). Evidence from Postmus's study disclosed formal sources were not the avenues of choice by African American women. The family was the dominant resource.

Friends and God were identified as the second preferred support types in this study. The disclosure of DV to friends is confirmed by the qualitative study performed by Monterossa (2019) who found that African American women would seek the help of friends instead of formal help.

Subtheme 1: Resources

The responses from interview question 8, What resources were available to help you with coping with DV, provided the basis for this subtheme. Two of the eight participants were aware of limited professional services. One of these two participated in a program for battered women. The remaining six responded there were no resources. One of these six received professional counseling after leaving for college. Two of the six used close friends and family as their resource, and three relied on themselves with the help of the Lord.

Findings support the study conducted by Jose and Novaco (2016) in that participants endorsed the feeling of being strong and resilient enough to overcome DV. Additionally, the study conducted by Postmus (2015) was substantiated as formal sources were not the avenues of choice of African American women.

Subtheme 2: Support Types

Bowland (2015) proposed available resources as an identified method for coping used by DV survivors. Findings from this study revealed four support types. They were a) family, (b) strong, (c) public, and (d) friends. Participants revealed that more than one type of support was utilized. The combination of family and friends was utilized by three participants. The combination of family and public resources was utilized by two participants. One participant referenced family only and two emphasized strong support.

Family and friends are considered social support. Findings from a study conducted by Banyard et al (2019) revealed helping someone emotionally by listening with empathy is a characteristic associated with social support. Findings from this study support the value listening with empathy gives to DV survivors. Participants in this study revealed that talking with someone (family and friends) was a positive method of coping with DV.

Subtheme 3: Positive Outcomes

One of the problems with DV is the mental and health consequences it produces (Tsirigotis & Luczak, 2018). Four positive outcomes were found as a result of this study. They were (a) physical health improvement, (b) thankful to God, (c) became a role model and (d) gained strength. Three of the participants in this study revealed physical health

improvement via exercise and focusing on self. One revealed thankfulness to God. Mushonga et al (2021) conducted a study that revealed thankfulness as an adaptive theme. This aligns with the findings of this study. One participant became a role model and one gained strength.

Interpretation of the Theoretical Framework

The selected theoretical framework for this study was the adult resilience theory (Taormina, 2015)and the premise of the superwoman woman schema (Woods-Giscombe, 2010). The combination of these two relates to the innate power possessed by adults and moreover, African-American women to bounce back from negative situations. The work of Taormina (2015) brought to the forefront that resilience was not only for children but for adults as well. Resilience according to Taormina should be viewed as a continual process throughout the life of an individual. Taormina provided that resilience should be regarded as a characteristic that is innate and not necessarily sparked by social support or environment. The findings of this study align with the Taormina study and revealed an innate strength of the participants but not necessarily because of their culture. This study supports the pairing of the two theoretical frameworks.

Adult Resilience Theory

Adult personal resilience is a multidimensional construct that is made of four components: determination, endurance, adaptability, and recuperability (Taormina, 2015). These four components may be manifested as cognitive, physical or both. The combination of determination, endurance, adaptability and recuperability help in building resilience. Resilience is something that manifests throughout the entirety of someone’s

life. Taormina posits that it is intrinsic and not extrinsic, although external factors may play a role in motivating the individual to act. Ungar (2017) described adult resilience as that which we have on the inside of us and what we do to awaken it. Individuals may be considered weak or vulnerable if methods contrary to the culturally acceptable are used. One of the participants in this study commented that folks thought she was weak, and she had to show them that she was not weak. This statement supports Ungar's statement that cultural acceptance and approval are significant factors when coping strategies are utilized that exemplify strength. Findings from this study aligned with the components of the adult resilience theory.

Determination

Determination is the willpower to preserve (Taormina, 2015). It discloses a conscious aspect of the adult resilience theory. Five of the participants were explicit in their determination to survive and not succumb to the aggression of their abuser. The association to this component was clarified from the keywords of P1, "doesn't define you"; P2, "I had to get stronger"; P5 "he wasn't going to defeat me"; P6, "get through it"; and P8, "survive." As evidenced by all of the participants, their determination to survive existed. Findings from this study align with the first component of the adult resilience theory, determination.

Endurance

Endurance is the personal strength one has in which to survive (Taormina, 2015). It is the courage one possesses to survive unpleasant or difficult situations without giving up. This can be both cognitive and physical. The results from this study are evidence of

the endurance exhibited by the survivors. The youngest survivor is now age 25. Her first time experiencing DV was when she was 13 years old. According to the responses to the interview questions, the DV spanned for at least 3 to 5 years as she said she did not receive substantial help until she went to college. Her strength and courage kept her committed to survival. The survival of the remaining participants exhibits their endurance. Endurance is further demonstrated by the remaining participants in their ability to find methods to cope, execute the methods, and come through with positivity. Findings from this study support the second component of the adult resilience theory, endurance.

Adaptability

Adaptability is having the flexibility and resourcefulness to cope with adverse situations (Taormina, 2015). Flexibility is having the ability to bend without breaking. In the context of this study, I looked at bending as being the process in which the participants were able to cope with the abusive behavior of the perpetrator without responding negatively. Negativity was viewed as those strategies which are considered maladaptive in nature. Examining the responses of the participants to the interview questions, the ways in which they exhibited flexibility and resourcefulness are in the handling of their individual DV experience.

Unger (2017) posited that resilience is positive functioning where there are high levels of adversity. I defer to participant 008 who spoke of how her abuser had a lot of mouth and she needed to get away from him. The tone of her response reflected the intensity of the impact the verbal abuse had on her. Despite the force of the abuse, she

was able to adapt to survive. The findings of this study support the third component of the adult resilience theory, adaptability.

Recuperability

Recuperability is the ability to recover from adversity physically, and mentally (Taormina, 2015). It refers to having positive thoughts about one's condition. I asked the question to each participant how they were able to recover mentally, physically, and financially. Only one of the eight participants was not sure she had fully recovered mentally. Her experience with mental recovery has not been as definitive as the others. The remaining seven participants believe they have mentally recovered to the fullest. As it pertains to physically recovering, only one participant reported she was still experiencing issues with sleeping. Overall, the findings of this study align with the fourth component of the adult resilience theory, recuperability.

Strong Black Woman (SBW)

As mentioned in Chapter 1, African American women have been associated with strength and tenacity, which are components of SBW (Carter & Rossi, 2019). African American women have withheld this characterization since slavery. While SBW has been shown to have both negative and positive effects, the participants in this study did not reveal any negativity relating to the schema. All the participants both exhibited and spoke with positivity. SBW is perceived to have benefits including cultivating a positive self-image, a sense of self-efficacy, and a commitment to caring for families (Woods-Giscombe, 2010). Furthermore, the schema is perceived to help with self-survival. The SBW schema is noted to emerge because of stories and lessons from mothers,

grandmothers, and other matriarchal members, history of disappointment of the aid of family and friends, testimonies of abuse, and spiritual values.

Liao et al. (2020) posited that those who embrace SBW can survive adverse situations with limited help and conversely provide support to others without reciprocity. The findings from this study align with this aspect of Liao et al.'s research. Two of the eight participants utilized some type of professional help. Seven sought and received help from either family and/or friends. One revealed she tried to work it out by herself with help from the Lord. Four of the eight provided that helping others to go from victim to survivor was important.

Characteristics of strength consist of the determination to succeed, self-control, work ethic, and independence; caregiving is defined as sacrificing the needs of oneself for the needs of others (Liao et al., 2020). The actions of the participants in this study coincide with the characteristic of strength as defined by Liao et al. All participants exhibited the determination to succeed. Neither spoke of wanting to give up. Working was one of the codes that emerged. Participants found that continuing to work kept their minds from focusing on the abuse. Consideration of others was a subtheme that spoke of the survivors thinking of how the knowledge of the abuse would affect members of their families. Moreover, participants shared their concern for the effect on their mothers and children. The findings from this study align with those of Liao et al.

Definitions of SBW (independent, strong, hardworking, caring) emerged through a study conducted by West et al. (2016). The characteristics of independence and strength were identified codes that contributed to the emergence of the subtheme self-view.

Strength was identified and contributed to the subtheme of encouragement. Caring was recognized with the subtheme of consideration of others. Definitions of SBW were recognized in both the West et al. and current study.

West et al. (2016) and Donovan and Daniel (2016) further postulated that negative and positive outcomes result from SBW. Negative health outcomes were revealed by the majority of the 90 Black women participants in their study. Two participants in this study revealed negative outcomes from the abuse. They did not attribute their issues of sleep deprivation and nerve issues which hinder their physicality to SBW. Findings from the existing study neither align with this aspect of the study conducted by West et al. or the study conducted by Donovan and West.

Carter and Rossi (2019) found that while cultural images of the Black woman as the SBW or Superwoman were created as weapons of oppression, the references provide strength and motivation to adopt positive coping strategies for African American women. Five of the eight participants in this study alluded to being a strong black woman. Because all of the participants exhibited an impressive measure of strength, the deduction is that their self-identification as a strong black woman motivated them from the point of victim to survivor. Thus, the findings from this study support the study conducted by Carter and Rossi.

Furthermore, Carter and Rossi (2019) posit that SBW is neither all bad nor all good. These researchers suggest that SBW is a concept that is embraced by African American women and has become an art when responding to physical and psychological adversities. All of the participants in this study experienced psychological adversity and

six of the eight experienced physical adversity. All reported an overall positive outcome from the abuses. All revealed positive coping strategies for their survival. The deduction that their self-identification as a strong black woman supports their embracing SBW and is attributed to their responses to the physical and psychological aggression perpetrated against them. Thus, the findings from this study support this aspect of the Carter and Rossi study.

SBW constructs as a risk factor for negative physical and mental health outcomes (Donovan & West, 2015; Watson & Hunter, 2015). Abrams et al. (2019) conducted a study that resulted in the researchers suggesting that there is an overwhelming feeling experienced by a Black woman when fulfilling the SBW expectation. None of the participants in this study acknowledged a correlation between SBW and negative physical and mental health outcomes. Findings from this study are not in alignment with the studies conducted by Abrams et al., Donovan and West, and Watson and Hunter.

Limitations

This study provided valuable data that described the methods used for coping with and surviving DV by African American women in rural areas where there are limited professional resources. Limitations in this study were projected to exist due to the criteria being limited to only African American women living in rural areas who were not currently living with the abuser. Firstly, the study was limited to only African American women. It did not include women of other ethnicities and cultures. Secondly, it was restricted to a rural area. A rural area by definition is a location where there are a small number of people living in an area. It did not include urban or suburban area residents

(DuBois et al., 2019). Thirdly, the sample size was small. LaDonna et al., (2021) posited that saturation could be achieved with a small sample size. Saturation was reached after interviewing five participants in this study. Conducting the study in an area with a larger population size may have drawn a larger number of participants, thus allowing for more methods of coping with and surviving DV to be revealed. Despite the limitations of this study, the findings provide valuable insight into the coping methods utilized by African American women living in a rural area where there are limited resources to survive DV. Future research may add to the knowledge of the phenomenon of the coping strategies utilized by African American women in a rural area by conducting the study in a more populated rural area and including women of other races.

Recommendations

Recommendations for further research are grounded in the strengths and limitations of this study as well as the literature reviewed in chapter two. There are many studies on the coping strategies employed by women of various races (Little, 2017; Mills et al., 2018). There are very few studies on the coping strategies of African American women who have survived DV living in rural communities (Crann & Barata, 2016). With the increase in interest in what methods are used to cope with and survive DV (Rizo et al., 2017), this and future studies will expand the knowledge base. The findings from this study can be used as a basis for an in-depth study from the perspective of the abuser. It may be beneficial to understand the why from both the abuser and the abused in ascertaining the need for resources and programs.

Based on the findings and limitations of this study, I recommend that future generic qualitative studies be conducted in other geographical locations exploring the coping methods used by African American women who have survived DV. Rural areas are defined as areas with low population density; however, the size may vary (Neil & Hammatt, 2015). With a greater population, the possibility of more participants, different age groups, accounts, and perspectives may be achievable. Findings from such studies may provide methods aberrant from what was found in this study and thus create a greater understanding of the association of DV, coping strategies, and African American women.

Continued research in this field of study will decrease the gap in the literature surrounding this population. Additionally, it may heighten cultural competence as it relates to DV and the African American community. This will also increase the knowledge base for family, friends, and the church community to better handle reports of abuse. Implications from this study may provide key data for future studies exploring the coping methods utilized by African American women who have survived DV in wider rural areas.

Rural areas do not receive adequate attention to incidents of DV due to the lack of reporting, fear of others knowing personal business, lack of or limited professional resources, transportation, and other barriers (Reckenwald et al., 2018). This study will further aid in potential studies exploring available resources to mitigate DV. Findings from this study support family, friends, church, and religion as the top sources for helping to cope with DV in the targeted population. I recommend further research in the area of

this study with a focus on resources to understand the impact these have on coping with and surviving DV by African American women living in rural areas.

Implications

Implications for positive social change are complex and span across multiple fields (Islam, 2019). This research is potentially impactful for positive change on societal, individual, and organizational levels. The top method of coping with and surviving DV was talking about it. Positive social change can be enacted from the findings of this study by creating open forums for survivors to talk. Focus groups, chat times, and table talks can be established which would provide a comfortable setting for victims and survivors to discuss and work through DV experiences. These avenues can be explored privately, community-wide, and church-wide.

Societal Level

On a societal level, the information provided by this study may help social workers, clinicians, mental health professionals, pastors and clergy, the church community, and the public understand the importance of providing resources in rural areas where there are limited to no professional services available to address the needs of DV victims. Awareness of the vital role society plays in the survival of DV victims may help in the manifestation of caring hearts and the declination of critical views. Thus, providing a welcoming, non-judgmental environment for DV victims to become survivors. The findings from this study may be impactful in getting the attention of policymakers in rural areas to focus on policies that address the lack of or shortage of

resources and safe havens for DV survivors. Moreover, those who are recovering from the effects of DV may benefit from the created resources.

Individual Level

The survivors in this study exemplified the definition of positive social change on an individual level. Participants shared their journey from victim to survivor as a means of helping other women who may be enduring DV. The sharing of their experience served as both motivation for seeking help and encouragement that there is a positive way out. Additionally, the findings of this study may serve in the formation of an informed perception of DV victims. They may help to eliminate bias in counseling, and therapeutic settings, particularly in the church. Findings from this study revealed the concern for how others looked at and thought of the survivor.

Organizational Level

Organizationally, having an awareness of the coping strategies of African American women who have survived DV aids in increasing understanding by clinicians, the public, church, and community leaders. The findings of this study can help in creating educational opportunities, programs, safe havens, and empathic climates for others who may be experiencing DV. Additionally, organizations may use the findings of this study to collaborate in efforts for support, counseling, and pursuits toward the mental and physical wellness of African American DV survivors living in rural areas where there are limited to no professional services.

The results of this study may be used to devise courses, workshops, and seminars to advance knowledge in human services, exercise science, counseling, therapy, and

mental and behavioral health as they relate to methods of coping by African American women living in rural areas.

Social Determinants of Health

Findings from this study contribute to positive social determinants of health. Social determinants of health are circumstances in which an individual is born, grows, lives, worships, plays, and works, and greatly impacts their well-being (Islam, 2019). They are nonmedical factors that influence an individual's health, well-being, and quality of life. Some DV victims may not have the support needed in their home, work, or community (Walden University, 2024). Society may embrace this study's findings to formulate resources and garner support, particularly in rural areas with limited professional services available; thereby addressing social and community support disparages. This support is pertinent to improving health and well-being in the context of social determinants of health.

Conclusion

This study is relevant and important due to the exploration of the coping strategies utilized by African American women who have survived DV living in rural areas. There are studies that focus on the combination of African American women, DV, urban, and suburban areas but very few of this same population in rural areas (Murphy-Erby et al., 2019). The essence of the study allowed for an in-depth view from the catalyst of the abuse to the long-term effects with the feelings and methods of coping in between.

Eight African American women ranging in age from 25 to 69, met the criteria to be participants in this study. Through semi-structured interviews, conducted either in-person or via Zoom, participants shared their thoughts, feelings, their perceived reason for the abuse, their fears, barriers to seeking help, and how they coped with the abuse. Additionally, they shared words of encouragement to other survivors thus, exemplifying an unselfish and caring attitude.

Using thematic analysis, manual coding, and Colaizzi's 7-step approach, five themes emerged: self-perception, barriers and conditions, types of coping, motivations, and supports and resources. From the themes, a greater understanding of the journey of the DV survivor is gained. Findings support the journey as how they saw themselves, the barriers and conditions that may have been a hindrance to them in seeking help, their methods of coping, what motivated them and gave them continued encouragement, and the identified supports and resources, which aided through the process and continues.

None of the participants identified one singular method of coping with and surviving DV. All utilized a combination of adaptive strategies. The predominant

combination was talking about it and prayer. The participants identified God and Jesus Christ, family, and close friends as the sources most used for confiding in and seeking help. Two of the participants credited professional sources (a battered women's group and counseling) as additional sources but family and friends weighed heavier. Prayer, talking about it, and working out/exercise was the trio used by four of the participants.

Premises from the superwoman schema and adult resilience theory were used to guide this research. Two participants alluded to being strong black women and able to endure more than others. However, there was nothing concretely brought out in the interviews that said superwoman schema or strong black woman. Findings from this study support the underpinnings of the superwoman schema or SBW. Alternatively, all the participants exemplified the components of the adult resilience theory, adaptability, endurance, determination, and recuperability.

As is the case with other studies, there were limitations to this one. The criterion was that participants were African American women, lived in a rural area, experienced DV, and did not live with the abuser. The criterion contained limitations to the race, residency, and familial status of the participants. While the limitations did exist, this study can be beneficial in a multiplicity of ways. Findings from this study can be the basis for educational opportunities, and culturally competent programs, and provide a means to understanding the why behind the coping of DV perpetrated against not only African American women but also women of other races. Public, private, and church communities may be able to use the findings to introduce conversations to help support survivors and provide help to victims. Individuals may gain an understanding of the

deleterious effects DV has on victims and thus possibly have an empathetic ear to lend. As found in this study, talking to someone was the main strategy for coping. Participants in this study revealed that their knowledge of available sources other than family and friends was limited to two of the eight. Organizations may use the findings of this study to collaborate to create and implement programs to equip mental health professionals, clinicians, family members, pastors and clergy, and other private and public leaders in supporting and helping DV victims become DV survivors.

This study has provided an answer to the research question: What strategies do African American women survivors of DV living in rural areas with limited professional resources use to cope with DV? Recommendations for future studies include continuing research using the generic qualitative method and focusing on the why of DV to bring greater awareness from both the view of the abused and the abuser. Furthermore, future research in this area can bring about awareness of the phenomenon of DV and its effects on African American women. Recommendations provide the suggestion for further research on this study to decrease the gap in the literature and explore the extension of resources to meet cultural competence. This study is valuable in that it addresses what specific strategies are used by African American women DV survivors in rural communities where services are limited. Additionally, it sets the tone for future studies in this area of interest.

Most importantly, the results of this study can be used to help DV victims move forward towards survivors. Additionally, it can help survivors move forward to living a healthy life, having a positive sense of well-being and an excellent quality of life. Despite

the detrimental and potentially long-term effects of DV, there is hope, help, and recuperability. African American women survivors of DV living in rural areas may gain a heightened level of self-esteem at knowing they are not alone.

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Appendix A: Recruitment Flyer

Interview study seeks African American Women living in a rural area who have experienced domestic violence

There is a new study about the coping strategies used by African American women living in a rural area who have survived domestic violence (DV). This study could help healthcare providers, community, and church leaders to develop culturally sensitive resources and programs. For this study, you are invited to share how you coped with and survived DV living in a rural area with limited resources.

About the study:

- One 45- 60-minute face-to-face interview that will be audio recorded.
- To protect your privacy, the published study would use fake names.
- Study is strictly voluntary.

Volunteers must meet these requirements:

- African American
- Women
- Either currently or previously living in a rural community where professional services are limited
- Experienced Domestic Violence
- Neither currently in an abusive relationship nor in contact with the former abuser

This interview is part of the doctoral study for Kimberly E. Wimbush, a Ph.D. student at Walden University. Interviews will take place beginning August_____ and ending September _____.

Potential participants should not currently be in a relationship with someone (or be in contact with a former partner) who has committed (or has the potential to commit) violent acts against the potential participant.

Appendix B: Interview Guide

Thank you for participating in this study. Your time and willingness to share your experience is greatly appreciated. The purpose of this study is to show the coping strategies of African American women who have survived domestic violence in a rural area. You have been selected because you meet the criteria for this study. All the information you provide will remain confidential. Your personal information will not be shared in any way. The results will not contain the names or other personal identifying information.

This interview will take approximately 45-60 minutes and will be audio-recorded so that the details of your responses will be accurately captured. The audio recording of the interview will be transcribed into a Word document. I will email you a copy of your interview for your perusal and certification that the contents are accurate. You will have four calendar days from the date of the email to make any corrections, approve and return the transcript to me via email. If you do not wish to continue with this interview, you may stop at any time.

This study is to discover the coping strategies used by African American women in a rural area that have survived DV. The interview will begin with a few demographic questions. These questions are asked so that practitioners and community leaders may identify or develop programs and services to meet the needs of others with the same classification. You have the right to not answer any of the questions.

Do you have any questions? Do you consent to participate in this study? Are you ready?

1. Did you have any problems finding this facility?

   Did you come via 57 or 58?

Great! Let us begin.

2. What do you know about domestic violence (DV)?
3. When was the first time you experienced DV?

Describe for me your thoughts and feelings.

4. What were the triggers for the abuse?

What methods have you learned to use to avoid the triggers?

5. What made you decide, if you did, to not tell anyone of the abuse?

What did you think would happen if you told?

6. Who did you finally tell of your experience(s)?

Why did you choose this person?

7. What were your barriers, if any, for your seeking help?

How were these barriers no longer a challenge once you decided to seek help?

What was your strongest motivation for overcoming the barriers?

8. What resources were available to help you with coping with domestic violence?

Which of these resources did you utilize?

Why or why not?

9. As an African American woman who has survived DV, what were your method(s) of coping?

Tell me more about your strategies.

10. How were you able to recover mentally?

How were you able to recover physically? Financially?

11. What was it that gave you your willpower?

12. What recommendations do you have for women who are experiencing or have experienced DV?

What programs or other resources would you like to see in your area?

13. Last question, is there anything else you would like to share with me?

Thank you for being with me today and participating in this study. Thank you for your honesty. I will contact you when I have transcribed this interview and you will have the opportunity to make any necessary corrections. If you need help processing what we have talked about today, services provided by the Southside Survivor Response Center, Inc., at (276) 403-4080, the Family Preservation Services of Virginia at (276) 632-1113 and the Patrick County Victim/Witness Assistance Program at (276) 694-4285 are available. Thank you and I hope you have a wonderful rest of your day; I appreciate you. Let me walk with you to the door.