5-5-2025

Lived Experiences of African American Women Exposed to Intimate Partner Violence in Single-Parent Homes

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This is to certify that the doctoral dissertation by

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Walden University
2025

Abstract

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MS, Walden University, 2020

MPA, Troy University, 2008

BA, Fort Valley State University, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

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Abstract

Exposure to intimate partner violence (IPV) is widespread in childhood, but it is generally higher among African American children. Extensive qualitative analyses to understand the experiences of youth who have experienced IPV have suggested that help-seeking is vital to the survival rate of African American women. Nonetheless, most studies have involved mainly White participants from two-parent households. The current research included African American women who experienced IPV. Social learning theory was used in this study to describe the participants' behaviors and experiences with IPV. A phenomenological approach was employed to uncover the participants' lived experiences of IPV. Two research questions guided the research. The study sample included seven African American women between ages 21 and 40 who were subjected to IPV while growing up in single-parent homes. All the participants were asked 10 interview questions. Data analysis following a phenomenological approach revealed four themes: (a) experiences of abuse and neglect, (b) barriers to support and recovery, (c) emotional and psychological impact, and (d) resilience and personal growth. The findings of this study have potential implications for positive social change by assisting in the development of programs for reducing maladaptive adjustment outcomes after IPV exposure for higher-risk populations. Practitioners and policymakers may use information regarding the barriers to positive development experienced by participants in the current study to develop programming that addresses these concerns and builds on family strengths.

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Dedication

This dissertation is dedicated to my grandparents Pearline Washington, Bobbie Jean McWilliams, and Chester McWilliams, Sr., who were a big part of my village. I will always remember their hard work and the sacrifice they paid to help me with my education. Without the three of you, my PhD journey would not have been possible. Even though you three would not see me walk across the stage, I know you will be there in spirit. I dedicate this dissertation to you. I love you forever.

Acknowledgments

I want to honor God first for allowing me to travel this PhD journey and strengthening me during this long journey. Next, thank you to my husband and best friend, Stacey James Salley. You traveled this PhD journey with me every step of the way. Thank you for encouraging me to keep going, not allowing me to quit, giving me a listening ear, giving me a shoulder to cry, and taking on other responsibilities to allow me to focus and study. Your support and love have not gone unnoticed. Thank you for reassuring me to pursue this PhD. Thank you for being my "biggest fan." I love you always and forever. Now it is your time. You are the best husband and friend I could ask for the last 20 years.

To my parents, Sandra Washington (mom), thank you for all your support and encouragement. Thank you for showing me that I can do whatever I put my mind to and what strength looks like when my back is against the wall. We beat the odds because a teenage mother raised a daughter to be successful and chase her dreams. Scottie (dad) and Kimberly McWilliams (mommy), thank you for your unwavering support during my PhD journey and life; your love is unmatched. Dad, your phone calls helped me keep going when I wanted to quit; you reminded me that quitting was not an option. Dr. Vivian Salley (Mommy), thanks for paving the way and showing me I could accomplish this PhD. Thank you for constantly checking in and ensuring I stayed on task; I am now forever out of timeout. Your push helped me cross the finish line with grace.

To my siblings: Shamekia Frederick, your strength and fight during your Kidney transplant gave me a big push to keep fighting for my PhD. Never underestimate your

strength; keep pushing and living your dream. Scottie, Zackary, Joshua, and Matthew, your support, encouragement, and belief in me when I did not have it in myself kept me in my PhD journey. I am so grateful to be your big sister. I love you so much and will continue to make you proud. All of you have made me proud; the sky is the limit.

I have a great village that has pushed me, and I want to say thank you because you have supported me, Uncle Michael Washington, Bobbies Girls (Ann, Bell, Sand & Rekia), Dr. Bishop Willie Farrell, First Lady Marget Farrell, and my entire family. Thank you for understanding all the times I had to miss events that were not available because I was committed to this PhD journey. I hope you now know why I couldn't make it. Love you all. I cannot leave out my best friend, Shanika Sims; thank you for your encouragement and prayers. I am so happy to call you a friend and sister. Last, I want to acknowledge my nephew, Jeremiah Smith. I kept pushing for you and wanted to show you how important education is; as I pushed you, I also wanted to be an example of how you move through obstacles and complete each task, not just in education but in life. I am so proud to be your "TT."

To my current committee chairperson, Dr. Jerrod Brown, thank you for your leadership, guidance, and feedback and for getting me to the finish line. To my past dissertation chairs, thank you for your input and advice. To my committee member, Dr. Bob Meyers, thanks for your leadership and feedback throughout the PhD journey.

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Chapter 1: Introduction to the Study

Introduction

Projections indicate that 1 in 6 children will witness intimate partner violence (IPV) in their lifetime (Finkelhor et al., 2015). Experiencing IPV is linked with various maladaptive outcomes, including behavior problems (Maneta et al., 2017), mental health concerns (D'Andrea & Graham-Berman, 2017), academic problems (Kiesel et al., 2016), and intergenerational transmission of violence (Haselschwerdt, Hlavaty, et al., 2019). Qualitative studies have been conducted to explore the experiences of youth who have experienced IPV to comprehend the connection between IPV exposure and outcomes (Buckley et al., 2007; Haselschwerdt, Hlavaty, et al., 2019; Holden, 2003; Katz, 2019; Naughton et al., 2019; Ravi & Casolaro, 2018). IPV help-seeking is critical to the survival rate of African American women (Waller & Bent-Goodley, 2023). However, these studies have largely focused on White, two-parent households. The current research project involved African American women who have suffered from IPV.

The Department of Justice (DOJ, 2006) reported that African American women encounter IPV at a proportion that is 35% and 2.5% greater than White and other women of color, respectively. Black women are also less likely to use professional support systems or report experiences of IPV due to feelings of shame or fear of facing racism from police forces (DOJ, 2006). Higher overall rates of IPV and a lower likelihood of using formal supports suggest that the children of African American mothers experience exposure to IPV differently than children of White women or other women of color. However, although ample literature exists on Black women's experiences of IPV, few

studies have focused on African American women's IPV experiences. In addition to a higher rate of exposure to IPV, Link (2017) estimated that 70% of Black children are being raised in single-parent households. Yoo and Huang (2012) found that compared to children exposed to IPV in two-parent households, youths exposed to IPV in single-parent households reported more externalizing problems. Nevertheless, as there are few qualitative findings on the experiences of children exposed to IPV and raised in single-parent homes (Haselschwerdt, Hlavaty, et al., 2019; Katz, 2019; Naughton et al., 2019; Ravi & Casolaro, 2018), it is unknown how their experiences may differ from children exposed to IPV and raised in two-parent homes.

In extensive research on the experiences of African American women exposed to IPV, the participants tend to be from two-parent families, and samples are majority European American (Haselschwerdt, Hlavaty, et al., 2019; Katz, 2019; Naughton et al., 2019; Ravi & Casolaro, 2018). IPV has been suggested to be a hidden violence against women and more studies are needed (Peeren et al., 2024). Few studies have focused on the lived experiences of Black women from a single-parent household who have been exposed to IPV. As such, there is some evidence that the experiences of this population may be unique (DOJ, 2006; Yoo & Huang, 2012) from the populations usually included in the literature. Therefore, there is a need to examine the experiences of a more diverse population. To close this gap in the literature, I conducted this study to explore the survived experiences of Black women exposed to IPV while being raised in a single-parent household and their insights into how the exposure to IPV impacted their lives.

Studies have proven there is a gap in the literature, suggesting a need for more investigation to discover the lived experiences of Black women exposed to IPV.

Background

I found relevant literature by searching psychological article databases with a combination of the following keywords and/or phrases: *intimate partner violence, single-parent households, African American, Black, exposure to IPV, family violence,* and *domestic violence*. The key studies are outlined in this section.

Haselschwerdt, Hlavaty, et al. (2019) performed a qualitative study to investigate the involvement of young adults ages 19–25 who were exposed to IPV in their households of origin. All participants reported having physically violent fathers or stepfathers and that their mothers were married to their fathers when the violence occurred. Seven of the 25 young adults were African American. The researchers found that the young adults' experiences aligned with Johnson's (2008) typology of violence. Ten of the young adults reported exposure experiences, such as situational couple violence (Johnson, 2008), including exposure to less severe violence, being exposed to the violence in fewer ways, and being less likely to experience child abuse and maltreatment. The remaining participants reported exposure experiences consistent with coercive controlling violence (Johnson, 2008), including exposure to more extreme and frequent violence, exposure to violence in more ways, and being more probable to experience child abuse and maltreatment.

Katz (2019) qualitatively examined the influence of domestic violence on the mother–child relationship. Participants included 15 mother–child dyads when the

children were ages 10 to 14; two of the children identified as Black British. For 12 of the dyads, the perpetrator of the violence was the child's father. The researcher found that when the mother–child dyad reported a close relationship, the father was indifferent or hostile toward the child. The child was aware of the corporeal violence, and the mother was emotionally connected with the child. The father did not try to undermine the mother–child relationship, and the child had a generally favorable view of the mother and a pessimistic view of the father. When the mother–child relationship was strained, the father was more likely to be indulgent with the child, the child was less aware of the physical violence, the father undermined the mother–child relationship, mothers were less emotionally connected with their child, and the children had a more favorable view of their father and more negative view of their mother.

Naughton et al. (2019) qualitatively examined the IPV exposure experiences of 13 Irish young adults ages 18 to 26. All participants were exposed to IPV between their fathers and mothers and reported they were more likely to define physical IPV as abuse but struggled to do the same for psychological IPV. The participants were also more likely to report discussing the abuse with their mothers if the physical violence was more severe and if they perceived their father as responsible for the IPV. They were more open to talking with another woman, mother, or mother figure about the abuse.

Ravi and Casolaro (2018) conducted a qualitative meta-analysis of nine experiments that focused on the IPV exposure experiences of children in the United States and Europe. The reviewed studies focused on children whose ages ranged from 8 to 17. Most of the participants were White and reported on a father or stepfather, but

some included the boyfriends of their mothers. The researchers found that substance abuse and economic concerns were a major context in which the violence occurred. Children also used a range of coping mechanisms, including staying out of the house by playing sports and abusing drug or alcohol to manage their exposure experiences.

Yoo and Huang (2012) conducted a measurable study to examine the impact of IPV exposure over the course of 5 years and the moderating effect of poverty and parent marital status. At Year 1, 1,234 mothers reported on their IPV experiences and child's behavior. In terms of race, 53% of the participants were African American, and in that group, 32% did not have a high school diploma. Of this sample, 185 mothers reported experiencing IPV but did not identify the perpetrator. Both poverty and marital situation affected the relationship between the IPV acquaintance and the child's behavior. Children living in poverty and exposed to IPV reported fewer problem behaviors compared to those not living in poverty and exposed to IPV. The findings also indicated that children who lived in single-parent homes and who were exposed to IPV reported more problem behaviors compared to children who lived in two-parent households and who were exposed to IPV. Children who lived in a single-parent home and were exposed to IPV had more school incidents and referrals to the office than children who lived in two-parent households (DOJ, 2006; Yoo & Huang, 2012).

Problem Statement

One in 6 children will observe IPV in their life (Finkelhor et al., 2015). Experiencing IPV is linked with various maladaptive consequences. The African American community has been impacted by IPV at a disproportionately higher rate

(Bent-Goodley et al., 2023), resulting in outcomes such as behavior problems (Maneta et al., 2017), mental health concerns (D'Andrea & Graham-Berman, 2017), academic problems (Kiesel et al., 2016), and intergenerational transmission of violence (Haselschwerdt, Hlavaty, et al., 2019). Qualitative studies have been conducted to explore the experiences of youth who have been exposed to IPV to understand the association between IPV exposure and outcomes (Buckley et al., 2007; Haselschwerdt, Hlavaty, et al., 2019; Holden, 2003; Katz, 2019; Naughton et al., 2019; Ravi & Casolaro, 2018). However, most of these studies have largely involved White two-parent households, resulting in limited focus on African American women in the literature.

The DOJ (2006) reported that African American women experience IPV at a percentage that is 35% higher than White women and 2.5% higher than other women of color. Black women are also less likely to use professional support organizations or report experiences of IPV due to feelings of shame or fear of facing racism from law enforcement (DOJ, 2006). Higher overall rates of IPV and lower likelihood of using formal supports suggest that the children of African American mothers are exposed to IPV differently than those of White women or other women of color. However, although ample literature exists on Black women's involvement with IPV, few studies have focused on African American women's experiences of exposure to IPV. In addition to a higher rate of exposure to IPV, Link (2017) estimated that 70% of Black children are being raised in single-parent households. Yoo and Huang (2012) found that compared to children exposed to IPV in two-parent households, those exposed to IPV in single-parent households reported more externalizing problems. However, as few qualitative analyses

have been conducted to explore the experiences of children exposed to IPV and raised in single-parent homes (Haselschwerdt, Hlavaty, et al., 2019; Katz, 2019; Naughton et al., 2019; Ravi & Casolaro, 2018), it is unknown how their experiences may differ from those exposed to IPV and raised in two-parent homes.

Despite increasing studies on the experiences of those exposed to IPV, the research participants tend to be two-parent families and most of the study samples are not African American (Haselschwerdt, Hlavaty, et al., 2019; Katz, 2019; Naughton et al., 2019; Ravi & Casolaro, 2018). Few studies have focused on the lived experiences of Black women exposed to IPV who lived in a single-parent household. However, some evidence suggests that the experiences of this population may be unique (DOJ, 2006; Yoo & Huang, 2012) compared to those of the populations usually included in the literature. Therefore, there is a need to examine the experiences of a more diverse population. To address this gap in the literature, the current study involved examining the lived experiences of Black women exposed to IPV while being raised in a single-parent household and their insights into how exposure to IPV impacted their lives.

Purpose of the Study

The purpose of the current phenomenological qualitative study was to examine the lived experiences of African American women exposed to IPV while being raised in single-parent households. The study also encompassed examining how these women view the impact of IPV exposure on their lives. The study sample comprised Black women between ages 21 and 40 (18 and over, if living on their own) who were exposed to IPV while growing up in single-parent homes. Although there is an increase in

research into the experiences of being exposed to IPV in one's family of origin (Haselschwerdt, Hlavaty, et al., 2019; Holden, 2003), studies have focused on two-parent households. Few studies have also precisely focused on the experiences of African American families. Some existing evidence suggests that the exposure experience of this population is unique (DOJ, 2006) and associated with more maladaptive adjustment outcomes (Yoo & Huang, 2012). By understanding the exposure experiences of this specific population, this research may provide important insight to practitioners and policymakers to accommodate youth exposed to IPV.

Research Questions

This study was directed by the following research questions:

RQ1: What are the lived experiences of African American women raised in single-parent homes where IPV occurred?

RQ2: How do African American women raised in single-parent households describe the impact of exposure to IPV on their quality of life?

Conceptual Framework

The theory that underpinned this study was social learning theory. Social learning is the process of viewing others and the drawbacks of their behaviors (Kretchmar, 2017). Based on those observations, individuals will or will not engage in similar behaviors (Kretchmar, 2017). Social learning theory has been used extensively to clarify the connection between exposure to IPV and a diversity of adjustment outcomes (D'Andrea & Graham-Berman, 2017; Haselschwerdt, Savasuk-Luxton, et al., 2019; Kiesel et al., 2016; Maneta et al., 2017; Martinez-Torteya et al., 2016). The theory has also been used

to elucidate why youth exposed to IPV engage in more externalizing or aggressive behavior (Maneta et al., 2017; Martinez-Torteya et al., 2016).

Minors who are exposed to IPV and perceive aggressive acts as a means to gain what they want or need from another person are more likely to express more hostile behavior. However, under social learning theory, youth exposed to IPV may also learn to avoid engaging in more aggressive behaviors as they feel the negative consequences of exposure to IPV. In other words, adolescents who perceive IPV and aggressive acts as having negative consequences will avoid these behaviors and relationships. Studies have revealed that the ways in which youth understand their IPV exposure changes their responses to the violence and how they view the effect of exposure to IPV on their lives (Katz, 2019; Naughton et al., 2019). In the present study, I asked African American women to reflect on their knowledge of exposure to IPV and describe how their exposure experiences impacted their lives. Social learning theory was used to understand how participants' perceptions of exposure to IPV impact their behavior.

Nature of the Study

The aim of this phenomenological qualitative study was to examine the lived experiences of African American women exposed to IPV while being raised in single-parent households. The target population was African American women in single-parent homes between ages 21 and 40. Using the phenomenological approach, I attempted to uncover the essence of participants' lived experiences, as Patton (2011) explained. Grasping and explicating the meaning, structure, and essence of the lived experiences required deep immersion in the data and ongoing examination. The specific approach

used in the current study was the transcendental phenomenological method outlined by Perry (2013). This method of phenomenological research is appropriate when one seeks to understand the cognitive operations (i.e., experiencing, understanding, judging, and deciding) that occur when experiencing a phenomenon (Englander, 2016; Moustakas, 2011; Perry, 2013). As the aim of the current study was to understand how African American women experienced IPV exposure and understand the effect of exposure to IPV on their lives, this method was consistent with the research questions identified.

Data were analyzed using the approach outlined by Groenewald (2004). This data analysis approach consists of three steps: (a) phenomenological reduction, (b) delineating units of meaning, and (c) theme creation (Groenewald, 2004). Data analysis ended when saturation was achieved or no new data or themes were identified within the statistics (Hennink et al., 2017). In addition to this data analysis approach, triangulation was used, and I demonstrated transferability, dependability, and confirmability to provide evidence of the reliability and validity of the results. Triangulation facilitates authentication of facts through cross-confirmation from more than two sources. This procedure entails inspecting numerous sources of data to determine the extent to which the different perspectives concur (Lincoln & Guba, 1985; Ravitch & Carl, 2016; Shenton, 2004). For the current study, comparative analysis was used following the approach outlined by Groenewald. Both individual transcripts and themes were compared to ensure a fit of the themes to the overall data.

Transferability, dependability, and confirmability have been shown to guarantee the consistency and soundness of research conclusions. According to Lincoln and Guba

(1985), transferability denotes screening the findings and ensuring they have applicability in other contexts. To ensure transferability, a detailed description of the methods and rich descriptions of the data analysis process and findings were provided. Dependability involves ensuring the findings are unchanging and could be repeated; if another researcher conducted the study, they could obtain similar results (Lincoln & Guba, 1985). To maintain dependability, rich descriptions of the methods and data analysis process were provided. Confirmability is the degree of neutrality and the extent to which the findings from a study are shaped by the respondents and not researcher bias, motivation, or interest (Lincoln & Guba, 1985). Detailed memos were maintained at all stages of data collection. Members of the research team reviewed these memos. Within the findings, I provided detailed quotes to support the identified themes.

Definitions

Some terms used in this study have identical meanings. The following operational terms and definitions are presented to help classify and report how African American women survived IPV.

African American: In this study, any individual who self-identifies as having African heritable lineage and who was born in the United States (Manley-Johnson, 2013).

Domestic violence: A vicious act committed by a current or former mate or intimate partner of the victim (Department of Justice, 2022).

Intimate partner: An individual who has emotional connectedness, steady communication, regular physical interaction, or sexual activity with a particular person (Breiding et al., 2015).

Intimate partner violence: Physical, sexual, emotional, psychological, or mental exploitation by a current or previous companion or mate (Centers for Disease Control and Prevention [CDC], 2019).

Single-parent families: Families with children under the age of 18 controlled by a parent who is widowed, separated, or not remarried or by a parent who has never wedded with a long-term relationship or nonceremonial marriage, also known as common-law marriage (The Gale Group, 2022).

Violence: A dangerous form of assault, rape, or murder (American Psychological Association, 2022).

Assumptions

There were numerous expectations related to this research. I presumed that phenomenological qualitative was an operative technique of exploring the lived experiences of African American women raised in single-parent homes where IPV occurred. My second assumption was that the phenomenological qualitative method was an adaptable method of research that would permit me to gather information from participants, which could be used to describe African American women's lived experiences. The next assumption associated with this research study was that I would recruit enough African American women with lived experiences of IPV who would meet the inclusion criteria for participating in the study. I also assumed that participants would be open and honest during the interviews while talking about their IPV experiences. Last, I assumed that African American women wanted to share their IPV experiences to help other women in similar IPV situations.

Scope and Delimitations

I recruited a purposive sample of African American women who were raised in single-parent households. The method of participant recruitment was through flyers distributed at a local library and restaurants. Once the participant responded by contacting me, I screened them to determine whether they fit the inclusion criteria of: (a) African American woman over the age of 21 (18 and up if living on their own); (b) raised in a single-parent household for most of their childhood; and (c) self-reported exposure to IPV. I only recruited participants over the age of 21 to avoid including individuals who may still live with their family of origin. Earlier studies have revealed that asking young adults to report on their experiences of exposure to IPV while growing results in rich, accurate descriptions (Hardt & Rutter, 2004; Haselschwerdt, Savasuk-Luxton, et al., 2019).

All interviews occurred at a disinterested public place to preserve confidentiality and lasted between 30 and 60 minutes. I recorded all interviews for transcription before analysis and stored the recordings electronically in a secure, password-protected file. The participants were debriefed as needed and received a list of local resources for any distress they may have experienced after the interview. I arranged the questions so that the participants would discuss negative emotions at the beginning and positive/happy emotions at the end of the interview to allow them to finish the interviews with more positive emotions. Previous qualitative research focused on exposure to domestic violence did not reveal that participants experienced significant distress after the interviews (Haselschwerdt, Savasuk-Luxton, et al., 2019; Katz, 2019; Naughton et al.,

2019; Ravi & Casolaro, 2018). I gave pseudonyms with no identifiable information to all participants. Before data collection, I obtained institutional review board (IRB) approval.

The first delimitation of this research was the conditions for participation; any individual who did not self-classify racially as an African American woman was excluded. This was a delimitation because there is limited existing research pertaining to this population of women and their experiences of IPV. This study did not include men and African American women living outside the United States as participants. This may limit the transferability of the results to women of other ethnic groups and men. The delimitations in this research study were only African American women and no men.

Limitations

Mitigating personal bias in data collection and analysis during qualitative research is critical, particularly when conducting research with diverse populations. Therefore, I used the recommendations of Zapf and Dror (2017) to reduce bias in the present study. Consistent with these recommendations, I employed reflexivity memos in the data gathering and examination process to reduce bias that may come from my experiences. An established data analysis technique was also used to reduce bias in the evaluation method. Last, as this study included only African American women, the transferability of the results to other racial and cultural groups is limited.

Due to the personal nature of this research and the specific population targeted, there were some barriers to participant recruitment. Obtaining a purposive sample, such as a specific population, is a challenge. Therefore, recruitment efforts were broad, with flyers being placed in locations with the potential to reach a wider population. Potential

participants could also be hesitant to discuss such personal topics. I clearly displayed information on confidentiality on the recruitment flyers and explained to the participants their confidentiality over the phone and in detail when they signed the informed consent form. I also assured the participants of the safety of the data and that no identifiable information would be connected to their responses.

A potential limitation of qualitative research is recall bias, which occurs when the participants in a study do not recall past events or leave out important information from past events (Hennink et al., 2020). As it was possible that participants were exposed to IPV in a brief period, it might have been a while since their experience of exposure to IPV. However, previous qualitative research on young adults' exposure to IPV has revealed that young adults can provide rich, detailed responses of their experiences of exposure to IPV (Katz, 2019; Naughton et al., 2019). Although recall bias may be a limitation of the current research, the study contributes to the field of IPV. Last, the limitations have no significant impact on the outcome of this study.

Significance

Exposure to IPV is a serious public health issue, with children exposed to IPV reporting a higher rate of mental health problems (D'Andrea & Graham-Berman, 2017) and behavior problems (Maneta et al., 2017; Martinez-Torteya et al., 2016) compared to unexposed ones. African American women exposed to IPV and raised in single-parent households may be at a higher risk of maladaptive outcomes after exposure, as children who are exposed to IPV in a single-parent home report more behavior problems compared to youth who were exposed in two-parent homes (Yoo & Huang, 2012).

However, to understand how exposure to IPV impacts individual development, researchers should first understand how youth experience IPV exposure in this unique context. The results of the present study have the potential to inform the practice of individuals working with youth exposed to IPV who live in single-parent homes by highlighting the strengths of these families and the barriers to practical child development. Thus, the findings of this study have the potential to create beneficial social change by assisting in the development of programs for reducing maladaptive adjustment outcomes after IPV exposure for a higher-risk population. Practitioners and policymakers may use information regarding the barriers to positive development experienced by participants in the current study to develop programming that addresses these concerns and builds on family strengths.

Summary

Chapter 1 included a description of IPV as a rising problem that affects women and men. The DOJ (2006) reported that African American women experience IPV at a rate that is 35% higher than White women and 2.5% higher than other women of color. The chapter also revealed that despite ample literature on Black women's experiences of IPV, few studies have focused on African American women's experiences of exposure to IPV. Hence, there is a need for studies on the experiences of a more diverse population. To address this gap in the literature, the current study entailed examining the lived experiences of Black women exposed to IPV while being raised in a single-parent household and their perceptions of how exposure to IPV impacted their lives. Throughout Chapter 1, I presented information regarding African American women's lived

experiences with IPV and provided information related to the problem, background, theoretical framework, definition of terms, purpose, overarching research questions, scope and delimitations, assumptions, limitations, and significance of the study, followed by a summary of content related to the study. In Chapter 2, I present more information on published literature about African American women who have experienced IPV.

Chapter 2: Literature Review

Introduction

IPV disproportionately impacts African American women at a rate that is 35% higher than White women and 2.5% higher than other women of color (DOJ, 2006). The elevated rates of IPV among African American women suggest a need for effective intervention and psychological treatment, but a gap exists in the literature addressing IPV in this specific population (Haselschwerdt, Savasuk-Luxton, et al., 2019; Katz et al., 2019; Naughton et al., 2019; Ravi & Casolaro, 2018). Reports have suggested that African American women are less likely to seek qualified support and employ skilled support services than White women are, suggesting that this population may have unmet treatment needs (Buckley et al., 2007; Naughton et al., 2019). In addition to the high rates of IPV among African American women, children in these households face further risk factors (Link, 2017). According to Link (2017), an estimated 70% of African American children are raised in single-parent households, exposing them to a higher risk of economic hardship. Yoo and Huang (2012) found that children in single-parent households are exposed to higher rates of IPV than children living in two-parent households. These statistics suggest that a high number of African American children experience IPV during childhood; these negative developmental ramifications last throughout their lives (Link, 2017; Yoo & Huang, 2012).

Several researchers have investigated IPV and its impact on women and children (Haselschwerdt, Hlavaty, et al., 2019; Katz et al., 2019; Naughton et al., 2019; Ravi & Casolaro, 2018). However, much of the literature on IPV focuses on European women

living in two-parent households (Haselschwerdt, Hlavaty, et al., 2019; Katz et al., 2019; Naughton et al., 2019; Ravi & Casolaro, 2018). Although these studies may have useful information for women in general, they fail to capture the complexities and challenges of African American single parents experiencing IPV (Yoo & Huang, 2012). The current research captured the challenges of African Americans in a single-parent home to help fill the gap in the literature.

Literature Search Strategy

The literature review consisted of studies I found to be relevant for investigating the lives of African American women experiencing IPV, especially single women with primary childcare responsibilities. The topics I researched included IPV prevalence among African American women, its psychological outcomes, IPV and the parenting role, IPV among single parents, childhood experiences with IPV, and IPV interventions. The literature review included journal articles collected from online psychological databases. At least 85% of the literature included in this review was published after 2016 to ensure the information is current. A few older articles are included to convey seminal information. Relevant articles were identified using the following terms singularly and collectively: *intimate partner violence*, *domestic violence*, *women*, *African American*, *Black*, *single-parents*, and *children*. In the search, some researchers used the term *Black*, whereas others used *African American*.

Theoretical Foundation

The theory used to enhance this study was social learning theory. Per social learning theory, an individual's learning is the process of observing others and the

consequences of their behaviors; based on those observations, individuals engage in similar behaviors or choose not to (Kretchmar, 2017). According to Albert Bandura, social learning theory can influence humans when they believe a person is demonstrating a similar behavior (Deeming & Johnson, 2009); this could affect IPV women. Social learning, projected by Bandura, emphasizes observing, modeling, and imitating the behaviors of others (Deeming & Johnson, 2009). Last, social learning theory suggests that behavior is learned from a person's environment and through observation (Nabavi, 2012).

Social learning theory has been used extensively to explain the link between exposure to IPV and various adjustment outcomes (D'Andrea & Graham-Berman, 2017; Haselschwerdt, Savasuk-Luxton, et al., 2019; Kiesel et al., 2016; Maneta et al., 2017; Martinez-Torteya et al., 2016). The theory has been used to explain why youth exposed to IPV engage in more externalizing or aggressive behavior (Maneta et al., 2017; Martinez-Torteya et al., 2016). They are more likely to engage in aggressive behavior because they perceive aggression as a way to obtain what they want or need from another person. However, according to social learning theory, youth exposed to IPV may also learn to avoid engaging in more aggressive behaviors or fail to express them in relationships because they experienced the negative consequences of exposure to IPV (Martinez-Torteya et al., 2016). Katz et al. (2019) and Naughton et al. (2019) reported that how youth perceive their IPV exposure changes their responses to the violence and how they view the impact of exposure to IPV on their lives. In this study, I aimed to determine how African American women would reflect on their experiences of exposure

to IPV and describe how their exposure experiences impacted their lives. Social learning theory allowed me to understand how participants' perceptions of exposure to IPV impact their behavior. Lastly, Bandura's social learning theory supported this research because he highlighted four conditions of modeling behavior: (a) attention, (b) retention, (c) reproduction, and (d) motivation (Nabavi, 2012). The theory helped explain the conduct of the person committing IPV and why the IPV rate is higher among African American women (Nabavi, 2012).

Review of Literature

In the United States, IPV is reported among men and women, affecting many people yearly (CDC, 2019). Around 1 in 4 women and 1 in 10 men have gone through IPV (CDC, 2019). More than 43 million women and 38 million men have endured emotional aggression by an intimate companion in their lifetime (CDC, 2019). IPV can start early and is usually part of teen dating. Most men and women who have reported their IPV stated that they initially came across these forms of aggression earlier than age 18 (CDC, 2019). Women report IPV more than men do, but it happens with both genders.

Black women experience IPV in disproportionate numbers compared to women in other cultures (Mugoya et al., 2020). During the literature review, I studied the work of scholars who described the elevated rates of IPV among African American women and the risks and mediating factors that contribute to the higher rates of IPV. The information on rates and mediating factors regarding IPV among African American women suggests that some of these risk factors, such as drug use, apply to both African American women and the general population (Watson-Singleton et al., 2019). The researchers stated that

additional hazard influences, such as experiencing IPV as adolescents, are more common among African American women than other groups. The ratio of African American women who experience IPV is higher than that of any other demographic group.

Rates of Intimate Partner Violence

IPV is common across the United States and is the most common form of violent behavior experienced within the family unit (Al'Uqdah et al., 2016). The current research focused on African American women. IPV is found in other groups of women and is remarkably high among Native American women. Over $37 billion yearly are spent to cover fees for more than 2.2 million people treated for medical injuries and homicides related to IPV (CDC, 2019). The Bureau of Justice Statistics (2017) reported that 50% of American women and 44% of American men are IPV survivors. Data from World Health Organization (2018) revealed that internationally, 70% of women have experienced IPV in their lifespan. Immigrants and same-sex couples are also significantly affected by IPV (Stiles-Shields & Carroll, 2016). IPV is so universal that everyone knows someone who is being abused or has endured abuse.

These high rates of IPV have profound impacts on the victims of violence and children who witness IPV between their parents or between a biological parent and another party, and African Americans are disproportionately impacted by IPV, according to the researchers. Al'Uqdah et al. (2016) asserted that IPV is more common among African Americans than most race groups in the United States. Although there is a large body of information on IPV, Al'Uqdah et al. found that few studies have specifically addressed the underlying causes of these high rates of violence. The researchers

hypothesized that the violence is partially related to sociodemographic factors, such as average community economic status and lower financial and employment opportunities. IPV is high among children who witness violence in their homes.

A disproportionate number of Black women live in poverty and, therefore, face a high burden of IPV (Mugoya et al., 2020), but few studies have focused on these increased rates. The researchers asserted that African American women are underrepresented in research studies and that more information is required to understand the rates of IPV and meet the needs of this population. To address the gap in the literature, Mugoya et al. piloted a study to estimate the prevalence of IPV in the low-salary African American community. They collected data between 2001 and 2010 and used the conflict tactics scale to assess the rates of IPV. The sample included over 600 women; approximately 74% experienced some form of IPV and about 50% had mild to severe symptoms of clinical depression.

Although factors such as economic status may impact high rates of IPV among African American women and other Black women living in the United States, the rates cannot fully be explained by sociodemographic information (Lacey et al., 2016). In a large-scale quantitative comparative study that entailed comparing the danger causes for IPV among African American women and other Black women (namely Caribbean-born women), Lacey et al. (2016) found that Black women were not a massive cluster that demonstrated the same risk and mediation factors. African American women experienced greater rates of IPV than other Black women living in the United States. Lacey et al. argued that more research is necessary to understand the high rates of IPV among African

American women and develop effective intervention and prevention techniques. IPV among African American women has a gap in the data that needs more research.

Mediating Variables and Risk Factors

IPV has many risk factors. Low self-esteem plays a significant role in IPV. A woman who shares a house with a partner before being married is at increased risk of IPV, and individuals with assured hazard reasons are more prone to become offenders or sufferers of IPV. These risk factors to IPV might not be unchanging causes. Not everyone identified as being at-risk becomes involved in violence. Incorporating individual, interpersonal, community, and social issues increases the risk of becoming an IPV perpetrator or victim. Recognizing these multilevel influences can help detect numerous chances for deterrence.

Various components, such as poverty, drug abuse, and alcohol abuse, contribute to a higher likelihood of household violence (Watson-Singleton et al., 2019), but determining the connection between the various risk factors for IPV requires further study. To determine the correlation between alcohol abuse and IPV in the African American population, Watson-Singleton et al. (2019) conducted quantitative research using data from 171 African American women. The scholars observed that although the rates of IPV were higher among African Americans than in the European-American population, alcohol consumption rates were lower. With the higher rates of IPV among the African Americans, further research on this population is needed.

Approximately 30% of women worldwide experience IPV, and considering the severity of the issue, Yakubovich et al. (2018) found a difference in research concerning

the consequences and protective factors associated with IPV experienced by women. To address this gap, the scholars conducted a meta-analysis on protective and risk factors for IPV (Yakubovich et al., 2018). They identified 18,608 studies, narrowed to 60 after applying exclusion criteria. Of those 60, 35 were analyzed. Yakubovich et al. determined that the major protective factors against IPV are age and status as a married woman. The risk factors for IPV were determined to be unexpected pregnancy and parenthood without a high-school education. These results suggest that early domestic violence prevention interventions may address the incidence of IPV if birth control counseling services are offered to young women in poor or uneducated communities (Yakubovich et al., 2018).

Behice et al. (2018) explored the risk and mediating factors for IPV. Taking the research of Yakubovich et al. (2018) further, Behice et al. considered the risk and mediating factors associated with psychological harm resulting from IPV and the cumulative substantial harm triggered by such violence. The researchers' participants were 400 married women. Of this sample, 65.5% experienced no violence, whereas 34.5% experienced violence either by their spouse or by someone else. Behice et al. used multiple regression analysis to determine that several factors increased or decreased the possibility that the women would experience IPV. The data revealed that women with low incomes and low education levels were more likely to undergo IPV. This finding correlated with the data from Yakubovich et al., who also stated that women with low education levels were more likely to experience IPV. Furthermore, similar to Yakubovich et al.'s findings, younger women are more probable to experience IPV than older women are.

Behice et al. (2018) observed that the profession of a woman's spouse is connected with an increased or decreased risk of violence. The researchers also found that women who had psychological illnesses, such as anxiety and depression, were far more likely to experience IPV at home than women who were more stable mentally and emotionally. However, it is unclear whether experiencing IPV leads to psychological disorders or vice versa (Behice et al., 2018). The rates of psychological disorders were high in women who reported IPV, especially those who experienced particularly severe IPV, according to the researchers. Women who suffered from IPV were also more likely to have suicidal thoughts and to wish to separate from their husbands (Behice et al., 2018).

Lacey et al. (2016) considered the risk and mediation factors for African American women and other Black women living in the United States and confirmed that the risk factors for both groups were similar to that of the general population in age, relationship status, education, household income, and occupational status. Although most of these factors were similar for African American women, other Black women, and other women in general, Lacey et al. found that African American and other Black women experience higher rates of IPV later in life than expected among the general population. Women who divorced their husbands or were otherwise separated from their husbands experience greater percentages of IPV than divorced women from other cultures. In these instances, the abusers were often their ex-husbands or the husbands they were separated from. High rates of continuing abuse, even after divorce, may suggest a reluctance among the Black and African American population to ask for

assistance through formalized policing and justice channels. African American and Black women who owned homes were less likely to experience IPV than were African American women who did not own homes, even after controlling for economic status. This indicator is more relevant to the African American and Black population than to women of other cultures, suggesting a unique mediator for the racial group (Lacey et al., 2016).

In a discussion of the threat and mediating influences for IPV aggression against African American women, West (2018) emphasized the importance of considering historical, cultural, and socioeconomic information. The researcher noted that African American people have been uniquely discriminated against and persecuted historically. The negative implications and stories of experiencing systemic racism and symbolic or physical violence have been passed down through the generations in many African American families (West, 2018). The impacts of this institutionalized violence can be extreme and can shape how African American individuals cope with daily pressures. Accordingly, the personal narratives and perceptions of a victim-survivor by African Americans can differ significantly from those of Americans whose racial background and/or familial history are not informed by race-related generational trauma (West, 2018). To understand and prevent IPV within the African American group, understanding the function of negative experiences related to race and markers of inequality, including macro- and micro-aggressions, is particularly important (West, 2018).

Psychological Outcomes for African American Women

African American women have experienced adverse psychological outcomes of IPV, including posttraumatic stress disorder (PTSD; Ferrari et al., 2016) and shame (Lewis, 1971; McCleary-Sills et al., 2016; Turner, 2014). Many African Americans experience PTSD, a severe negative health outcome resulting from being a victim of violence (Ferrari et al., 2016). Individuals who experience IPV are also likely to experience shame, which can further compound low mental health professional support rates and aggravate PTSD symptomology (McCleary-Sills et al., 2016). According to Ferrari et al. (2016), PTSD is very common among IPV survivors. In a measurable assessment of the rates of PTSD among IPV survivors, the researchers stated that up to 75% of women experiencing domestic violence show symptomology of clinical PTSD, and the severity of PTSD experienced by survivors correlates with the brutality of the abuse they received. Women who experienced higher degrees of physical and mental violence were more prone to show moderate and severe PTSD symptomology (Ferrari et al., 2016). Easing of clinical PTSD symptomology often requires medical intervention, which is problematic for IPV survivors because the women (and men) are reluctant to seek formal medical or community assistance (McCleary-Sills et al., 2016).

The nature and impacts of IPV vary by individuals and racial groups (Mills et al., 2018). The participants in Mills et al.'s (2018) study were African American women who had experienced IPV. Mills et al. determined that the African American women experienced psychological IPV more often than they did physical IPV. Although the rates of psychological IPV were higher than physical IPV rates, the impacts were significant.

Mills et al. also commented that rates of PTSD among IPV survivors were high. In a survey of 128 African American women who had experienced IPV, Mills et al. found that the PTSD symptomology was dependent on the type of abuse. Women who experienced both physical and psychological abuse had the highest rates of PTSD, though this condition still occurred in women who exclusively experienced psychological abuse. The women used different coping strategies to cope with the influence of both physical and psychological abuse and adopted both positive and maladaptive techniques.

In addition to significant psychological impacts, such as depression and PTSD, many IPV survivors experience shame (Lewis, 1971; McCleary-Sills et al., 2016; Turner, 2014). Individuals who share IPV experiences with others often feel a sense of shame or guilt, because they either believed what their abusers told them or were unable to shield their children from the abuse. High levels of shame have detrimental impacts on both the individual and family and may require intensive psychological treatment to resolve (McCleary-Sills et al., 2016). In a study of IPV survivors, McCleary-Sills et al. (2016) found that only 10% of the women who reported experiencing IPV sought assistance from medical offices or community violence services. According to McCleary-Sills et al., high notches of shame contributed to survivors' unwillingness to seek help through official channels. Most survivors reported that they were ashamed to disclose the act of violence because they were ashamed and thought they would not survive (Silver et al., 2024).

The degree of shame felt by survivors may be partially dictated by the geographic and cultural situation in which the person resides (McCleary-Sills et al., 2016). In many

developing countries, IPV toward women is normalized, and women do not feel justified in seeking help when they witness a high degree of IPV within their social sphere. Individuals who fear social and cultural rejection stemming from reporting IPV are less likely to pursue help through official channels. This reluctance can prevent survivors from receiving treatment for PTSD or depression (McCleary-Sills et al., 2016). Shame is a significant problem among survivors of domestic violence and causes them not to report their issues. Further complicating psychological recovery from IPV, shame is connected with an individual's reluctance to adopt positive coping techniques and a tendency to rely on negative coping mechanisms, such as self-harm or substance abuse (Black et al., 2013). To understand the relationship between shame and coping techniques, Black et al. (2013) conducted a regression evaluation on calculated levels of shame and participants' chosen coping mechanisms. The mixed-methods study included 50 participants who received treatment for mental disorders, including anxiety, depression, and PTSD.

Participants who had high levels of shame as assessed using a shame scale struggled to use coping mechanisms, such as mindfulness. These coping mechanisms were beneficial for the general population of IPV survivors, but those experiencing shame were less likely to report positive benefits. Meanwhile, participants who suffered more shame were likely to report maladaptive coping strategies, such as substance abuse (Black et al., 2013). The researchers learned that women who suffered IPV and experienced higher levels of shame were less likely to employ positive coping techniques, such as mindfulness, meditation, healthy exercise, and talk therapies with

licensed professionals. These results are relevant to this dissertation research because they suggest that IPV survivors who feel shame resulting from current abuse, past abuse, or perceived failures to protect their children and families are less likely to adopt positive coping techniques. Thus, they are exposed to cyclic abuse and mental instability (Black et al., 2013).

Mugoya et al. (2020) contended that the rates of IPV are higher among the African American population, and as a result, African American children are more likely to be exposed to IPV. Due to the higher rates of abuse experienced or witnessed, African American individuals are afflicted with shame at a greater rate than IPV survivors among the general population (Dodson & Beck, 2017). In a major study of IPV survivors and help-seeking behavior, Dodson and Beck (2017) found a significant and close connection between an individual's willingness to seek help and shame; individuals who experience elevated stages of shame are less likely to seek help. Furthering academic research, the researchers determined that individuals who witnessed or directly experienced instances of abuse within their household were more likely to experience shame as grown-ups. Children who were abused or witnessed abuse carried their shame into adulthood, making them less likely to seek help. Dodson and Beck cautioned that additional investigation is necessary to comprehend the association between juvenile trauma and adult shame, but their study revealed significant evidence that populations experiencing higher rates of abuse as children may have embedded shame as adults.

IPV and the Parenting Role

In addition to profoundly impacting the women who experience the violence, IPV can have multi-generational impacts on the children who witness or experience violence within the household (Chiesa et al., 2018). Witnessing violence between their parents or against a parent by an intimate partner can impact the children's feelings of security and attachment development (Chiesa et al., 2018). Violence also has a destructive influence on women and their self-perception as parents because of the humiliation, blame, and horror correlated with their children. IPV negatively impacts the parenting role, either directly through threats to custody or direct childcare ability or indirectly through guilt and shame.

Rates for Pregnant Women

Even during pregnancy, women may experience IPV (Tavoli et al., 2016). According to Tavoli et al. (2016), in developing countries, pregnant women experience abuse at high rates. In a study of 230 women living in Lorestan, Iran, 65% reported experiencing either physical or psychological violence during pregnancy. These rates were noted to be higher than the rates of domestic violence, suggesting that pregnant women were exposed to a greater danger of violence. Pregnant women face a higher risk of IPV than other groups. Women exposed to IPV also experience more anxiety and have complications bonding with their babies, and the babies display brutal tempers (Howell et al., 2024).

In terms of pain, psychological functioning, and quality of life scales, pregnant women who experienced IPV had lower ratings on all the scales except bodily pain than

pregnant women who were not involved (Tavoli et al., 2016). Physical abuse was associated with poorer physical health after adjusting for income and education, whereas psychological abuse was associated with poorer mental health. The experiences of pregnant women exposed to IPV suggest that this form of violence is associated with negative health and psychological outcomes (Tavoli et al., 2016). Because of their personal access to women, nurses are among the best healthcare providers who are likely to identify and address the situations of suspected IPV, according to Ashley et al. (2018). The scholars observed that nurses played a pivotal role in prenatal care, and studies suggest that pregnant women are at a greater risk of experiencing IPV than the typical female population. In a survey of healthcare providers, Ashley et al. found that nurses can identify instances of IPV during screening to provide information on IPV. The researchers used a literature review format to discuss the identification of IPV in a healthcare setting and identified benefits related to nursing training, including multiple in-person visits, identification by trained healthcare professionals, and an increased willingness of IPV survivors to discuss the instances of violence.

Impact on Mothers

IPV is detrimental to all individuals who experience it (Ahlfs-Dunn & Huth-Bocks, 2016). However, mothers, compared to women without children, are impacted in unique ways that also result in negative consequences for their children. Single-parent household children who experience abuse may have additional trauma to manage following their escape from abuse. One particular form of trauma unique to a parent comes from the challenges related to navigating the legal system to maintain custody of

their children (Coumarelos, 2019). Considering the social implications of IPV, Coumarelos (2019) pointed out that IPV survivors were far more likely to experience negative legal ramifications, such as court complications and fees.

Considering the rate of legal entanglements for IPV survivors compared to the general population, Coumarelos (2019) found that IPV survivors were up to 10 times more likely to experience family, civil, or criminal legal suits. Family law altercations were the most common, with IPV survivors going through the legal system to address domestic disputes at 16 times the rate of the typical population (Coumarelos, 2019). Common family law complications included litigated divorces and battle for custody of children. Many African American children are raised in single-parent households, which suggests the possibility of a high degree of litigated custody agreements (Coumarelos, 2019). Although family court complications are the most common, IPV survivors are also more likely to experience other legal complications related to civil and criminal suits. Therefore, women who escape abusive intimate relationships may face additional challenges associated with retaining custody of their children or undergoing a contentious divorce (Coumarelos, 2019).

Substantial evidence exists on the numerous forms of IPV, including physical abuse, psychological coercion, and financial dependency (Ahlfs-Dunn & Huth-Bocks, 2016). Nevertheless, a divergence exists in the literature concerning violent individuals who control their partner by using the partner's children (Ahlfs-Dunn & Huth-Bocks, 2016). An example of this type of abuse would be an individual who threatens to take their ex-partner's children away from them or use violence against them. Ahlfs-Dunn and

Huth-Bocks (2016) reasoned that this type of abuse can have a particularly harmful psychological impact. To gain a deeper understanding of how IPV perpetrated against parents can impact victims, the researchers involved 120 low-income single women with children. The study was based on a longitudinal design, with the first point of contact occurring 1 year following the birth of the woman's child. Ahlfs-Dunn and Huth-Bocks found that the IPV had a significantly damaging impact on the mothers' personal, relational, and parenting functioning when they experienced IPV that included a threat to their parenting role. In addition to impacting the mothers, this type of abuse could have negative impacts on the children involved.

The presence of children in a household often creates complications for women experiencing IPV because they worry for their child's protection or experience their children being used as tools of control (Ahlfs-Dunn & Huth-Bocks, 2016). Although mothers are more vulnerable to negative impacts of IPV in some ways, the presence of children in a household can also be a powerful motivator for women to escape their abusive situations (Bohrman et al., 2017). In a qualitative study of low-income African American women who experienced both severe IPV and problem drinking, Bohrman et al. (2017) found that women overwhelmingly cited their children as a primary reason for wanting to escape the abusive situation. Although many of the mothers who participated in Bohrman et al.'s research expressed a powerful inclination for wanting to change their situation, they also identified many institutional and structural barriers that made finding safety for themselves and their children a challenge. The researchers addressed the lived experiences of many women who experienced violence during their childhood and the

practical economic barriers associated with relying on abusive partners to provide a level of economic support.

Women with children often have higher necessary family expenses and are often less likely to risk financial security due to concerns for their children's basic needs (Bohrman et al., 2017). The researchers recommended that interventions should focus on addressing these real and substantive barriers women face when considering ways to escape abuse. The women expressed sometimes experiencing conflicting goals of being good mothers and escaping abuse. Bohrman et al. (2017) highlighted that leaving an abuser can present a real threat to the mother's ability to support her children.

Parenting Impacts

IPV impacts approximately 30% of women worldwide (Yakubovich et al., 2018). Considering the widespread problem of domestic violence rates, the impacts of domestic violence are statistically relevant for families for several generations (Herbell et al., 2020). The researchers argued that IPV impacted families for up to three generations, and similar findings were earlier reported by Loxton et al. (2017). The researchers conducted a longitudinal study on women's health and included questions about instances of IPV. Three groups of women in birth cohorts were surveyed beginning in 1921 and ending in 1978. The women included in the study were randomly selected using data from the Australian Medicare database. Loxton et al. surveyed all selected participants in six waves of data collection beginning in 1996. The women were asked to complete a Medical Outcome Study Short-Form, which included questions about IPV, and the study included only those women who responded to all six waves of surveys.

Loxton et al. (2017) discovered that women who suffered IPV were more prone to report negative psychological health outcomes. Younger women who experienced IPV also showed negative health outcomes and higher levels of bodily pain overall. The differences in health, financial, and legal outcomes in women who experienced IPV and women who did not experience IPV were noticeable across three generations, suggesting that the children and grandchildren of women who experienced IPV also experienced negative impacts of IPV, such as poorer mental and financial stability (Loxton et al., 2017). The connection between IPV and its effects across multiple generations suggests that IPV has a profound impact on the parent-child relationship.

To develop a greater understanding of the impact IPV has on parenting, Herbell et al. (2020) conducted a semistructured longitudinal qualitative study on women who experienced IPV. The researchers followed 11 women during their pregnancies and through 24 months postpartum. The results of the study suggested three major findings, including depleted morale, a desire for their children to have a better life, and the necessity of planning for their child's safety in terms of their partner's aggressive behavior (Herbell et al., 2020). Themes among women who chose to end the relationship included feeling that they had made a better life for their children, identification of red flags in future partners, and the necessity of stockpiling security money in case they needed to end a future or existing relationship (Herbell et al., 2020).

Higher rates of IPV in a community can impact individual childrearing techniques and negatively affect childhood security and development (Washington et al., 2018). In a quantitative study with over 100 participants, Washington et al. (2018) examined IPV

among African American women and found that high internalized rates of violence were associated with parenting outcomes that could be perceived as more violent. African American women who experienced IPV in their relationships and witnessed IPV in their parents' relationships were more likely to demonstrate the characteristics of mental disorders, such as anxiety, depression, or PTSD (Washington et al., 2018). Women who experienced IPV personally were more likely to use rough or physical parenting styles on their children, according to the researchers. Using physical aggression to negotiate personal relationships with partners, family, friends, and children was determined to be more common in individuals who witnessed IPV as children or experienced it in their personal relationships. This finding suggests that individuals who were exposed to IPV were more likely to turn to violent behavior in similar situations they had observed in adult relationships when they were children (Washington et al., 2018).

In discussing the higher levels of physical violence, Washington et al. (2018) asserted that their research data suggested that a higher degree of emotional and mental strain is placed on African American women compared to other socio-demographic groups who experience IPV. Individuals who use violence to navigate their relationships are more likely to be single parents who have more children to support. Washington et al. argued that many women who resort to violence to navigate personal relationships had experienced violence in their relationships as children and a higher degree of micro- and macro-aggressions in their day-to-day functioning than most other categories of women in the United States. More research is necessary to understand how overt and micro-

aggressions from strangers and acquaintances can impact African American women's psychology and interpersonal functioning relationships (Washington et al., 2018).

Relationship Impacts

Ashley et al. (2018) contended that seeing IPV between parents can have a significant effect on childhood development and coping mechanisms. Figge et al. (2018) theorized that a child's relationship with their parents could serve as a mediator between the severity of domestic violence and the impression it has on the child's threat assessment and coping mechanisms. The researchers hypothesized that children who had strong relationships with their parents were less likely to perceive the violence as a high threat but more likely to exhibit positive coping techniques. In Figge et al.'s study, the sample included 118 mother-child pairs—54 female children and 64 male children. Using multiple linear regressions, Figge et al. determined that a strong parent-child relationship mediated the effect of domestic violence on child coping techniques. However, the parent-child relationship did not mediate the youngster's threat assessment of the IPV. This finding suggests that even when children have strong, positive relationships with their parents, they still perceive IPV as a threat and assess the violence according to its severity (Figge et al., 2018).

Katz et al. (2019) qualitatively examined the effect of domestic violence on the mother-child relationship. Participants included 15 mother-child dyads when the children were aged between 10 and 14 years; two of the children identified as Black British. For 12 of the dyads, the offender of the violence was the child's father. The scholars found that when the mother-child dyad reported a close relationship, the father was indifferent

or hostile to the child, and the child was aware of the violence in the home. The mother was emotionally connected to the child, the father did not try to weaken the mother-child connection, and the child had a generally favorable view of the mother and a pessimistic view of the father. When the mother-child relationship was strained, the father was more likely to be indulgent with the child, and the child was less aware of the physical violence. The father undermined the mother-child relationship; mothers were less emotionally connected with their child, and the children had a more favorable view of their father and more negative view of their mother (Katz et al., 2019).

According to Figge et al. (2018), a strong relationship with their mother helps children feel more secure in households in which they witness violence. Although strong relationships between mother and child can be beneficial for both parties, the mere presence of IPV in a household can impact how children relate to the violence and to the nonviolent parent. In a qualitative study of 45 mothers and 52 children, Thiara and Humphreys (2017) found that children felt the impact of household IPV even when the abuser was no longer present. Continued interactions with the abuser prolonged the psychological damage of IPV, but even when contact with the abuser was completely removed, the children lived in a heightened state of fear or concern (Thiara & Humphreys, 2017). Most notably, children who experienced household IPV were more likely to lack confidence in the nonviolent mother's parenting capacity. Children perceived their parents to be less capable of caring for them when the children witnessed abuse perpetrated on the mother (Thiara & Humphreys, 2017).

Children often perceived that the abuser became jealous when mothers showed love to their children. Many mothers responded to this jealousy by not showing their children love when the abuser was present. Even when children could understand the rationale for withholding direct affection, they noticed this lack of affection and were impacted by it (Thiara & Humphreys, 2017). The relationship problems that existed between children and their mothers were exacerbated in instances where children were removed from the household for their protection. The children sometimes viewed this as abandonment, even when the abused mothers would have preferred to have their children in the household (Thiara & Humphreys, 2017).

Considering IPV from another angle, Smith and Humphreys (2019) considered how household IPV and direct child abuse committed by fathers impacted father-child relationships and the father's parenting ability. The scholars conducted a qualitative study involving in-depth semistructured discussions with fathers who were violent toward their partners and children. Smith and Humphreys sought to understand how their use of violence impacted male perceptions of fathering and the consequences of violence within a household. The researchers found that a psychological disconnect often existed in the men; they used violence against their partners and children but did not perceive how it impacted their families. Over time, most men came to understand that their use of aggression impacted their children (Smith & Humphreys, 2019). However, most of the men who used violence against their families struggled to connect child protective interventions with their maladaptive behaviors. The results of Smith and Humphreys' study helped explain why men who use violence against their children view themselves

as fit and capable parents, and how men who abuse their partners and children will fight to retain custody of their children and remain married to their abused spouses (Smith & Humphreys, 2019).

IPV and Single Parents

African American women experience disproportionately higher rates of IPV and are more likely than other ethnic sets of women to have single parenting responsibility for their children (Showalter et al., 2019). Because of their single status and the need to be the head of the household, IPV impacts other areas of mothers' lives, including their ability to engage productively with the workforce (Showalter et al., 2019) and causes them to stay in relationships for financial reasons. In a study of mothers who had experienced IPV, Showalter et al. (2019) observed that the women were more likely to experience negative workplace impacts, such as being absent from paid employment or losing their employment, compared to women in general. The influence of IPV on mothers in the workplace is particularly strong for low-income women who may be most in need of work hours and employment.

Showalter et al.'s (2019) quantitative study demonstrated a strong positive correlation between IPV in mothers and job absences and losses. The scholars also sought to determine whether childcare subsidies helped reduce the financial burden of this group of women. Study results indicated that childcare significantly and positively impacted the burden felt by mothers who were experiencing IPV. The women who experienced IPV but received childcare subsidies could maintain the same number of hours at work on average and retain the same rates of employment as mothers who did not experience IPV.

These results are promising because they suggest that there are effective ways to support economic independence for mothers experiencing IPV (Showalter et al., 2019).

The outcomes of Showalter et al.'s (2019) study may have highlighted significance of IPV to African American mothers because other researchers' studies suggest that many have primary childcare responsibility and are raising their children in a single-parent household (Link, 2017). According to Yakubovich et al. (2018), women are more likely to experience IPV if they are unmarried; their status further contributes to a societal need to support single African American mothers and produce meaningful IPV research to benefit this population. Single women are at greater risk for IPV and IPV impacts a woman's ability to support her family. These facts compound and result in an increased risk for single African American mothers to experience IPV and struggle to remain employed to support their children (Link, 2017; Showalter et al., 2019; Yakubovich et al., 2018).

Another group more likely to be single parents are young mothers (Yakubovich et al., 2018), and young women are more likely to experience IPV than older women. These compounding variables can have profoundly negative impacts on women raising children in a single-parent household (Kennedy et al., 2017). In a qualitative study of young moms, Kennedy et al. (2017) interviewed 60 young mothers between the ages of 16 and 21 who had experienced IPV. The researchers assessed participant exposure to IPV over an average 15-year period. Among young mothers, the rates of IPV were substantially higher than among young women in general, and 60% to 84% of young mothers had experienced some form of IPV. Kennedy et al. (2017) also found that many young

mothers had experienced IPV in childhood, which potentially impacted their attachment habits and cognitive development. The researchers recommended that agencies and governments consider supporting early dating interventions for at-risk populations to reduce the risk of violence among young women who are parents or may become parents.

Childhood Experiences With IPV

Children experience consequences associated with living in a household with violence even if the violence is not directed at them specifically (Chisholm et al., 2017; de Souza Mezzavilla et al., 2018; Jenney & Alaggia, 2018; Katz, 2016). Negative experiences for children living in households with IPV include psychological trauma, such as PTSD (Katz, 2016). Living in households with IPV can normalize household violence and influence the children's perceptions of IPV (Copp et al., 2019; Kelly & Westmorland, 2016). Research suggests that violence in the home has consequences, including trauma for children who experience IPV.

Negative Outcomes for Children

IPV has both positive and negative effects on children. Exposure to IPV could help a child avoid IPV in adulthood, and they become vital sources to help others overcome IPV. However, it can also leave a negative impact on children. Experiencing IPV can lead children to be in a relationship with IPV partners or become a person of violence and repeat their abuse experiences. How IPV will affect children, whether negatively or positively, is difficult to predict. Each childhood experience is different and unique to each person. The profound negative impacts of IPV extend beyond the intimate

partner who experiences violence to the family unit (Chisholm et al., 2017; de Souza Mezzavilla et al., 2018; Jenney & Alaggia, 2018; Katz, 2016).

Children who are present in the household may experience negative effects because of IPV even when they do not experience physical or psychological abuse directly (Katz, 2016). In a qualitative study of the impression of parent mental abuse on children, Katz (2016) found that behaviors that were nonviolent yet psychologically traumatizing or coercive impacted children by hindering their emotional development and overall resiliency. Children whose parent experienced psychological IPV were less likely to have a broad support structure and were often isolated from extended family members, such as grandparents and friends (Katz, 2016). These children were less likely to participate in school extracurricular activities, and fear for their abused parent negatively impacted their ability to make meaningful social connections with others. The impact of IPV can be most severe when the abuse is both physical and psychological (Hoytema van Konijnenburg et al., 2017), but children in households experience negative outcomes even when their parents suffer psychological abuse without physical trauma.

Children are rarely insulated from negative impacts when a parent experiences IPV (Louis & Johnson, 2017). They often witness the abuse of one of the parents, which can cause significant psychological harm. For example, Louis and Johnson (2017) found that it was common for IPV victims to ask their abusers not to hurt them in front of the children, but such requests were typically not honored and were detrimental to the child. The researchers found in a study of IPV victims that children were used to exerting control over the abused parent. Even young children have a high capacity to understand

when they are used against their parents, and it can detrimentally impact their cognitive development and social security (Louis & Johnson, 2017).

Isolation of children from their social systems can contribute to prolonged abuse because the abuse may be less detectable by outside parties (Katz, 2016). Instances of IPV against children are often exposed when adults outside the family notice signs of abuse, either by teachers who are concerned or by medical personnel when parents bring their children into the emergency room (Hoytema van Konijnenburg et al., 2017). Though maltreatment of children is often noticed through schools, Hoytema van Konijnenburg et al. (2017) asserted it can also be noticed in children accompanying parents who come to the emergency room to treat their ailments. Although instances of maltreatment identified in a hospital setting are common, fewer studies have focused on the psychological experiences of these children.

Hoytema van Konijnenburg et al. identified 89 families who were willing to participate in a study between 2012 and 2014. Families with children over the age of 8 filled out a questionnaire designed to assess childhood PTSD, anxiety, depression, and behavioral problems. Children of similar ages from the general population were used as a control group, and the parents of these children completed the same survey. The study revealed no differences in the psychosocial functioning of children in the study set related to children in the population. However, 35% of the children in the study cluster showed signs of PTSD (Hoytema van Konijnenburg et al., 2017). This finding suggests that hospitals should consider screening children who accompany their parents to the hospital because of IPV for PTSD.

Haselschwerdt, Hlavaty, et al. (2019) conducted a qualitative study to examine the encounters of young adults between the ages of 19 and 25 who were put in danger of IPV in their family. All participants reported having physically violent fathers or stepfathers and shared that their mothers had been married to their fathers or stepfathers when the violence occurred. Seven of the 25 young adults were African American. Haselschwerdt, Hlavaty, et al. found that young adults' experiences aligned with typology of violence. Ten of the young adults reported exposure experiences, such as situational couple violence (Johnson, 2008), including exposure to less severe violence, being exposed to the violence in fewer ways, and being less likely to experience child abuse and maltreatment. The remaining participants reported exposure experiences consistent with coercive controlling violence (Johnson, 2008), including exposure to more extreme and frequent violence, exposure to the violence in more ways, and certainty more likely to be involved in child abuse and maltreatment.

Ravi and Casolaro (2018) conducted a qualitative meta-analysis of nine studies that focused on the IPV exposure experiences of youngsters in the United States and Europe. The studies included children whose ages ranged from 8 to 17. Most of the participants were White and reported on a father or stepfather's violence, but some reported on the mother's boyfriend. The researchers found that substance abuse and economic concerns were common contexts in which violence occurred. The children also used a range of coping mechanisms because of witnessing the violence, including staying out of the house by playing sports and drug or alcohol abuse to manage their exposure experiences.

Yoo and Huang (2012) conducted quantitative research to observe the impact of IPV exposure over the course of 5 years and examine the moderating effect of poverty and parent marital status. At Year 1, 1,234 mothers revealed their IPV experiences and their children's behaviors. Of the research participants, 53% were African American, and within that group, 32% did not have a high school diploma. In this study, 185 mothers reported experiencing IPV, and the perpetrators were not identified. Both poverty and the mother's marital status controlled the correlation among IPV experience and the children's behaviors (Yoo & Huang, 2012). Children living in poverty and exposed to IPV presented fewer problem behaviors compared to those not living in poverty and exposed to IPV, according to the scholars. Children who lived in single-parent homes and who were exposed to IPV reported more problem behaviors compared to children who lived in two-parent households and were exposed to IPV (Yoo & Huang, 2012).

Although not all IPV includes physical violence against children in the household, Lloyd (2018) asserted that investigations have proven a compelling connection linking IPV and child abuse. According to the scholar, over half of all instances of IPV involve direct child abuse. Physical harm against a child has a clear and detrimental impact on the child's immediate well-being and potential development. However, in fewer instances, the impacts on households can be obvious and immediate, where there are incidents of IPV and direct child abuse that include educational disruptions for the children (Lloyd, 2018). In a methodical examination of information, Lloyd commented on the high association between IPV, child abuse, and educational disruptions for children. Despite this high association, schools were not found to be particularly adept at identifying

instances of child abuse or instances in which children experienced IPV at home. Often, abuse of children went unnoticed or unaddressed by teachers and faculty despite a student's noticeable absences or behavioral issues (Lloyd, 2018). A major finding of the systematic review was that schools should implement training programs for teachers to identify possible abuse and create pathways for teachers to escalate their concerns to appropriate entities. A lack of confidence and knowledge among teachers and faculty made school staff reluctant to raise their concerns about IPV (Lloyd, 2018).

Perceptions of IPV

Proponents of social theories, such as social learning theory, contend that the most common explanations for adult attitudes are childhood experiences (Copp et al., 2019; Kelly & Westmorland, 2016). By applying this framework to study the behavior of IPV victims, the researchers found that individuals who have observed IPV against their parent or parents are more prone to commit IPV against their future adult partners (Copp et al., 2019). Although social theories may be applied to establish a connection between childhood violence and later attitudes about IPV, Copp et al. (2019) argued that few studies have empirically established a connection between childhood trauma and adult attitudes about IPV. To close the gap in the literature, the researchers surveyed 928 young adults about their attitudes toward IPV. In a comparison of the attitudes, individuals who experienced IPV as children were more likely to have consolatory or condoning attitudes about IPV than those who did not experience it in childhood. Women were also more likely to express attitudes about violence being justified than were men. However, Copp

et al. noted that various factors influenced attitudes, including education and socioeconomic status.

Witnessing or experiencing IPV in childhood has long-lasting and repercussive impacts on an individual's intimate relationships later in life (Kaufman-Parks et al., 2017). According to the scholars, individuals who suffer IPV at home are more likely to be involved either as the victim or as perpetrator of IPV in childhood through adolescence. Kaufman-Parks et al. (2017) conducted a large-scale study on IPV in adolescents and young adults using a sample of 950 patients involved with the Toledo Adolescent Relationship Study. The researchers conducted a regression analysis on the large-scale dataset and found a strong positive correlation between adolescents who experienced IPV at home and those who experienced IPV in their relationships later in life. These findings suggest that children who are victimized by domestic violence in their childhood households are at a higher risk of IPV later in life. Children who suffer domestic violence are also more liable to become abusers later in life (Kaufman-Parks et al., 2017).

Naughton et al. (2019) qualitatively examined the IPV exposure experiences of 13 young adults between ages 18 and 26 in Ireland. All participants observed IPV between their fathers and mothers. The participants described that they were more likely to define physical IPV as abuse but struggled to identify psychological IPV as abuse. They were also more likely to report discussing the abuse with their mothers if the physical violence was more severe and if they perceived their father as responsible for the IPV.

Many African American adolescents and young adults have witnessed forms of IPV in adult relationships during their childhood and carry normalizations of IPV into their relationships (Landor et al., 2017). The investigators theorized that the high rate of IPV within the African American community is a self-perpetuating cycle because children and young adults witness violence at home and are, therefore, more likely to remain in abusive relationships or act as abusers themselves when they reach adulthood. In a qualitative study designed to understand the cycle and normalization of IPV within the African American community, Landor et al. (2017) conducted 22 interviews with young adults who experienced IPV at home either as teenagers or while in their childhood.

Of the 22 participants who experienced violence in Landor et al.'s (2017) study, 64% experienced it in their relationships, 59% experienced it in the relationships of siblings or extended family members, and 27% percent experienced it in parental relationships. The participants reported experiencing IPV in friends (23%) and neighbor relationships (18%). Overall, Landor et al. found that most participants experienced IPV within the context of personal relationships and witnessed it during childhood through related adult relationships. The scholars also found that participants who witnessed IPV between adults when they were children were more likely to diminish the relevance of IPV in their adult interactions. This finding supported Landor et al.'s hypothesis that witnessing a high degree of IPV in childhood can lead to IPV normalization and occurrence among African American young adults and adolescents.

IPV Interventions (Coping Strategies)

Several strategies exist for assisting individuals experiencing IPV (Sullivan et al., 2018). Coping strategies include both professional and personal plans of action. Personal coping strategies and those that involve the community can be particularly beneficial for African American women because the Black community is statistically more prone to show hesitation about seeking professional medical assistance (Childress et al., 2018). Beneficial coping strategies include group mindfulness exercises and outlets, such as creative writing, according to Childress et al. (2018).

After IPV has occurred, African American women may require specialized consideration and may employ unique coping mechanisms compared to the general American population (Sullivan et al., 2018). The researchers contended that African American women were particularly at risk for negative psychological outcomes associated with IPV, such as PTSD. Due to the particularly detrimental nature of IPV among African American women, Sullivan et al. argued that it was important to understand how African American women cope with the aftermath of IPV and what strategies are best used to maximize psychological recovery. Compounding factors, such as substance abuse, can further slow psychological recovery and prevent women from escaping abuse and regaining secure economic and social footing. To identify the coping mechanisms of African American women who have experienced IPV and were substance abusers, Sullivan et al. conducted a 30-day study with 107 African American women. Semistructured interviews were the data collection method, and the results indicated that women adopted different surviving mechanisms, such as social support, substance use,

electronic media support, and religious support. The study revealed that women used both positive and maladaptive coping strategies to manage the psychological trauma associated with IPV (Sullivan et al., 2018).

Several personal coping strategies have been reported by IPV survivors, although African American women are less likely to seek professional help for psychological distress resulting from IPV (Childress et al., 2018). However, not all the coping strategies they employ are positive techniques, and some women choose maladaptive structures. The latter strategy is particularly common in women who feel unable to seek professional help (Childress et al., 2018). In their study, Childress et al. (2018) found that 40% of the domestic violence survivors never told anyone about the abuse or sought professional help. Among women who were reluctant to seek help, personal coping strategies included attempting to maintain the household status quo by avoiding conflict, turning to religiosity for moral support, and building internal resilience using the concepts of strength or forbearance. Childress et al. characterized maintaining the status quo as enacting behaviors that focused on avoiding the abuser and avoiding arguments, diverting the abuser's attention to other things or topics, and using scripted responses to avoid offense. Other coping strategies employed by women experiencing IPV were denial, substance abuse, and planning for escape (Childress et al., 2018).

Dodd (2019) discussed several positive personal coping strategies that can be beneficial for IPV survivors. One such positive coping mechanism is creative writing. The rationale for using creative writing as a healthy coping strategy is that IPV survivors often internalize IPV to a very high degree and incorporate instances of violence into

their self-perception. When IPV is incorporated into the survivor's sense of self to such a significant degree, escaping from the cycle of abuse can be challenging; they are left locked in negative internal cycles (Dodd, 2019). In a study of positive coping strategies used by IPV survivors, Dodd (2019) found that creative writing and journaling can be particularly beneficial because it helps survivors feel in control of their narrative and may become more aware of negative perceptions and feedback loops. Through writing, IPV survivors can address traumatic points in their history and find new meanings because they are now years away from the original IPV. Writing can help survivors feel more in control of their personal story and can help them focus on their survival rather than on their trauma (Dodd, 2019). This finding is relevant to this dissertation research because it suggests a possible healthy outlet for single mothers who are reluctant to seek treatment or have limited time and financial resources to undergo professional counseling.

In addition to outlets, such as creative writing, D. G. Dutton (2012) found that mindfulness training can be particularly beneficial for groups of individuals who are traditionally reluctant to seek professional medical intervention. The scholar specifically mentioned African Americans as a group that uses professional medical assistance for psychological challenges at lower rates than does the general American population. Mindfulness interventions can be undertaken individually or in a group setting, but M. A. Dutton et al. (2013) found that informal group interventions could be particularly beneficial. Group mindfulness interventions demonstrated effectiveness for assisting African American women develop positive coping strategies following instances of IPV. They assisted them in developing healthy coping techniques and calming negative

feedback loops. Unlike individual mindfulness exercises, the interventions were specifically beneficial because group mindfulness training had the added benefit of helping African American women develop social structures to support them during or following IPV. Having a social system prepared to help individuals recover from IPV can reduce a sense of isolation and reprogram individual understanding of what 'normal' is supposed to look like (M. A. Dutton et al., 2013).

Prevention and Intervention

Although personal coping strategies can be useful for alleviating the impacts of IPV in individuals, there is a pressing need for more community prevention and interventions in the IPV field (Goodman et al., 2016). Such efforts are particularly important for low-income African American women who are at a heightened risk of experiencing IPV due to several risk factors, including economic status, marital status, education level, and cultural association with treatment aversion (D. G. Dutton et al., 2016). For communities that are averse to medical intervention, community-led prevention and intervention strategies can be particularly useful. Because members of the specific community are the leaders, the programs can be directed at an exact community's needs (D. G. Dutton et al., 2016). Highlighting the history of community interventions, D. G. Dutton et al. (2016) argued that these strategies have gained prominence since the 1960s.

For IPV interventions, community strategies may focus on female survivors and offer shelters and assistance for women and their children. However, early community-led strategies may focus specifically on women, sometimes to the exclusion of other

impacted groups, such as men and members of the LGBT community (D. G. Dutton et al., 2016). Reformulation of community-led strategies has increasingly emphasized inclusivity but is still particularly well established for women escaping instances of IPV, according to D. G. Dutton et al. (2016). In a study of IPV survivors, D. G. Dutton et al. found that up to half of all survivors received help from a community-led organization at some point in their lifetime. Community leads are useful to IPV survivors.

Even after physical violence ends, IPV can have profound impacts on women and children that continue to reverberate throughout their lives (Berry et al., 2019). To assess the impacts of past IPV on women and kids, Berry et al. (2019) used a pretest and posttest design to study participants of the Family Vision program implemented in the United Kingdom. The program was designed for single parents who have primary care of their children and have experienced past domestic violence. Berry et al.'s study included two groups—parents with children up to age 5 and those with children up to age 12. The data collection process involved a mixed-methods approach with interviews and survey data collected. The researchers found that the parenting interventions that were focused on providing parenting training and psychological counseling were helpful, and most of the women reported benefits (Berry et al., 2019). The activities in the program that were particularly important to the women were self-reflection exercises. The women reported that these exercises helped them identify areas of stress and focus on positive developments (Berry et al., 2019).

There were also several intervention techniques for the families of women who were experiencing IPV (Berry et al., 2019). Although interventions are assessed for

efficacy on an individual level, Hackett et al. (2016) asserted that there was a gap in research on the effectiveness of IPV interventions and treatments. To address this gap, the scholars ran a meta-analysis of published IPV impact intervention studies. A review of the relevant literature showed 17 studies that met the specific criteria for inclusion and reflected a large effect size among participants. Hackett et al. noted that the effect size decreased to a medium impact when compared to the control group but still had a statistically significant impact on the participant populations. This study suggests that domestic violence and IPV intervention studies can positively help participants address both internalized and externalized symptomology. The data included symptomology related to mental illnesses, such as depression, anxiety, and posttraumatic stress. The interventions decreased instances of further abuse in participants or those who were returning to abusive relationships (Hackett et al., 2016).

Summary

African American women experience disproportionately higher rates of IPV in contrast to other racial classes in the United States (Haselschwerdt, Hlavaty, et al., 2019; Katz et al., 2019; Naughton et al., 2019; Ravi & Casolaro, 2018). In addition to the higher rates of IPV among African American women, they are less likely to seek qualified psychological or medical assistance, which can prolong and heighten the harmful influences of IPV (Buckley et al., 2007; Naughton et al., 2019). The women's experiences of IPV also negatively affect the children living in households where it occurs. Many African American women's lives were changed when they were children by their experiences of being raised by a single parent in an economically disadvantaged

position and/or witnessing IPV in their childhood home (Haselschwerdt, Hlavaty, et al., 2019; Katz et al., 2019; Naughton et al., 2019; Ravi & Casolaro, 2018). African American women experience excessively higher rates of IPV than other classes in the United States.

In this chapter, I sought to review relevant literature on IPV among African Americans and the influence of IPV on single-parent African American households because there is scant information on the impact of IPV in this special population. The literature included was largely published in 2016 or later, but some earlier sources were included. The literature review covered a range of topics, including the prevalence of IPV among African American women, psychological outcomes of those who experienced IPV, and how IPV impacts parenting, namely, the parenting skills of single mothers who nurture their children. The guiding framework for this study was social learning theory, which suggests that social learning occurs by observing others and the effects of their behaviors (Kretchmar, 2017). Rates of IPV are disproportionately higher among African American women (Al'Uqdah et al., 2016) and women living in poverty compared to those with higher incomes or higher educational statuses (Mugoya et al., 2020). Women who suffer IPV are also more likely to battle with drugs or alcohol, be younger, and have more children (Yakubovich et al., 2018). Another factor that influences the likelihood of women experiencing IPV is the profession of the woman's spouse.

IPV has many negative psychological outcomes for women survivors, such as PTSD, depression, anxiety, and shame (Ferrari et al., 2016). Up to 75% of women who experience IPV demonstrated clinical symptomology of PTSD, and many experienced

anxiety and depression (Mills et al., 2018). Rates of shame are higher among IPV survivors, and McCleary-Sills et al. (2016) found that high degrees of shame and fear of judgment significantly contributed to the survivor's unwillingness to seek help through official channels. Many undesirable psychological outcomes exist for women who experience IPV.

IPV has profound impacts on parenting from conception, as pregnant women experience elevated rates of IPV than do nonpregnant adult women (Chiesa et al., 2018). Although Ashley et al. (2018) found that medical providers are well positioned to provide care and support for IPV victims, pregnant women are especially susceptible to negative outcomes. IPV also impacts the mother-child relationship later in life and can hinder both relationship development and practical parenting considerations (Ahlfs-Dunn & Huth-Bocks, 2016). Herbell et al. (2020) reported that the impact of IPV is multi-generational and demonstrated that IPV impacts the family far beyond the years when the parent experienced the abuse. Many African American women raise their children independently from a co-parent and are more likely to be young and unmarried, which increases the probability that they will encounter IPV (Yakubovich et al., 2018). Hoytema van Konijnenburg et al. (2017) indicated that many African American children are raised in households with violence, and their development, prospects, and attitudes toward IPV can be affected by witnessing violence. Children who live in households with IPV and witness violence against their circle of family and friends are more likely to experience IPV in their interaction and perpetrate abuse against their partners when they

become adults (Landor et al., 2017). This cycle creates more abuse and further exacerbates the problem of IPV experienced by African American women.

Chapter 3: Research Method

The objective of the current qualitative phenomenological investigation was to examine the lived experiences of African American women subjected to IPV while being raised in single-parent households. The present study also involved an examination of how these women view the impact of IPV exposure on their lives. This chapter includes details and the rationale for choosing the elements of the methodology for the current study. In this chapter, the research design and rationale are discussed first, followed by the role of the researcher. Subsequently, elements of the methodology are explained, including the participant selection logic; instrumentation; procedures for recruitment, participation, and data collection; and data analysis plan. Issues of trustworthiness are reviewed thereafter, followed by the ethical procedures that were followed.

Research Design and Rationale

The research questions were developed to guide the present study. The two questions selected capture what I intended to establish about the relationship between African American women in single-parent homes and IPV. The research questions also helped focus the research and support the study purpose:

RQ1: What are the lived experiences of African American women raised in single-parent homes where IPV occurred?

RQ2: How do African American women raised in single-parent households describe the impact of exposure to IPV on their quality of life?

A phenomenological research design was selected for this study. This approach was appropriate to uncover participants' lived experiences and perceptions, as Perry

(2013) explained. Accurately developing the meaning, structure, and essence of participants' lived experiences requires a data collection approach that produces detail-rich data for ongoing analysis (Hennink et al., 2020). The transcendental phenomenological method outlined by Perry was the specific research design selected for this study. A transcendental approach to phenomenology is appropriate when the aim of research is to explore cognitive operations (i.e., experiencing, understanding, judging, and deciding) that occur when an individual observes or is involved in a phenomenon (Englander, 2016; Perry, 2013). Exploring the central research phenomenon through this multifaceted cognitive approach to analyzing detailed experiences was necessary to gain nuanced insights into a complex phenomenon that is not well understood under certain research conditions. The phenomena investigated in the current study were exposure to IPV while growing up in single-parent households and the impact exposure to IPV has on African American women; these phenomena were explored using the lived experiences of African American women.

A qualitative methodology guided this phenomenological research. Qualitative methods are preferable when the aim is to understand the nuances of a phenomenon concerning how it occurs or why. Qualitative data center on the experiences, perceptions, perspectives, narratives, and explanations, rather than on the quantities, frequencies, and other numeric measures (Hennink et al., 2020). Numerous qualitative research designs were considered, including descriptive and case study designs. However, a phenomenological qualitative approach was ultimately selected because my aim was to

keep the findings of the study as closely aligned as possible with participants' experiences, directly as they explained them (Hennink et al., 2020).

Role of the Researcher

My role in the current investigation was that of an observer. In this study, my contact with participants was limited to recruiting, conducting interviews, and corresponding with them through email and phone conversations. No prior relationship between the participants and me existed, and participants were recruited from neutral public locations. I had no influence or power over participants, and they were alerted that they could leave the study at any time if they no longer wished to participate. No personal biases or conflicts of interest on the topic of the research or participants were apparent.

Methodology

Participant Selection Logic

The present study included a sample of African American women between ages 21 and 40 who were exposed to IPV while growing up in single-parent homes. The target population was African American women in single-parent homes between ages 21 and 40. Ten to 15 participants were anticipated to be sufficient to reach data saturation based on guidelines of Fusch and Ness (2015). As few as six participants could be sufficient to reach data saturation when data are both rich in detail and thick in nuance/complexity (Fusch & Ness, 2015). Accordingly, semistructured interview methods were used to collect detail-rich data.

A purposive sampling strategy was used to locate relevant participants. Purposive sampling involves choosing participants based on specific participation criteria (Etikan et

al., 2016). In the case of the current analysis, the choice criteria were a participant being: (a) an African American woman over the age of 21, (b) raised in a single-parent household for most of their childhood, and (c) exposed to IPV as self-reported. Conducting purposive sampling based on the aforementioned criteria helped ensure that participants had experiences and perspectives to share that could be used to focus the central research questions, as Etikan et al. (2016) noted. Participants were recruited from a local library through informational flyers. The flyers contained a description of the study, participation criteria, and what participation in the study entailed. My phone number and email address were listed on the flyer. Participants were asked to contact me to indicate their interest in the study, at which time I would conduct screening to ensure they were eligible to participate.

Sample Size

I used purposeful sampling to select participants in the study. Numerous scholars have advocated that experiment sizes for qualitative phenomenological studies should range from seven to 10 participants (Gentles et al., 2015). In qualitative research, saturation of data occurs when a researcher is incapable of revealing any new evidence during participant dialogues (Mason, 2010). The target sample was considered to obtain deep, rich-detailed interview responses to reach saturation. Last, after interviewing five participants, saturation was believed to be reached, but two more interviews were completed to ensure saturation was reached.

Instrumentation

The research instrument used for this study was researcher-developed interview questions. The interview process consisted of a list of questions that were asked to reinforce consistency and allow participants to expound on their answers and address relevant follow-up inquiries, as Hennink et al. (2020) advised. The interview included 10 questions and 10 follow-up questions. I developed the instrument to ensure the interview questions' relevance for the study's aim and due to the vulnerable nature of the study topic. Last, I used a demographics questionnaire for all participants. To reinforce the integrity of the interview questions and its sufficiency for collecting data to address the research questions, Castillo-Montoya's (2016) interview protocol refinement (IPR) framework was implemented. The IPR outline consists of four steps: "(a) ensuring interview questions align with research questions, (b) constructing an inquiry-based conversation, (c) receiving feedback on an interview protocol, and (d) piloting the interview protocol" (Castillo-Montoya, 2016, p. 812). The resulting interview questions were used to address both research questions.

Procedures for Recruitment, Participation, and Data Collection

Participants were enrolled through flyers distributed at local libraries, restaurants, and state family and child services offices. The recruitment flyers included details of the nature of this research, the participation criteria, and what joining in the study would involve. Eligible individuals were requested to contact me through the provided phone number or email address to express their interest in participating. Once potential participants responded to the recruitment flyer, I screened them to determine their

eligibility based on the inclusion criteria of: (a) African American woman over the age of 21, (b) raised in a single-parent household for most of their childhood, and (c) self-reported exposure to IPV. Only participants over the age of 21 were eligible to mitigate the risk of participation for individuals who may still live with their family of origin (see Hardt & Rutter, 2004; Haselschwerdt, Savasuk-Luxton, et al., 2019). Participants who were deemed eligible and wished to participate received a letter of informed consent, which they were required to sign and send back to me before or at the time of their interview.

Interviews were conducted at a neutral public location where privacy could be achieved. All interviews were audio-recorded and lasted between 30 and 60 minutes. Interview recordings were stored electronically in a confidential, password-protected file and subsequently transcribed for analysis. Previous qualitative research centered on exposure to domestic violence did not indicate that participants experienced significant distress due to participation when relevant ethical procedures were adhered to (Haselschwerdt, Hlavaty, et al., 2019; Katz, 2019; Naughton et al., 2019; Ravi & Casolaro, 2018). I provided participants with a list of local resources and services for any suffering they may experience due to sensitive topics discussed during the interview. Interview questions were also assembled so that participants would discuss negatively charged emotions at the beginning and positive/happy emotions at the end to conclude the interview on a positive tone.

Data Analysis Plan

Transcribed interview data were analyzed in accordance with the phenomenological approach outlined by Groenewald (2004). This data analysis approach consists of three steps: (a) phenomenological reduction, (b) delineating units of meaning, and (c) theme creation (Groenewald, 2004). Data analysis concluded when saturation was achieved or no new information or themes were identified within the data, as Hennink et al. (2020) outlined. The data analysis approach detailed by Groenewald (2004) and the resulting themes were used to address both research questions; themes were discussed and translated within the context of the research, theoretical framework, and research questions. Discrepant cases were addressed on a case-by-case basis with significant concern for the context of the study. I used NVivo to help organize and analyze the data from the research, ensuring the data were cross-examined in multiple ways.

Issues of Trustworthiness

Issues of trustworthiness, transferability, dependability, and confirmability were considered to ensure the soundness of the findings. Transferability is the applicability of the research findings in other contexts (Lincoln & Guba, 1985). To address transferability, I provided a rich depiction of the methods, data analysis process, and findings and explained the potential applicability of the findings to other research populations and backgrounds in-depth. Dependability implies the extent to which research findings are reliable and could be repeated if another researcher was to conduct the same study (Lincoln & Guba, 1985). To maintain dependability, rich descriptions of

the methods and data analysis process were provided. Reflective notes kept throughout the research process also contributed to dependability.

Credibility is the internal validity of the research. To reinforce the credibility of the experiment, the developed research instrument was peer-reviewed as a part of the IPR process (Castillo-Montoya, 2016). As mentioned earlier, I kept reflective notes during the research process to stay focused and aware of the established research protocol and to enhance the analysis process. Lastly, confirmability refers to the notch of nonalignment and the degree to which the conclusions of a study are specific to the respondents and not a product of researcher bias, motivation, or interest (Lincoln & Guba, 1985). Detailed reflexive memos were maintained at all stages of data collection and subsequently reviewed by the research team. Within the findings, detailed quotes as support for the identified themes were given to maintain fidelity with the exact sentiments expressed by participants.

Ethical Considerations

Numerous ethical procedures were implemented for participants' safety and well-being. I sought approval from the Walden IRB board before the recruitment phase of the study. All participants were required to sign a letter of informed consent before participating. Participants' identifying information was exchanged for pseudonyms (e.g., Participant 1, Participant 2, etc.) in all research documentation to ensure confidentiality. I reminded participants that they could leave the study at any time if they felt uncomfortable. Additional care was taken to review and re-review the interview questions developed during the IPR process to ensure the sensitive topic of IPV was

approached ethically and that the final interview questions ended the interview in an uplifting, positive tone. Participants were provided with local support services and resources in case they experienced any distress from discussing the topic of the study. All electronic data were stored on a password-protected computer, and all physical documents were stored in a locked file cabinet. Data were only accessible to the immediate research team. Data documents will be destroyed 5 years after the conclusion of the study.

Summary

The current study centered on the lived experiences of African American women exposed to IPV while being raised in single-parent households and how they view the impact of IPV exposure on their lives. Two research questions were developed to guide this research. RQ1 was designed to obtain the lived experiences of African American women raised in single-parent homes where IPV occurred. RQ2 was formulated to explore how African American women raised in single-parent households describe the impact of exposure to IPV on their quality of life.

A qualitative methodology and phenomenological research design were selected to explore this research topic. Purposive sampling was used to select participants in interviews based on the criteria of: (a) African American female over the age of 21; (b) raised in a single-parent household for most of their childhood; and (c) self-reported exposure to IPV. A semistructured interview protocol developed by the researcher was implemented during one-on-one interviews with participants. The resulting interview data were analyzed in accordance with the process outlined by Groenewald (2004).

In conclusion, Chapter 3 included a summary of the impact of IPV for African American women in single parent households and the significance of the study. The next chapter contains details of the outcomes of the study. The elements of the study addressed in Chapter 4 include the setting, participant demographics, data collection and analysis methods, confirmation of trustworthiness, and results of the study. The chapter ends with a conclusion.

Chapter 4: Results

Introduction

The purpose of this phenomenological qualitative dissertation was to examine the lived experiences of African American women exposed to IPV while being raised in single-parent households. One in 6 children will observe IPV in their lives (Napier et al., 2025). Experiencing IPV is linked with various maladaptive consequences. The African American community has been impacted by IPV at a disproportionately higher rate (Bent-Goodley, 2024). The theory that guided this study was the social learning theory. Per this theory, social learning is the process of observing others and the drawbacks of their behaviors (Kretchmar, 2017). To explore the lived experiences of African American women exposed to IPV, I posed the following research questions:

RQ1: What are the lived experiences of African American women raised in single-parent homes where IPV occurred?

RQ2: How do African American women raised in single-parent households describe the impact of exposure to IPV on their quality of life?

Chapter 4 includes a discussion of the demographic characteristics of the participants in the current study. The discussion also encompasses data collection and data analysis to highlight how I gathered and analyzed the data. I also discuss the evidence of trustworthiness and the results obtained from the data that were collected and analyzed. The chapter concludes with a summary and a transition statement to Chapter 5.

Demographics

Seven African American women met the participant selection criteria for this study. Their ages ranged from 21 to 40. All participants agreed to the informed consent form before the interviews. The consent form enabled me to capture important characteristics that might affect participants' experiences of IPV and being raised in single-parent households.

Among the participants, a large percentage reported growing up in single-parent homes for most of their childhood. As such, five out of the seven participants identified that they had stayed with their mothers for most of their childhood. The other two had been brought up by a grandparent or other members of the family, hence, bringing diverse responses to the study. The data collected from the participants helped provide background and context on the environment each participant faced during their formative years and, more specifically, any experiences related to IPV.

Participants reported low to moderate income levels when asked about their socioeconomic status. Four participants described themselves as being employed on either a full-time or a part-time basis, whereas three indicated they were unemployed at the time of the interview. This demographic information is useful as a framework through which to contextualize their narratives by considering how their economic circumstances may have paralleled their experiences with IPV in various ways. The demographic characteristics of participants helped understand the themes that were central to this study.

Data Collection

Data collection was based on semistructured interviews of the seven participants, who met the criteria for inclusion. The interviews were conducted in a private place virtually to ensure privacy and comfort for the participants. The duration of each interview ranged between 30 and 45 minutes, and I encouraged in-depth conversations during the discussions with each participant. Scheduling each interview at a time that was convenient to the women allowed a comfortable atmosphere that elicited the sharing of personal experiences pertaining to IPV and childhood in single-parent homes.

The data collection instrument used in this research comprised 10 interview questions I prepared. During their interviews, the participants answered the 10 questions and follow-up questions, which helped them to elaborate more on their responses. This structured format ensured the data obtained were relevant to the research questions while allowing participants to provide rich, detailed narratives of their experiences. All interviews were audio-recorded, so the conversations could be transcribed as accurately as possible and to comply with Walden University's research policies. The recordings were filed electronically in a secure, password-protected folder to ensure participant confidentiality. Following the interviews, the audio-recordings were transcribed to analyze their content of the data. Recording data allowed an in-depth investigation into the participants' narratives, and their narratives were used to provide insights into the themes of IPV and how their childhood setting influenced their adult lives.

Data Analysis

Data analysis followed a phenomenological approach described by Groenewald (2004). I began by transcribing the audio-recorded interviews, ensuring that what each participant had said was captured. The transcriptions provided the data on which the analyses were based. These analyses focused on the live experiences of participants related to IPV and their upbringing in single-parent households. Data analysis proceeded until saturation was reached or no new information or themes were found in the data. Saturation in this study was reached at the fifth interview, but two more interviews were completed to show full saturation as research has suggested saturation could be reached with seven interviews.

NVivo software was used to facilitate the analysis by classifying and provisionally analyzing data in detail. This tool allowed the coding of transcripts to observe patterns and relationships in the participants' narratives. Careful attention was given to discrepant cases so that all perspectives would be considered, guided by the research questions and theoretical framework. Data were analyzed using Groenewald's (2004) three steps: (a) phenomenological reduction, (b) delineating units of meaning, and (c) theme creation.

Step 1: Phenomenological Reduction

This process involved a deep immersion into the data through multiple rereadings of the transcriptions. I used a phenomenological reduction approach of bracketing my biases and preconceptions and focusing only on the experiences described by the participants. My preconceived knowledge with regard to IPV and single-parent homes

had been identified. I took steps to avoid any biases so that the essence of the experiences described by the participants would emerge without distortion.

Step 2: Delineating Units of Meaning

I needed to systematically code the data by underlining the significant words and phrases related to participants' experiences. Step 2 involved delineating the units of meaning from the transcribed interviews. Each unit of meaning was underlined and classified to indicate whether it was related to the research questions. In this way, I reduced complex narratives into manageable sections that could be analyzed further for their thematic connections.

Step 3: Theme Creation

The final step was theme creation in which I synthesized the identified units of meaning to form broader themes representative of the participants' experiences. Using iterative analysis, I grouped related units and patterns to allow themes to emerge that represented common categories across the participants' narratives. These results were then contextualized within the study framework and linked to the core research questions to develop a comprehensive understanding of participants' experiences of IPV. The codes, categories, and themes that emerged after the data analysis process are shown in Table 1.

Table 1

Codes, Categories, and Themes

Codes	Categories	Themes
Difficulty in breakout from an abusive relationship Experiencing confusion Experiencing shame Experiencing violence at home Feeling neglected	Emotional turmoil, confusion, and shame stemming from violence and neglect at home	Theme 1: Experiences of abuse and neglect
Getting emotional support Gradual increase in physical abuse at home Lack of peace at home Lack of support from family members Late payment of bills Limited guidance on how to handle IPV Misusing funds due to alcoholism	Insufficient familial support, limited guidance, and external factors hinder recovery from IPV	Theme 2: Barriers to support and recovery
Becoming insecure Becoming overly nervous and anxious Change of character and behavior Getting depression Having trust issues in life Separation from close relationships Long recovery process	Experience anxiety, insecurity, depression, and trust issues, affecting the quality of life	Theme 3: Emotional and psychological impact
Affirming oneself Early detachment from an abusive relationship Having no future goals or ambitions Effect on future relationships Helping other women to break free from IPV Engaging in personal development programs Source of motivation Spiritual enlightenment	Seeking empowerment through self-affirmation, personal development, and helping others overcome similar struggles	Theme 4: Resilience and personal growth

Evidence of Trustworthiness

Trustworthiness in qualitative research is a measure conducted to ensure that the data collected are rigorous. Lincoln and Guba (1985) described the notion of trustworthiness as the level at which a qualitative study reflects the participants views and context without the influence of the study's design. Several strategies were used to ascertain trustworthiness. They included ensuring credibility, transferability, confirmability, and dependability.

Credibility

Credibility reflects the internal validity of the research. It was possible to establish the credibility of the study because the developed instrument had undergone peer review as part of IPR (Bang, 2024). I also used reflective notes during the research to comply with the required protocol and for accurate analysis. This practice allowed me to always keep the purpose of the dissertation in mind.

Transferability

Transferability refers to the degree to which findings can be generalizable or applicable in other contexts or to other populations (Drisko, 2025). To ensure transferability, the participants' descriptions and the criteria for their selection were delineated to inform other researchers how the sample was obtained. This delineation also helps determine whether the findings could be applied to other populations. This methodological approach enables readers to consider which conclusions might be relevant or transferred (Drisko, 2025).

Confirmability

Confirmability refers to the extent to which data collected are free from researcher bias or assumptions (Drisko, 2025). According to Ahmed (2024), a qualitative research method should be conducted objectively without biases or hasty generalizations. In this study, thematic analysis was employed to determine codes, patterns, and emerging themes. This systematic approach was consistent throughout the research to ensure objectivity of analysis as opposed to subjectivity. I ensured confirmability by practicing reflexivity and critical reflection of my biases and assumptions throughout the research process.

Dependability

Dependability refers to the degree to which a study can be replicated by another researcher to obtain consistent and dependable results (Lim, 2024). This criterion is determined by how consistent the study's findings are after a certain period. One way I promoted dependability was using an audit trail during the research study. An audit trail is created by a researcher in which a transparent data collection process is followed so that dependability of the study can be gauged. My audit trail included comprehensive documentation of the entire research process, including field notes, audio files, and other files used during data analysis.

Results

This section contains an overview of the findings derived from interview data drawn from seven African American women raised within single-parent households who witnessed IPV. The data were analyzed using a phenomenological approach, and four

major themes emerged that encapsulated the women's living experiences and how these experiences were perceived by the participants in terms of the impact on their quality of life. The findings were considered in terms of two major thematic areas for each research question. The findings reflect the participants' emotional and psychological consequences of exposure to IPV, their resilience, and their strategies for personal growth. Quotes are provided to supply background information for detailed, contextual insights to support the identified themes and reinforce the overall conclusions of the study. The research questions and their respective themes are shown in Table 2.

Table 2

Research Questions and Themes

Research questions	Themes
RQ1: What are the lived experiences of African American women raised in single-parent homes where IPV occurred?	Theme 1: Experiences of abuse and neglect Theme 2: Barriers to support and recovery
RQ2: How do African American women raised in single-parent households describe the impact of exposure to IPV on their quality of life?	Theme 3: Emotional and psychological impact Theme 4: Resilience and personal growth

Research Question 1

RQ1 asked: What are the lived experiences of African American women raised in single-parent homes where IPV occurred? The purpose of RQ1 was to determine the lived experiences of African American women who were raised in single-parent homes where IPV occurred. Two themes emerged from the thematic analysis of the participant's responses. These are (a) experiences of abuse and neglect and (b) barriers to support and recovery.

Theme 1: Experiences of Abuse and Neglect

The first theme revealed the experiences of abuse and neglect the women witnessed as children in single-parent homes where IPV occurred. Participants mentioned that they experienced violence, confusion, shame, and feelings of neglect at home. For instance, P1 mentioned that she experienced frequent violence between her father and mother. The father would come back home drunk and start fighting with P1's mother. The participant shared:

> I experienced a lot of, witnessing a lot of, violence between my mom and my dad. My dad was an alcoholic, a heavy drinker, and he would often come home, without, with his all paycheck gone from drinking, which upset my mom, and they would fight because of that.

P4 tried to seek help but no one came to her aid. One night, P4 locked the door to prevent her abuser from coming in but because he was strong, he broke into room and started hurting her and the children in the home. Participant 4 said that the abuser would try to hurt her in front of the children but luckily, she knew how to defend herself, saying, "So, when I reached out for help, I kind of got to the point that I told myself, I can't do this anymore."

P5 talked about experiencing much confusion and hurt whenever there was violence at home. Ziola et al. (2024) found that nurses are often able to identify instances of IPV when screened to provide information on intimate partner violence. Because she was a child, P5 could not understand, in-depth, what was going on in the family. She remembered:

> I experienced, I would say confusion. I experienced hurt as well as not understanding. Because as a kid, you, you have an idea of what's going on, but you really don't know what's going on. So, I would say I've experienced those things.

P4 mentioned feeling insecure whenever she wanted to do something. She had the fear of something happening to her as she was going about her daily business. If something were to happen to her in the presence of other people, she would feel very embarrassed. P4 said:

> Well, because of things that I wanted to do, I couldn't do because I felt that people would've looked at me differently, and I felt like, like if I go somewhere that he's watching me or have somebody watching me because he was well known and I was like, 'Oh, wow, if he catches me, he going to do this to me, in, in, you know, in public and you know, I'm gonna be so embarrassed and whatever.' But it did take a toll on me.

P1 felt ashamed to talk with close friends about what was going on in her marriage. People may be ashamed to share details of abuse in their marriage. P1 could not share that her husband abused her when he came from work. Msafari (2024) found that high degrees of shame and fear of judgment significantly contributed to the survivor's unwillingness to seek help through official channels. P1 said:

> I didn't reach out for support because I didn't want [my friends] to know that's what I was going through. I was just too ashamed to say my husband came home from work and beat me … On the other hand, if you're married, you don't want

> anybody to know the traumas of your dirty laundry and your marriage. You're going to believe that you never fail in your marriage, but step out looking good to the world.

The participants mentioned that they experienced neglect from their parents. For instance, P5 discussed how her father could make several promises but fail to fulfill them. This lack of presence from the father made her start feeling neglected. She answered:

> Because of the broken promises he would give my siblings and me, he would say he would get us for a Saturday or for the weekend. He would never show. He says that he would spend time with me because I'm the only girl, spend time with me, do things with me. He would never show. So him not being there was traumatic. It was in my, like I said in my words, I, it's neglect to me. Because I do feel that it is important to have both parents in your life, especially coming up as a child

Theme 1 captured an in-depth understanding of the abuse and neglect endured by women who grew up in a single-parent home where IPV was ongoing. Participants described how they witnessed violence and were confused, ashamed, and emotionally neglected by both parents and spouses. P1, P4, and P5 reported challenges in seeking help and overcoming embarrassment and insecurity. Their accounts highlighted the traumatic experiences due to broken promises and the absence of parental presence, which ultimately streamlined their self-esteem and how they define healthy relationships.

Theme 2: Barriers to Support and Recovery

The second theme captured the barriers to support and recovery that African American women experienced in single-parent homes where IPV occurred. Participants

mentioned that there was insufficient familial support, limited guidance, and external factors hindering recovery from IPV. One of the experiences the participants mentioned was related to limited support from family members. There was less guidance available to them on how African American women should handle IPV at home. P1 gave an example of her lack of guidance from her family members, saying:

> Well, there was no guide. There was no guidance from my family, but I did reach out to my church pastor and let him know what was going on, and that I was ready to leave because of domestic violence, and that was getting really, really intense, and I was afraid not only for me because he turned the abuse towards the children now.

P7 also mentioned that she received no guidance from family members. She expected that the women who surrounded her, including her godmother, could ask her how she was faring in her household. The participant confirmed that such questions were not asked, saying:

> I didn't, I didn't get any guiding, no, other than, you know, a lookout and once I moved with my godmother, but it wasn't as much because in my . . . my godmother's house, it was only ladies there so, you know, they didn't talk about it around me or either. They didn't ask me questions about what was going on in the household.

P4 was resistant to sharing what she was going through in her household for fear of being looked down upon by other family members. Family members considered her the strong one in the family and this expectation had kept her from disclosing what she

was enduring. Sheikh and Rogers (2024) found that individuals who fear social and cultural rejection stemming from reporting IPV are less likely to pursue help through official channels. P4 said:

> So, I never did really open up to them about it because I didn't want nobody to look at me like, "You let this happen to you or whatever." And most of my family look at me as being the strong one, but I am. I am, but it, it, at times it can affect you. But they always have the right thing to say at the right time when we come together. But I never had that chance to really open up or to tell them what I went through.

Although the women received only limited support, P2 highlighted a program where women who experienced abuse at home could go and receive help. Women, especially those with children, could meet and each woman could talk about her experience. P2 said that women in the group advised and encouraged each other so that in the event they found themselves in an abusive relationship, they would know how to handle it, saying:

> Yeah, so this program you, you met at the YMCA and it was . . . a women's group for women that went through domestic abuse, through either be verbal or physical. And we had, everyone had children, so it had to have been like a, you know, women with children or whatever, 'cause everyone in there had children. And you would meet, and you would have a session where you just talk about your experience, this and, and what led into that, and what would you find yourself doing if, you know, if you got into another relationship like that.

Theme 2 unveiled barriers to support and recovery that African American women in an IPV situation experienced when they were in single-parent homes. Some participants reported having no family support or guidance from people who were supposed to help them cope with the situation. In most instances, the participants felt they could not tell anyone about their situation because most families viewed victims as weak or felt ashamed to talk about abuse. Although some found relief through community programs, not having holistic systems for support led to feelings of isolation and uncertainty with regard to how their circumstances could be managed.

Research Question 2

RQ2 asked: How do African American women raised in single-parent households describe the impact of exposure to IPV on their quality of life? My purpose in asking this question was to help the women consider their quality of life and how their exposure to IPV as children had impacted their adult lives. Two themes emerged from the thematic analysis of the participants' responses. These are (a) the emotional and psychological impact and (b) resilience and personal growth.

Theme 3: Emotional and Psychological Impact

The third theme was centered on the emotional and psychological impact that exposure to IPV had on African American women as adults. The participants mentioned being overly nervous and anxious during their stay in abusive households. For example, P1 said that she became very careful about whom to include in her circle of friendship. She confided that she developed trust issues with people, and she was very nervous and insecure about her life, saying:

> It totally affected my quality of life because I was, I became, like I said, guarded, so I was very careful who I let into my circle. I had a trust issue. I was always nervous and jumpy, always insecure, always.

P2 commented that her exposure to IPV as a child made her become very cautious with relationships. People who had certain character traits and showed signs of becoming abusive in a relationship were "avoided at all costs." She learned how to detect red flags in partners and how to eliminate them early in a relationship. P2 said, "Oh, I'm very cautious with relationships now. I have pretty much looked for red flags early on to end the conversation with someone. And anybody who portrayed any similarities to that partner, they were eliminated quickly."

The results of Nonomura et al., (2024) study provided additional data to explain why men who use violence against their children view themselves as fit and capable parents, and how men who abuse their partners and children will fight to retain custody of their children and remain married to their abused spouses. P4 offered that she could not trust anyone who came close to her and her children. When her children were growing up, she found it hard to trust anyone else with their care. The responsibility of guarding and protecting her children rested on P4 who admitted the following:

> It affected, I didn't trust anyone around me and my children, until today, I still don't trust. I mean, my children are grown now, but I … I trust my grace. Understand what I'm saying? I trust my grace, but I just don't trust that clothing too close. I don't, I'm still to that point, of guarding or protecting me.

Another impact of exposure to IPV on the quality of life of African American women was depression. According to MacLaren (2024) individuals who experience IPV are also likely to experience shame, which can further compound low mental health professional support rates and aggravate PTSD symptomology. P2 mentioned that the impact of IPV on her life was that she tended to shy away from being around people, which eventually led to her becoming depressed. She chose to miss social events to avoid meeting family and friends. P2 shared:

> So, the impact was it caused me to just shy away from being around people because I became depressed. But I hid it well from my family. And wasn't so much a friend cause family was my friend. And, yeah, so, I hid, just didn't go around. Some of the functions I would just miss out on and just stayed to myself.

There is substantial evidence on the numerous forms of IPV, including physical abuse, psychological coercion, and financial dependency (Kimet al., 2024). P6 felt that exposure to IPV impacted her because it kept her from making close relationships. She avoided meeting with people because she could easily get into an argument with her boyfriend and the situation would become very embarrassing. Because the outcome of the argument could end up being physical abuse, P6 chose to avoid meeting people who were close to her. She remarked:

> I mean, it affected my close relationships a lot because, in the back of my mind, I would say [to myself], "What if me and my boyfriend or a friend got into an argument because, you know, we had a disagreement again, what would he do?

> Would he put his hands on me or would we just sit around and just talk it out?" So yeah, it affected me a lot.

Theme 3 included data on the emotional and psychological impact of exposure to IPV after these participants became adults. The participants reported heightened anxiety, unresolved issues of trust, and a pervasive sense of insecurity in their relationships. Many developed a cautious perspective in approaching new connections and tended to avoid potential partners who showed signs or red flags of being abusive. Depression emerged if the women allowed themselves to become isolated from social interactions as a mode of coping. Overall, the findings revealed how IPV negatively impacted their quality of life and personal relationships in significant ways.

Theme 4: Resilience and Personal Growth

In the fourth theme, the participants described how they developed resilience and personal growth to counter the impact that exposure to IPV had on their lives. The women tried to affirm their self-worth when situations were dire and would push themselves to reach out to other women who were going through IPV. P4 highlighted that she would affirm herself and take the initiative to seek help from friends, saying:

> So, you got to tell yourself you are better, you got a life, you got a future, you got children, you got family to live for, and you cannot let anybody take that away from you. So I learned that. So what I did is, I took initiative and started seeking help and stuff like that from my friend, and I overcame it. I did, it took a toll, but I overcame it, by God.

P2 joined the YMCA where she sought support and guidance on how to deal with IPV. While she was in the group, the participant found herself being more of a role model than a victim. She encouraged the women who were also going through IPV in their homes to become more resilient and to seek safety both for themselves and their children.

> Well, now, when I broke free from, because I . . . had left Georgia and I went to Shreveport, Louisiana when some our family members were, and I joined this thing for battered women . . . at the YMCA, I think it was. And that I found myself being more of a role model than a victim. More like I was doing the counseling to the women that were in there to get away, . . . to break free. . . . And that motivated me even the more, because I saw more people like me and trying to encourage them to, you know, hold up and get them kids out of there, get to safety.

The participants mentioned that their exposure to IPV as children had impacted their relationships with other African American women. P6 mentioned that IPV affected her while growing up. She decided that she would never get into a relationship with a man who had similar traits to her father, saying:

> Well, it did affect me because growing up, I didn't wanna be in a relationship like this. I didn't wanna be with a man who was beating me because he couldn't drive a car, when he knew he couldn't drive a car because he had been out drinking with some friends ... yes, it did, because when I started dating, I didn't wanna date a person that went out and drank a lot of, you know, drinks and then come home

> and wants to start an argument. And then the argument led to him putting his hands on me, then the police getting involved.

Participants mentioned that walking away early from a relationship that was abusive could protect them from future harm. For example, P5 considered that a woman should quit a relationship immediately after they notice signs of an abusive personality. Upon noticing such signs, the woman should leave immediately without second-guessing herself. P5 said:

> Walk away the first time you notice any mind control, physical altercation, verbal altercation, or emotional control. Walk away immediately. Don't second guess it. Walk away. First chance. First strike. That's it. Walk away. Because your life matters. Do not second guess it. Walk away.

P4 sought personal development programs that helped her cope with her issues that stemmed from witnessing IPV as a child. During the program she attended, the participant learned about how to go about building herself up and realized that a woman does not need to stay in an abusive relationship. Talking to someone else made P4 feel safe again and to realize that there were people out there who could protect her. She said:

> But I started going with [a friend] to this program and then I started learning to build myself up, you know, like, you can fight this, but you don't have to stay in this type of environment. I call it environment because when we take it in and we don't talk about it, and we stay in it and we get locked in it, we feel that we have to go through this, but that's a no. But overall, I over exceeded that, because I knew that if I went through that program, and I went through talking to somebody

and I could feel safe again, I could come out and know that okay, somebody is going to be there to protect me, you know?

The data for Theme 4 highlighted the resilience and personal growth developed by these African American women that had been marred by their experiences related to IPV. Participants emphasized self-affirmation and support from others. They often served as examples to other survivors of abuse. The women learned to avoid future relationships in which the men displayed traits like those of past abusers; they chose early termination of relationship that would potentially become abusive. Personal development programs offered the participants a comfortable environment where they could develop coping strategies and a sense of restored safety to reconnect with living again and reclaiming their life and future.

Summary

The purpose of this phenomenological qualitative dissertation was to examine the lived experiences of African American women exposed to IPV while being raised in single-parent households. To explore the lived experiences of African American women exposed to IPV, I posed two research questions. RQ1 was: What are the lived experiences of African American women raised in single-parent homes where IPV occurred? RQ2 was as follows: How do African American women raised in single-parent households describe the impact of exposure to IPV on their quality of life?

For RQ1, my aim was to determine the lived experiences of African American women who were raised in single-parent homes where IPV occurred. Two themes emerged from a thematic analysis of the participant's responses. The themes included (a)

experiences of abuse and neglect and (b) barriers to support and recovery. For RQ2, I aimed to explore how African American women raised in single-parent households described the impact of exposure to IPV on their quality of life. Two themes emerged after conducting a thematic analysis of the participants' responses. The themes included (a) emotional and psychological impact, and (b) resilience and personal growth. All the themes were aligned with the relevant literature in this study. In Chapter 5, I discuss the interpretation of the findings and recommendations both for practice and for future policy solutions.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The problem addressed in this study was that few studies have addressed the lived experiences of Black women exposed to IPV who lived in a single-parent household as children. Most of the studies have been focused on two-parent families, with a few conducted on African American families (Haselschwerdt, Hlavaty, et al., 2019; Katz, 2019; Naughton et al., 2019; Ravi & Casolaro, 2018). Yoo and Huang (2012) found that in a comparison of households, children exposed to IPV in two-parent households had fewer externalizing problems than those exposed to IPV in single-parent households. This finding impacts the children of Black women because Link (2017) estimated that 70% of Black children are being raised in single-parent households. The purpose of this phenomenological qualitative study was to examine the lived experiences of African American women exposed to IPV while being raised in single-parent households.

Two research questions were formulated. A qualitative methodology and a phenomenology research design were used. The social learning theory was the conceptual framework for this study. The target population was African American women ages 21–40 in single-parent households. I used purposive sampling to recruit seven participants and collected data using semistructured interviews. The data were analyzed using NVivo software and following a three-step phenomenological approach described by Groenewald (2004). Four themes emerged from the data.

Two themes emerged for RQ1. Theme 1 concerned the abuse and neglect the participants experienced while growing up in a single-parent household where they

witnessed IPV. In Theme 2, there was information on how Black women faced barriers to support and recovery that included insufficient familial support, limited guidance, and external factors that hindered recovery from IPV. Two themes addressed RQ2. The outcomes for Theme 3 suggested that exposure to IPV had emotional and psychological impacts on African American women as adults because they had witnessed IPV as children in single-parent households. The findings for Theme 4 indicated that African American women developed resilience and personal growth even though they had been exposed to IPV as children.

Interpretation of the Findings

Theme 1 revealed that African American women living in single-parent households where IPV occurred experienced abuse and neglect. This finding is in line with Ahlfs-Dunn and Huth-Bocks' (2016) assertions that there are numerous forms of IPV, including physical abuse, psychological coercion, and financial dependency. This outcome also supports Ferrari et al.'s (2016) data that up to 75% of women experiencing domestic violence show symptoms of clinical PTSD; the severity correlates with the abuse experienced. Mills et al. (2018) found that PTSD symptomology is dependent on the type of abuse; women who experience physical and psychological abuse had the highest rates of PTSD, but PSTD also occurred in women who exclusively experienced psychological abuse. This finding is aligned with the data from this study, which involved responses from participants who lived in single-parent households where IPV occurred and experienced abuse. Dodson and Beck (2017) noted that African American individuals experience or witness higher rates of abuse than other ethnic groups, which

aligns with this dissertation study's findings. Tavoli et al. (2016) established that some women experience high levels of mental and psychological abuse rates during pregnancy in developing countries, which is in line with the results of this research. The findings of the current study also align with research outcomes from studies around the world, including Alkan and Demïr (2025) from Turkey and Gedefa et al. (2024) from Ethiopia, who established that women exposed to IPV were neglected and often abused by their partners. African American women living in single-parent households where IPV occurs can experience abuse and neglect.

The outcomes for Theme 2 revealed that African American women living in single-parent households where IPV occurred experienced barriers to support and recovery, including insufficient familial support, limited guidance, and external factors that hindered their recovery from IPV. This result aligns with data from Buckley et al. (2007) and Naughton et al. (2019); their analyses showed that African American women are less likely to seek qualified support and employ skilled support services compared to White women. McCleary-Sills et al. (2016) stated that low mental health professional support rates among individuals experiencing IPV can aggravate PTSD, which lends credence to the outcomes of this study. According to Bent-Goodley (2024), addressing the challenges facing Black women due to intimate partner violence requires a systematic approach that is antiracist and survivor-centered. This finding aligns with the current study's findings by acknowledging the presence of barriers to access to support services. Waller and Bent-Goodley (2023) noted that the barriers could be eliminated by mandating routine anti-Blackness racism training for all domestic violence service

providers and elevating providers' awareness of implicit anti-Blackness racism. Bacchus et al. (2024) stated that programs aimed at helping women experiencing IPV should address the behaviors of the men responsible for perpetrating IPV to reduce the risk of further abuse. African American women living in single-parent households where IPV occurs can experience barriers to support and recovery.

The findings noted in Theme 3 indicate that African American women experience emotional and psychological impacts due to IPV exposure, including feeling nervous and anxious while they are in abusive relationships. This outcome supports research results by the CDC (2019) that established that 43 million women and 38 million men have endured emotional aggression by an intimate companion in their lifetimes. Washington et al. (2018) asserted that a higher degree of emotional and mental strain is placed on African American women compared to other sociodemographic groups who experience IPV, which supports the results of this investigation. Behice et al. (2018) reported that the rates of psychological disorders are high among women who report IPV, especially those who experience severe IPV, which corroborates the outcomes of the current study. According to Ferrari et al. (2016), McCleary-Sills et al. (2016), and Turner (2014), African American women experience adverse psychological consequences because of IPV, including PTSD and shame; these data are in alignment with this investigation's results. Howell et al. (2024) found that women exposed to IPV also experience more anxiety and complications with bonding with their babies, which echoes this study's outcomes. Loxton et al. (2017) observed that women who were exposed to IPV are more prone to report negative psychological health outcomes, findings similar to this

investigation's results. Ferrari et al. and Mills et al. (2018) established that women who experience IPV have many psychological outcomes, including depression, anxiety, shame, and PTSD, which echoes the outcomes of this dissertation. More recent research found a strong association between IPV victimization and adverse mental health outcomes, including PTSD, depression, anxiety, substance abuse, risky sexual behaviors, and suicidal ideation (Rodrigues et al., 2025). African American women living in single-parent households where IPV occurs can experience adverse emotional and psychological impacts.

The results for Theme 4 reveal that African American women develop resilience and personal growth as part of the impact that exposure to IPV has on their lives. This finding corroborates research outcomes by Childress et al. (2018), who found that African American women who are reluctant to seek help build internal resilience through concepts of forbearance. However, this study's results failed to corroborate research outcomes by Black et al. (2013), who found a tendency among African American women exposed to IPV to rely on negative coping mechanisms, such as self-harm or substance abuse. Sullivan et al. (2018) stated that women use both positive and maladaptive coping strategies to manage psychological trauma associated with IPV, which partially supports the findings of this study. Yıldız-Akyol and Öztemel (2024) found that internal resources, such as mindfulness and positive attitudes, and external resources, such as social support from family and friends, have a mediating role in women exposed to IPV, making them more resilient. This finding aligns with the current investigation's outcomes. African American women can develop resilience and personal growth after being exposed to IPV.

Limitations of the Study

The use of purposive sampling to recruit African American women who have been exposed to IPV was a limitation because this sampling method is not a probabilistic sampling technique (Etikan et al., 2016). The sample of women in this study was likely not representative of the general population of African American women. This lack of representativeness reduced the transferability of the findings to the general population of African American women. I attempted to mitigate this shortcoming by providing thick, rich descriptions of the participants and their settings.

Participants were recruited from a single location in the United States, a local library, and restaurants. Therefore, the sample obtained was too geographically narrow and could have been unrepresentative of the general population. I mitigated this shortcoming by providing detailed descriptions of respondents and their settings. This dissertation study was conducted exclusively among African American women. However, men are also the victims of IPV. The exclusion of Black men reduced the scope of the findings, which minimized the potential richness of the findings and the value to the overall population of African Americans.

Recommendations

The participants in this dissertation study were recruited through purposive sampling, which, according to Etikan et al. (2016), is a nonprobabilistic sampling technique. This technique reduced the transferability of the findings. In future studies, researchers should consider using a probabilistic sampling technique, such as random sampling, when recruiting respondents. Random sampling gives each member of the

target population an equal chance of being represented. Therefore, the participants would be more likely to represent the general population (Etikan et al., 2016).

All participants for this dissertation study were recruited from a small geographic area of the United States. This geographic limitation meant that the diversity of respondents was reduced, which also impacted transferability. Future researchers might consider recruiting participants from diverse locations across the United States to enhance the representativeness of the sample. Only female African Americans were considered in this study. Male African Americans were not recruited. This exclusion of men reduced the applicability of the results to all African Americans. In future studies, investigators should conduct their research using both male and female African Americans who could provide information on IPV. The data would be more informative in understanding the impact of IPV on both genders.

The results obtained showed that African American women developed resilience and personal growth by affirming themselves and reaching out to other women experiencing the same challenges related to IPV exposure. Some participants reported calling the YMCA to seek support and guidance; other respondents said that they walked away from abusive partners. Further research is needed on the best coping strategies for women exposed to IPV. A mixed-methods methodology would be ideal for such an investigation to collect the views of professionals, such as psychological counselors and family therapists, as well as the women who have experienced IPV. Quantitative research rather than qualitative studies would provide numerical data on the impacts of various coping strategies.

Implications

According to the findings for Theme 1, African American women exposed to IPV as children experienced abuse and neglect. Their IPV exposure resulted in feelings of neglect and abuse. The women also needed to address such challenges. Black women should learn to identify signs of IPV, such as violence, shame, confusion, abuse, and neglect, and take appropriate measures to protect their personal safety.

The results for Theme 2 revealed that African American women in single-parent homes where IPV occurred faced barriers to support and recovery. IPV can persist because of a lack of support from family, friends, and the surrounding community. This finding underscores the value of supporting women exposed to IPV so they can find ways of dealing with the violence they encounter. One way of supporting African American women who have survived IPV is through transformative justice as advocated by Sharpless et al. (2024). The researchers observed that police interactions as part of justice for IPV victims tend to be counterproductive (Sharpless et al., 2024). Instead, they advocated for alternative forms of justice that center on women's experiences and preferences (Sharpless et al., 2024). This finding further supported research outcomes by Duhaney (2024), who advocated for positioning African American women's narratives at the center of IPV research and recognizing such women as experts of their own experiences. In a study aimed at establishing what women facing IPV need, Palfreyman et al. (2025) established that such women expressed that what they needed most were non-mental health community-based service providers as first contacts as well as a reassessment of current health-centric interventions that neglect community responses.

The outcomes for Theme 3 indicated that African American women in single-parent homes who were exposed to IPV as children experienced emotional and psychological impacts into their adulthood. IPV can trigger emotional and psychological trauma, which can lead to trust issues, nervousness, depression, and insecurity. African American women exposed to IPV should learn to take care of their emotional and psychological well-being by walking away from abusive partners and seeking emotional support from counselors, family members, and friends. According to the findings for Theme 4, African American women developed resilience and personal growth after being exposed to IPV as children. Women can develop positive coping mechanisms to address the challenges they face due to IPV exposure. African American women should be offered ways to learn how to develop positive and effective coping strategies, including self-affirmation and talking to fellow women to survive the challenges they face due to IPV.

Black women in this dissertation study lived as children in single-parent homes, became more resilient, and experienced personal growth after being exposed to IPV. This finding highlights the capacity for transformation and adaptation in the face of adversity. Women should be offered ways to learn to cope with the challenges they face due to IPV by reaffirming their self-worth. They can also improve themselves by joining self-improvement groups with other women who are experiencing IPV or have been abused in the past. Authorities and the surrounding community should develop resilience and self-improvement programs and centers to help African American women grow and adapt. At the organizational level, the CARE (connect, acknowledge, respond, and evaluate)

intervention program can be implemented to accommodate the health needs of IPV survivors by providing structural and functional support (Sucaldito et al., 2025). Women can use such centers to meet other women who have experienced IPV and build support networks that can then be used to disrupt cycles of IPV and rescue other women facing violence and abuse.

The Black women in this study experienced negative emotional and psychological consequences, including anxiety, nervousness, and trust issues. Addressing these challenges can lead to positive social change if the need for trauma-informed care as well as community support systems is answered. Communities should create safe spaces for African American women who face IPV, which they could use to regain trust and a sense of security as they develop sustainable coping strategies. Such spaces can also be used to spread awareness of the challenges of IPV exposure. Cervantes et al. (2024) advocated for safe spaces and transparency besides adopting peer support networks where African American women can connect with one another to process their shared experiences. Innab et al. (2024) determined that it was necessary to establish strict policies and regulations to prevent IPV and ensure there are adequate interventions and support for abused women.

Conclusion

The purpose of this phenomenological qualitative dissertation was to examine the lived experiences of African American women exposed to IPV while being raised in single-parent households. According to Bandura's (1976) social learning theory that guided this study, there is value in observing, modeling, and imitating the behaviors of

others. The results of the current study indicate that African American women living in single-parent households experienced abuse and neglect, barriers to support and recovery, and emotional and psychological impacts. To deal with these challenges, the women became resilient and focused on personal growth.

The results obtained underscore the need for supporting African American women who are exposed to IPV. These women experience unusually challenging situations, including a lack of support from their families and friends. They also experience shame and guilt that can lead them to avoid seeking help or advice. Feelings of nervousness, anxiety, a lack of trust in others, and depression are also the products of IPV for these women. To overcome such challenges, the victims of violence become more resilient and focus on personal growth. Communities can create safe spaces for African American women in single-parent homes where they can regain their confidence, sense of worth, and trust. By doing so, they can protect themselves and other women from violence and abuse and promote healthy partnerships.

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Appendix B: Interview Questions and Follow-up Questions

Interview Questions

What did you experience as an African American woman raised in a single parent home where IPV occurred?

Follow-up question: Please tell me more and give me an example of your view?

In your own words, could you tell me about your experience of IPV in your home?

Follow-up question: Do you have any more details to share about your experience?

What was the impact of exposure to IPV and did it affect your quality of life?

Follow-up question: What made you share these impacts?

In what ways did experiencing IPV affect your future goals as an African American woman?

Follow-up question: How do these experiences affect you today?

How did experiencing IPV affect your close relationships?

Follow-up question: How are your close relationships today versus in the past?

What family support, or lack of family support, did you experience as an African American woman with experiencing IPV?

Follow-up question: How do you think this change would affect your life today?

What kind of guidance did you receive as an African American woman who experience IPV, if any?

Follow-up question: Did the guidance help you in a positive or negative manner.

Did your views about relationships change after IPV?

Follow-up question: Please give me an example.

What advice would you give to other women who experience IPV?

Follow-up question: Please explain why you chose that advice.

Is there anything else you would like to share about your IPV experience?

Follow-up question: Please tell share more if you can.

Appendix C: Intimate Partner Violence Resources

SAMHSA’s National Helpline 1-800-662-HELP (4357)

988 Suicide & Crisis Lifeline

Georgia Crisis & Access Line (GCAL) (800) 715-4225

Phoenix Center Behavioral Health Services Phone: (478) 988-1222